

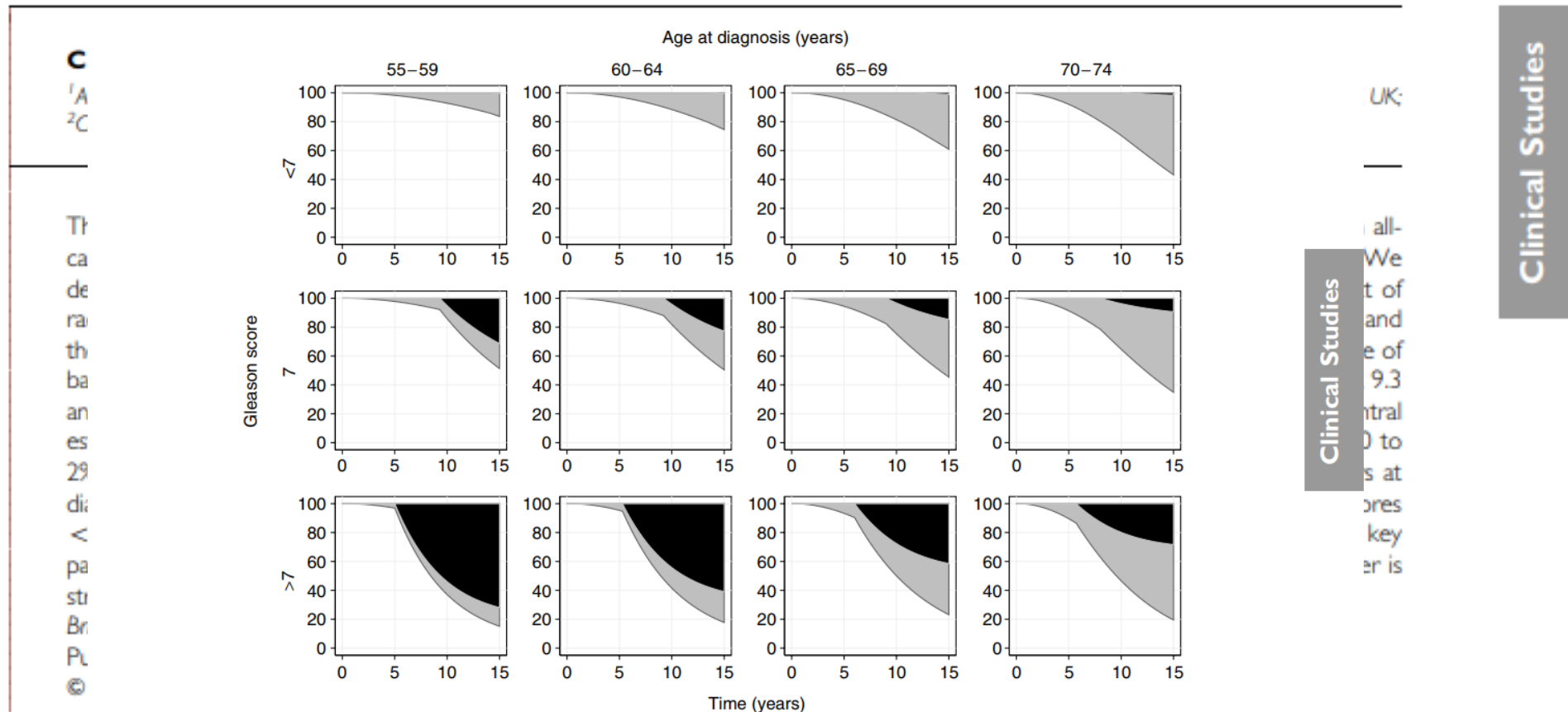
LASER TRAINING DAYS

LECTURE: PAZIENTE OSTRUITO IN SORVEGLIANZA ATTIVA

Dr. Catellani M.

Milano 19-20 Giugno

A model of the natural history of screen-detected prostate cancer, and the effect of radical treatment on overall survival



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Figure 2 Projections of survival over 15 years under conservative treatment, using the central model assumptions. Black areas represent deaths due to prostate cancer, grey areas represent deaths due to other causes.

