Oncology

NDP001: EXTENDED LYMPHADENECTOMY IMPROVES THE PROGNOSIS OF THE PATIENTS WITH MUSCLE INVASIVE BLADDER CANCER: ANALYSIS FROM THE NATIONWIDE CANCER REGISTRY DATABASE

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Purpose: This study was designed to assess the impact of the number of dissected lymph nodes (LNs) on overall survival (OS) and cancer specific survival (CSS) in patients undergoing radical cystectomy (RC) for bladder cancer.

Materials and Methods: From 2008 to 2013, 289 patients undergoing RC for treating muscle invasive bladder urothelial carcinoma staging T2-4N0 were selected from Taiwan cancer registry database. The number of removed LNs, age, gender, pathological grade and stage, and pre-operative image findings were assessed. The Cox proportional hazard model was used to evaluate the impact of the number of removed LNs on overall survival (OS) and cancer specific survival (CSS).

Results: After stratifying patients by the number of removed LNs, we discovered there were no significant differences of tumor stages, grade, age, and gender in multivariate regression models, after the adjustment of age, gender, pathological grade and pathological stage, there was a statistically significant improvement in OS (HR: 0.40; 95% CI: 0.20–0.82) and CSS (HR: 0.58; 95% CI: 0.36–0.92) in the patients who had dissected LNs of more than 10 compared to those with fewer dissected LNs.

Conclusion: In patients undergoing RC, dissected LNs of more than 10 was associated with a significantly better OS and CSS. That indicated an extended lymphadenectomy would be helpful for improving patients' prognosis.

NDP002: PATIENTS WITH PATHOLOGICAL T3 PROSTATE CANCER TREATED WITH ROBOT-ASSISTED RADICAL PROSTATECTOMY – A SINGLE INSTITUTE EXPERIENCE

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Purpose: We analyzed the surgical results of prostate cancer in patients who had pT3 disease were treated by robot-assisted radical prostatectomy (RARP) at our hospital.

Materials and Methods: There were over 500 prostate cancers had been treated by RARP at our institution. We review 363 consecutive patients who underwent RARP by a single surgeon from September 2009 to February 2015. Peri- and post-operative data were collected and analyzed for all patients.

Results: In total, 363 consecutive patients underwent RARP. Seven patients with distant metastases at diagnosis, had neoadjuvant therapy and pathological T0 disease were excluded. Of these 356 patients, the mean age was 65.2 years, the mean pre-operative PSA was 10.2 ng/mL. 123 (34.6%) patients with mean age 65.9 and mean pre-operative PSA 13.9 ng/mL were found to have pT3 disease, including pT3a in 80 and pT3b in 43 cases. The PSM rate for patients with pT3 disease was 56.2%. The PSM rate for patients with pT3a and pT3b disease was 51.3% and 39.5%, respectively. Comparing pT3 with pT2 cases, the patient's age, prostate weight were no different. The pT3 group had higher mean pre-operative PSA level (13.4 vs 22.3 ng/mL), percentage of tumor volume (14.4% vs 22.3%), positive margin rates (9.9% vs 54.3%), biopsy and prostatectomy specimen Gleason score (6.7 vs 7.3, and 7.0 vs 7.4). 37 (30.1%) in 109 pT3 patients with biochemical recurrence (BCR), time to BCR was 24 months. Bioopsy Gleason score is the only independent preoperative predictor of BCR in pT3a cases. Biopsy Gleason and preoperative PSA are the only independent preoperative predictors of BCR in pT3b RARP cases.

Conclusion: We present the results of the treatment for locally advanced prostate cancer initially managed with RARP. Our findings suggest that patients with locally advanced prostate cancer can be treated with RARP with higher but acceptable positive margin rates and surgical results.

NDP003: TREND OF GLOBAL QUALITY OF LIFE IN LOCALIZED OR METASTATIC PROSTATE CANCER PATIENTS AFTER TREATMENT

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Purpose: Quality of life (QoL) is an important concern in prostate cancer (PC) treatment, particularly facing with selection of any optimal therapy. The trend of global QoL may help physician and patients in decision making for treatment strategy. The aim of the study is to explore the trend of global QoL after standard treatments in PC patients with localized or metastatic diseases.

Materials and Methods: From January 2013 to April 2015, self-reported questionnaires, World Health Organization Quality of Life-BREF (WHOQOL-BREF) serving as a tool for global QoL assessment with good validity and reliability, were randomly obtained from prostate cancer patients at urologic outpatient clinic. Repeated measurements in same individuals were obtained from some individuals at different times during follow-up. The mix-effect model was used for analyzing the determinant of global QoL and a Kernel smoothing curve fitting was used for analyzing the trend of global QoL in the initial 5-year follow-up.

Results: A total of 287 patients and 526 person-times completed the WHOQOL-BREF questionnaire with a mean age of 72.7 years, including localized disease (n = 156) and metastatic disease (n = 131). The analysis of the Kernel smooth curve showed decreases of global QoL in physical, psychological and social domains in localized disease patients after receiving radical prostatectomy or radiotherapy compare to active surveillance group, both of which gradually recovered in one and half a year. In contrast, metastatic patients exhibited both increases of global QoL in physical and psychological domains after androgen deprivation therapy or palliative radiotherapy as compared with watchful and supportive groups (Figure 1). Moreover, radiotherapy is an independent risk factor.