Discussion. Our results show mild erectile dysfunction (ED) for 6 years, which is statistically meaningful after two years, and temporary erectile dysfunction in 27% versus 21% reported in the literature. There is a recovery of erections after the 3rd month.
Conclusions. The technique of brachytherapy is a minimally invasive procedure with a low incidence of ED. In the virile patients it is observed a lower value in the IIEF test at 6 months. There are not any meaningful differences in the IIEF test as of the 9th month in relation to a pretreatment level. Appearances of alterations in ejaculation, orgasm and libido are infrequent, and only in the first months.

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The University of Navarre predictive model of locoregional failure after perioperative brachytherapy

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Purpose. To develop a simple clinical model predictive of locoregional failure after complete surgical resection followed by perioperative high dose rate brachytherapy (PHDRB) and external beam irradiation (EBRT).
Patient and methods. Patients ($n = 166$) enrolled in several PHDRB prospective studies conducted at the University of Navarre were analyzed. PHDRB was given to total doses of 16 Gy/4 b.i.d. or 24 Gy/6 b.i.d. treatments for negative or close/positive margins along with 45 Gy of EBRT.
Results. After a median follow-up of 7.4 years (range, 3–12+), 50 patients have failed and 116 remain controlled at last follow-up. Tumor size, with a cut-off point set at 3 cm ($p = 0.041$) and margin status (positive and <1 mm vs. negative ≥1 mm, $p = 0.0001$) were independent predictors of locoregional control. These two parameters were used to develop a 4-tiered, hierarchical scoring system that stratified patients into low risk (negative ≥1 mm margins and size ≤ 3 cm), intermediate risk (negative ≥1 mm margins, and size > 3 cm), high-risk (positive and <1 mm margins and size ≤ 3 cm), and very high-risk categories (positive and <1 mm margins and size >3 cm). This classification yields 5-year locoregional control rates of 92.3%, 78.0%, 65.5%, and 48.0% for low, intermediate, high, and very high-risk categories, respectively. The predictive ability of the model is highly significant ($p = 0.0001$) with an AUC of 0.72 (0.64–0.81).
Conclusions. The risk of locoregional failure after combined surgical resection, PHDRB, and EBRT is mainly determined by the number of residual clonogens, which is inversely proportional to the status of the surgical margins and directly related to the size of the resected tumor. These two parameters generate a 4-tiered predictive model that seems to be valid for a number of different common tumors and clinical settings.

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Uveal melanoma: Survival in a series of 480 patients

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Introduction. Uveal melanoma is the primary most common intraocular malignant tumour in adults with approximately 50% survival in 10 years. The prognosis is influenced by racial and geographic characteristics and there are very few published series of southern Europe, so it is possible that survival is different in these populations.
Objectives. Study the epidemiological characteristics, and survival in series of patients with Uveal melanoma in a reference unit of intraocular tumours between 1992 and 2012, and compare the results with those previously published in other populations.
Methods. Design: Historic cohorts. Primary variables: overall and specific survival at 5 years; Secondary: Survival by prognostic factors. Data analysis: descriptive analysis of the studied variables. The studied variables will be held using Kaplan–Meier curves and multivariate analysis using the Cox proportional hazards model.
Results. From 480 patients, studied during a mean of 58.59 months, the mean age was 61.59 years (men) and 62.53 years (women). 59.7% are medium and the most common treatment is brachytherapy in 40% of them. Overall survival (OS) and specific (SS) is 81% and 87.9% respectively. Women present a higher survival (91.9%) than men (83.6%). The blue-gray irises show a SS of 75.6%, lower than darker colours. The SS for small tumours, medium and large is 97.37%, 93.7% and 64.7% respectively. The SS of patients with ciliary body invasion (58%), extraocular extension (65%), and predominantly epithelioid (43%) are significantly lower. The multivariate regression model shows worse prognosis in patients with blue eyes and large tumours.
Conclusions. The GS and SS of the patients in this study are lower than the ones previously published. The significant factors of poor prognosis are light eyes, large tumours, localized in the ciliary body, with epithelioid cell and extrascleral extension.

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