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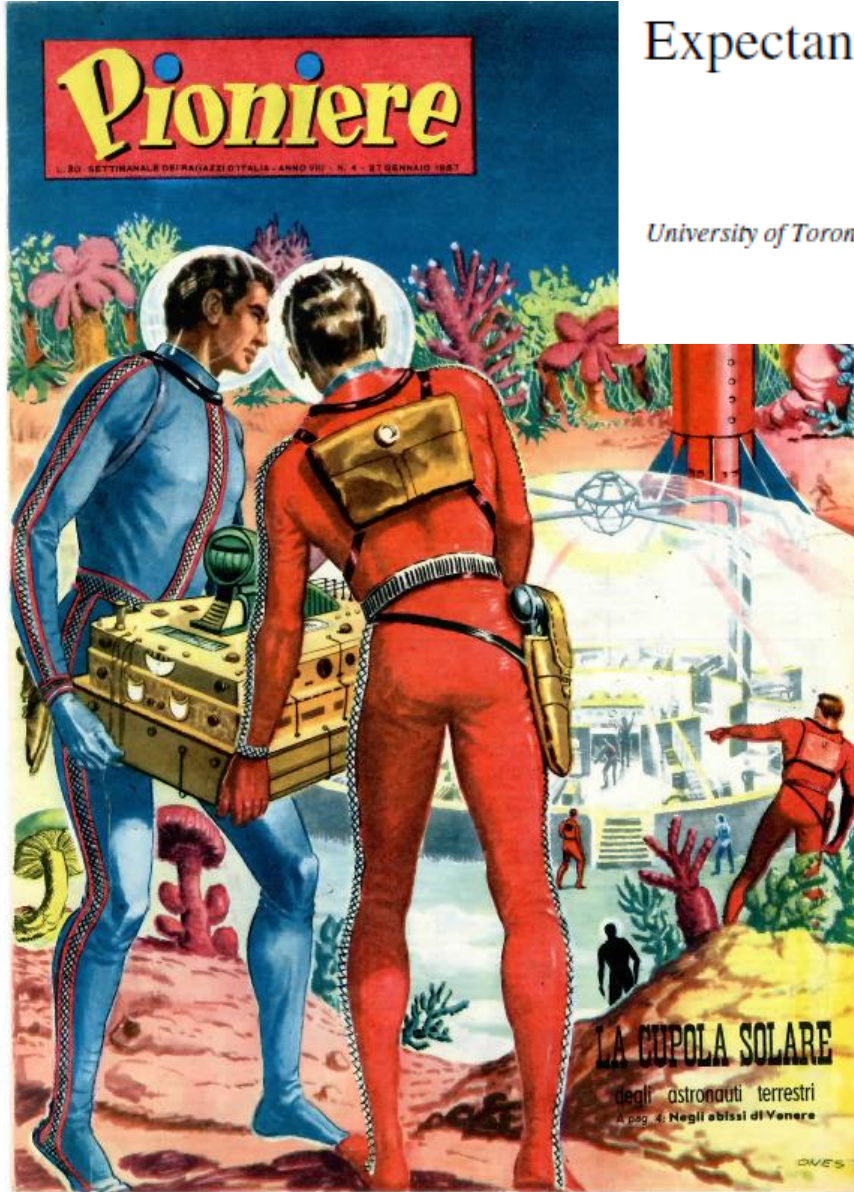
Published in final edited form as:

Am J Surg Pathol. 2012 September ; 36(9): 1346–1352. doi:10.1097/PAS.0b013e3182556ded.

DO ADENOCARCINOMAS OF THE PROSTATE WITH GLEASON SCORE (GS) ≤ 6 HAVE THE POTENTIAL TO METASTASIZE TO LYMPH NODES?

Hillary M. Ross¹, Oleksandr N. Kryvenko⁴, Janet E. Cowan⁵, Jeffrey P. Simko^{5,6}, Thomas M. Wheeler⁷, and Jonathan I. Epstein^{1,2,3}

A combined total of 14,123 cases were identified out of which 22 cases had a positive LN. Histopathology review of 19 cases (3 cases unavailable for review) showed higher grade than originally reported by the pathologists in all cases.



Expectant management with selective delayed intervention for favorable risk prostate cancer

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Accepted 2 February 2002

PRIASSince 2006



Platinum Priority – Prostate Cancer

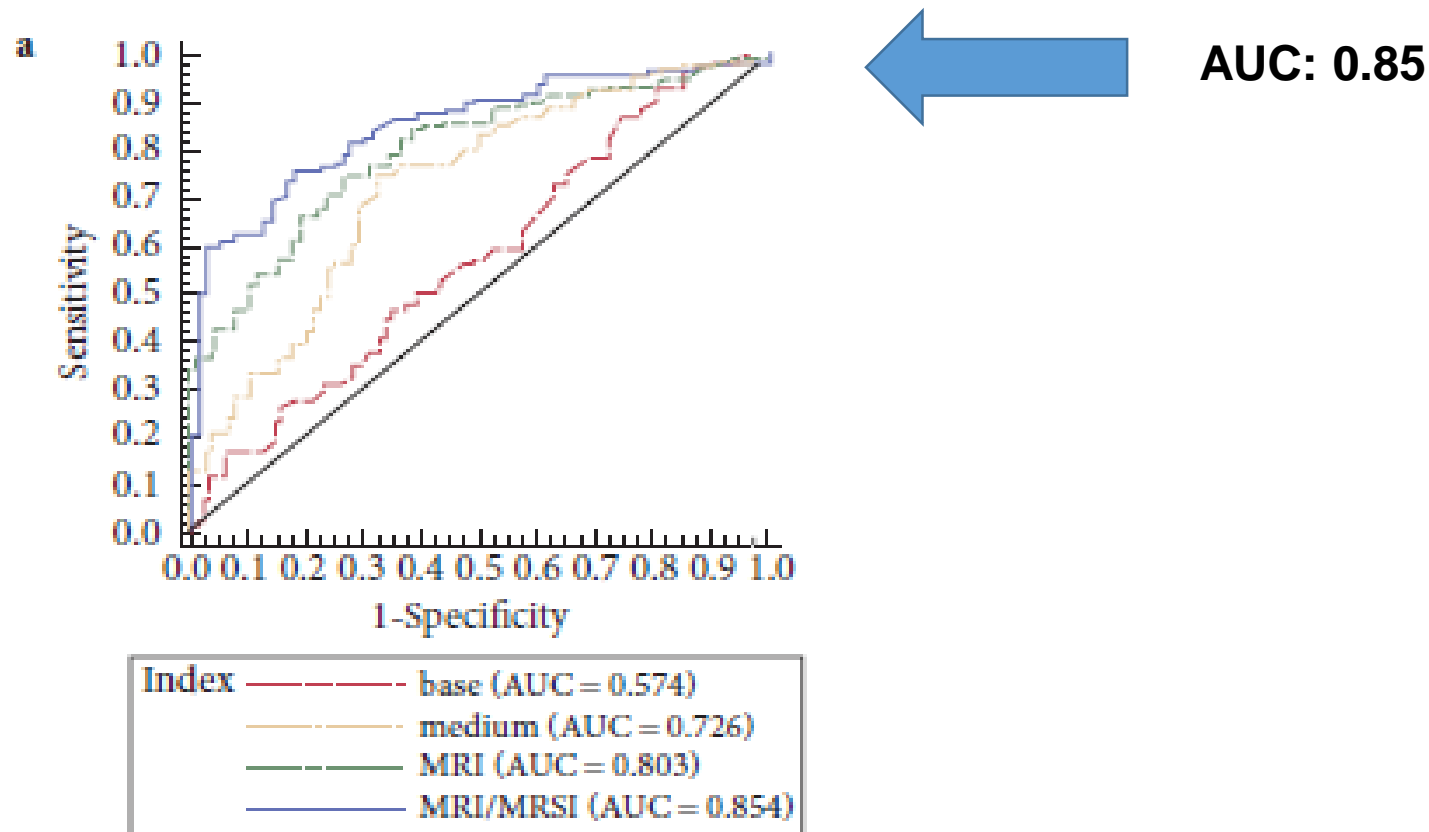
Editorial by Markus Graefen and Thorsten Schlomm on pp. 604–605 of this issue

Active Surveillance for Low-Risk Prostate Cancer Worldwide: The PRIAS Study

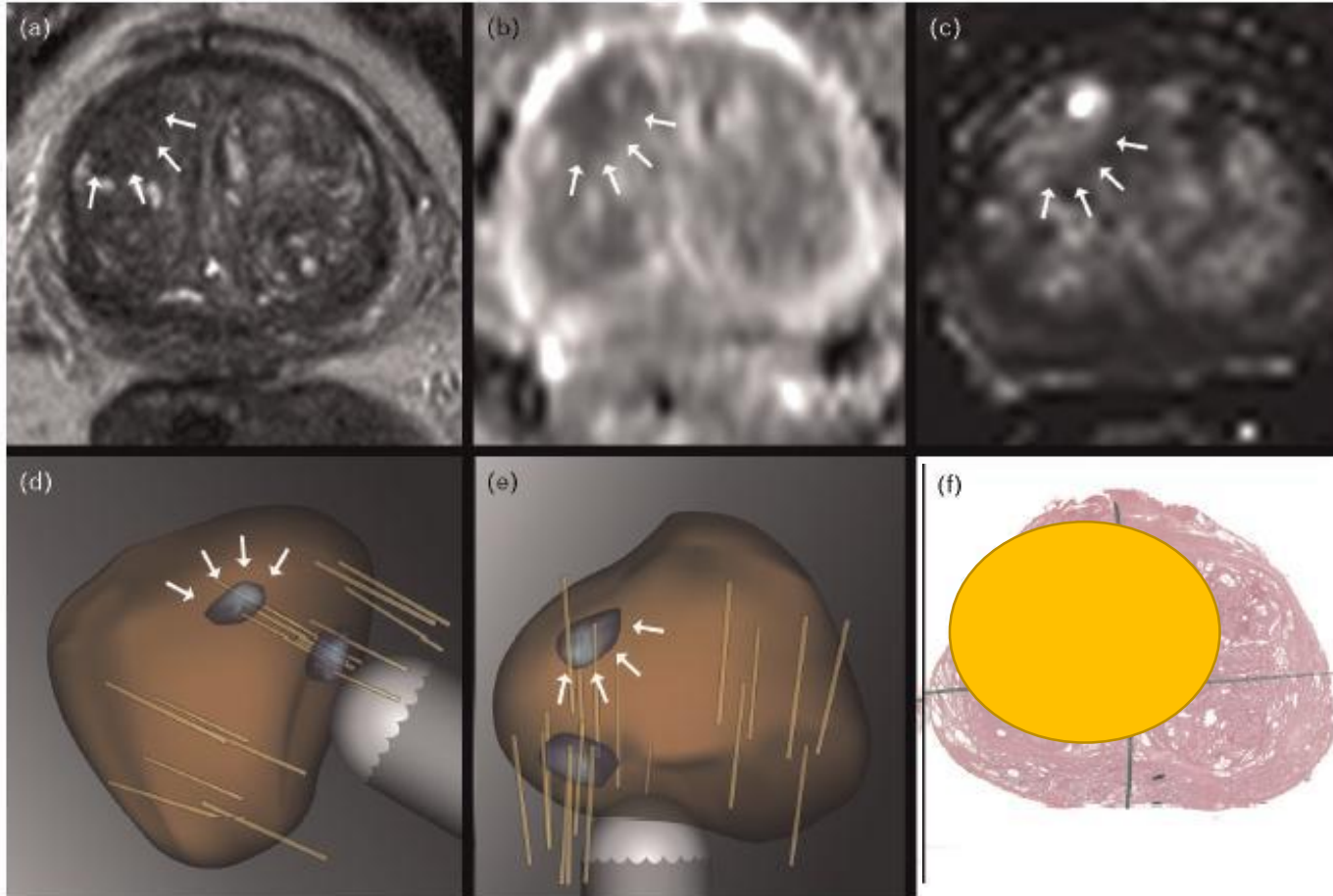
Meelan Bul^{a,*}, Xiaoye Zhu^a, Riccardo Valdagni^b, Tom Pickles^c, Yoshiyuki Kakehi^d,
Antti Rannikko^e, Anders Bjartell^f, Deric K. van der Schoot^g, Erik B. Cornel^h, Giario N. Contiⁱ,
Egbert R. Boevé^j, Frédéric Staerman^k, Jenneke J. Vis-Maters^l, Henk Vergunst^m, Joris J. Jasparsⁿ,
Petra Strölin^o, Erik van Muilekom^p, Fritz H. Schröder^a, Chris H. Bangma^a, Monique J. Roobol^a

The role of magnetic resonance imaging in the diagnosis and management of prostate cancer

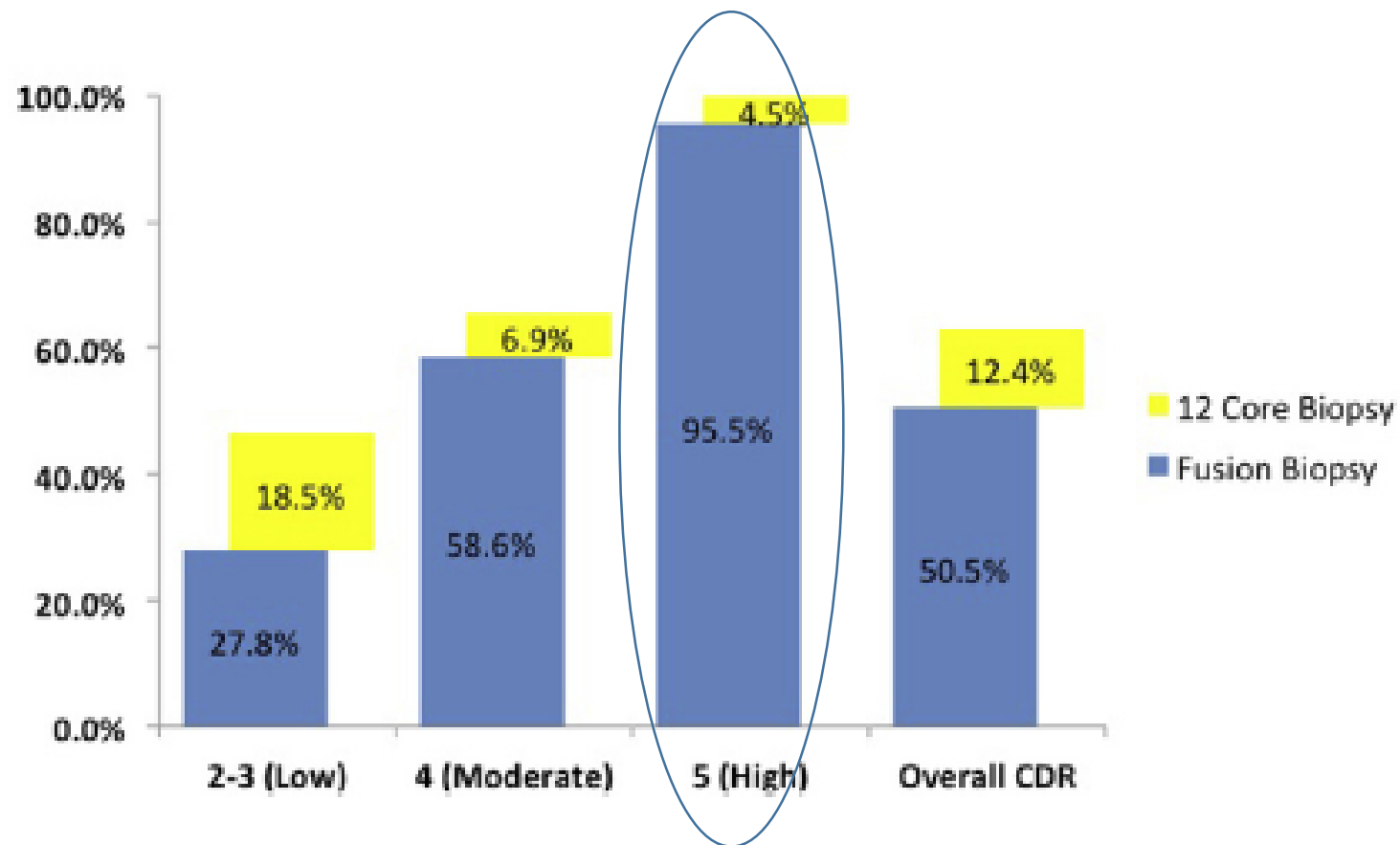
James Thompson¹, Nathan Lawrentschuk², Mark Frydenberg³, Les Thompson⁴ and Phillip Stricker⁵ on behalf of USANZ



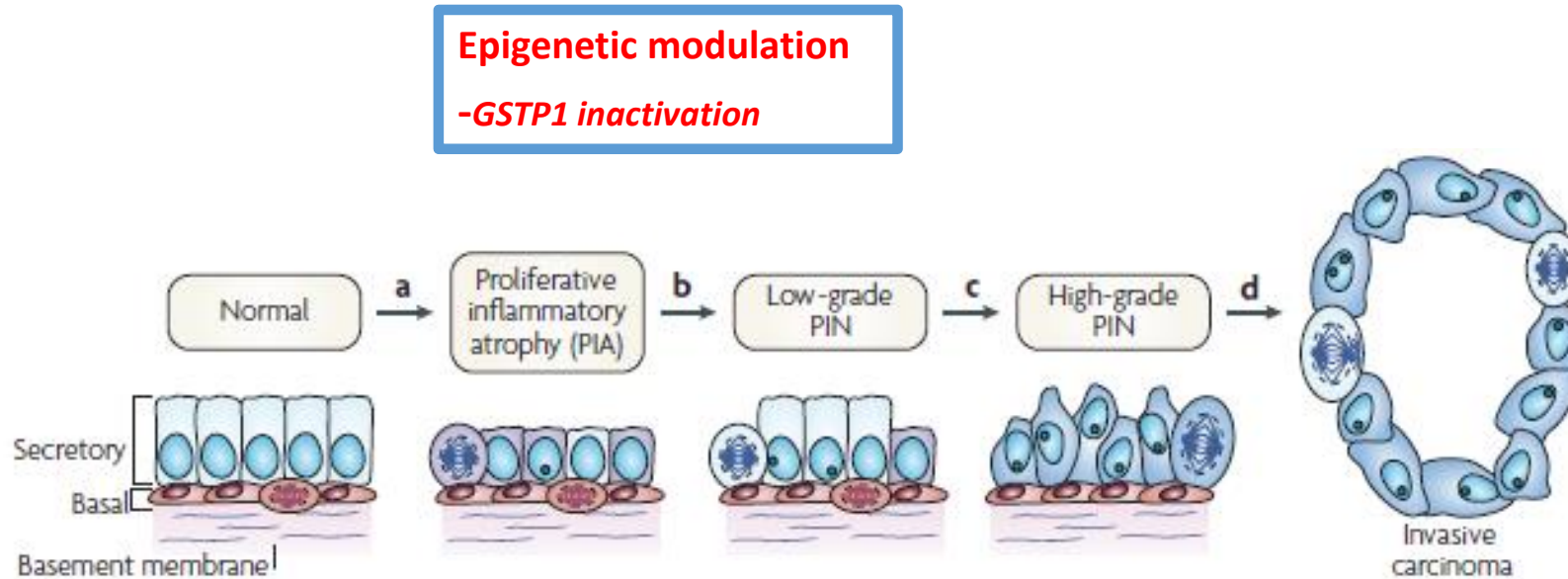
MRI-ultrasound fusion for guidance of targeted prostate biopsy



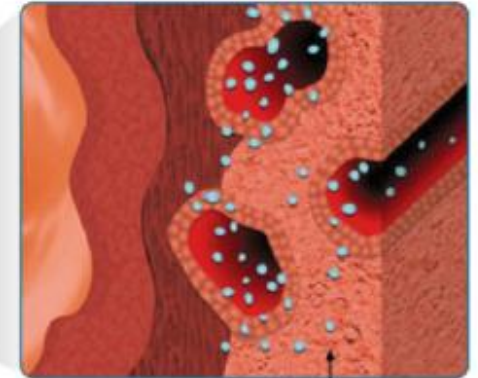
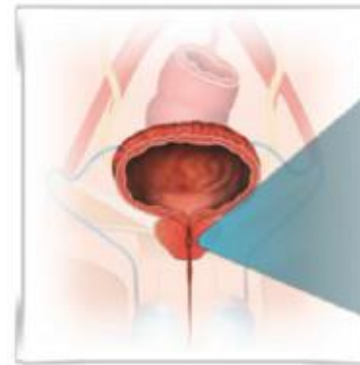
Improving Detection of Clinically Significant Prostate Cancer: Magnetic Resonance Imaging/Transrectal Ultrasound Fusion Guided Prostate Biopsy



Inflammation: An early preneoplastic lesion?



The role of chronic prostatic inflammation on BPH pathogenesis



Tissue damage and inflammatory response



Chronic process of wound healing



Prostate enlargement

Neutrophil, Platelets, and Eosinophil to Lymphocyte Ratios Predict Gleason Score Upgrading in Low-Risk Prostate Cancer Patients

Age, years	61.7 (6.1)	63.1 (6.8)	0.0580
PSA	5.7 (1.9)	5.8 (2.0)	0.7343
Prostate volume	53.3 (19.0)	49.4 (14.8)	0.1496
NLR	2.1 (0.9)	2.6 (1.1)	<0.0001
PLR	114.4 (34.4)	123.7 (33.0)	0.0142
MLR	0.3 (0.1)	0.3 (0.1)	0.4037
ELR	0.1 (0.1)	0.1 (0.1)	0.0403

	Upgrading	Overall, <i>n</i> (%)	<i>p</i> value
	no, <i>n</i> (%)	yes, <i>n</i> (%)	

Favorable long-term oncological and urinary outcomes of incidental prostate cancer following holmium laser enucleation of the prostate

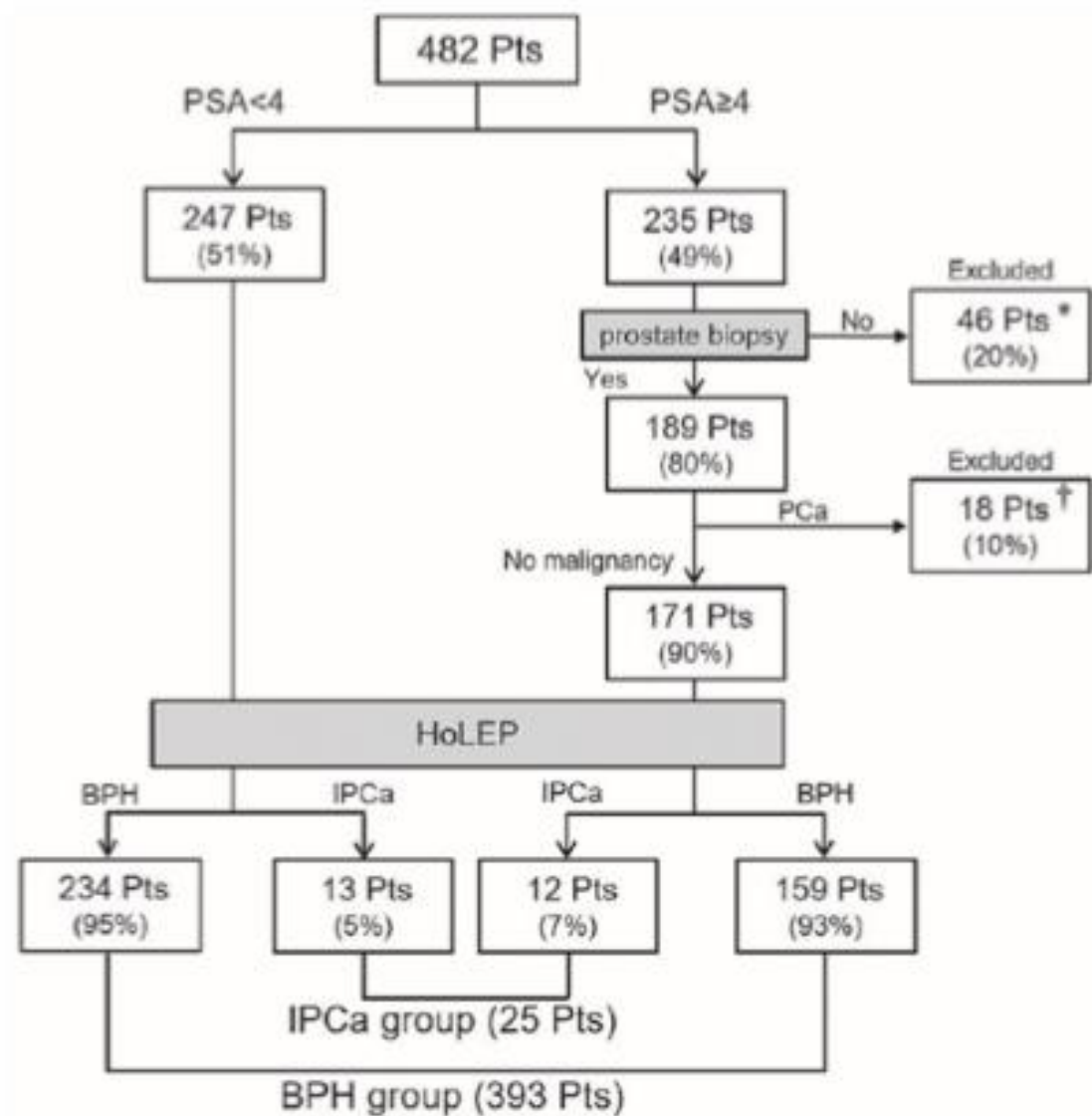
YUSUKE TOMINAGA¹, TAKUYA SADAHIRA², YOSUKE MITSUI², YUKI MARUYAMA², RYUTA TANIMOTO², KOICHIRO WADA², SHUHEI MUNEMASA¹, NOBUYUKI KUSAKA¹, YASUHIRO NISHIYAMA³, TAKUSHI KURASHIGE⁴, YASUTOMO NASU² and SHUNJI HAYATA¹

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Initial treatment (%)			
Watchful waiting			20 (80%)
Radical prostatectomy			2 (8%)
Radiation therapy			1 (4%)
Hormone therapy			2 (8%)
Mean follow-up period (months)	30.6±18.7	30.4±18.4	34.7±22.3



Incidental Prostate Cancer in Transurethral Resection of the Prostate Specimens in the Modern Era

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Objectives. To identify rates of incidentally detected prostate cancer in patients undergoing surgical management of benign prostatic hyperplasia (BPH). *Materials and Methods.* A retrospective review was performed on all transurethral resections of the prostate (TURP) regardless of technique from 2006 to 2011 at a single tertiary care institution. 793 men (ages 45–90) were identified by pathology specimen. Those with a known diagnosis of prostate cancer prior to TURP were excluded ($n = 22$) from the analysis. *Results.* 760 patients had benign pathology; eleven (1.4%) patients were found to have prostate cancer. Grade of disease ranged from Gleason 3 + 3 = 6 to Gleason 3 + 4 = 7. Nine patients had cT1a disease and two had cT1b disease. Seven patients were managed by active surveillance with no further events, one patient underwent radiation, and three patients underwent radical prostatectomy. *Conclusions.* Our series demonstrates that 1.4% of patients were found to have prostate cancer, of these 0.5% required treatment. Given the low incidental prostate cancer detection rate, the value of pathologic review of TURP specimens may be limited depending on the patient population.

ORIGINAL ARTICLE

“Finding the needle in a haystack”: oncologic evaluation of patients treated for LUTS with holmium laser enucleation of the prostate (HoLEP) versus transurethral resection of the prostate (TURP)

Annika Herlemann¹ · Kerstin Wegner¹ · Alexander Roosen² · Alexander Buchner¹ · Philipp Weinhold¹ · Alexander Bachmann³ · Christian G. Stief¹ · Christian Gratzke¹ · Giuseppe Magistro¹

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RESULTS: Men undergoing HoLEP had a significantly higher total PSA (median 5.5 vs. 2.3 ng/mL) and prostate volume (median 80 vs. 41 cc), and displayed a greater reduction of prostate volume after surgery compared to TURP patients (median 71 vs. 50%; all $p < 0.001$). With a prevalence of incidental PCa (iPCa) of 15 and 17% for HoLEP and TURP, respectively, the choice of procedure had no influence on the detection of iPCa ($p = 0.593$). However, a higher rate of false-negative preoperative prostate biopsies was noted among iPCa patients in the HoLEP arm (40 vs. 8%, $p = 0.007$). In multivariate logistic regression, we identified patient age (OR 1.04; 95% CI 1.01–1.07, $p = 0.013$) and PSA density (OR 2.13; 95% CI 1.09–4.18, $p = 0.028$) as independent predictors for the detection of iPCa.

CONCLUSIONS: Despite differences in oncologic parameters, the choice of technique had no influence on the detection of iPCa. Increased patient age and higher PSA density were associated with iPCa. A higher rate of false-negative preoperative prostate biopsies was noted in HoLEP patients. Therefore, diagnostic assessment of LUTS patients requires a more adapted approach to exclude malignancy, especially in those with larger prostates.



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European Association of Urology



Prostate Cancer

Radical Prostatectomy for Incidental (Stage T1a–T1b) Prostate

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And

Patrizio Rigatti^a, Francesco Montorsi^b

Conclusion: PSA measured before and after surgery for BPH and Gleason score at surgery for BPH were the only significant predictors of the presence of residual cancer at radical retropubic prostatectomy. PSA measured after surgery for BPH and Gleason score at surgery for BPH were the only independent predictors of biochemical recurrence after radical retropubic prostatectomy.

^a Department of Urology, University Vita-Salute San Raffaele, Scientific Institute Hospital San Raffaele, Milan, Italy

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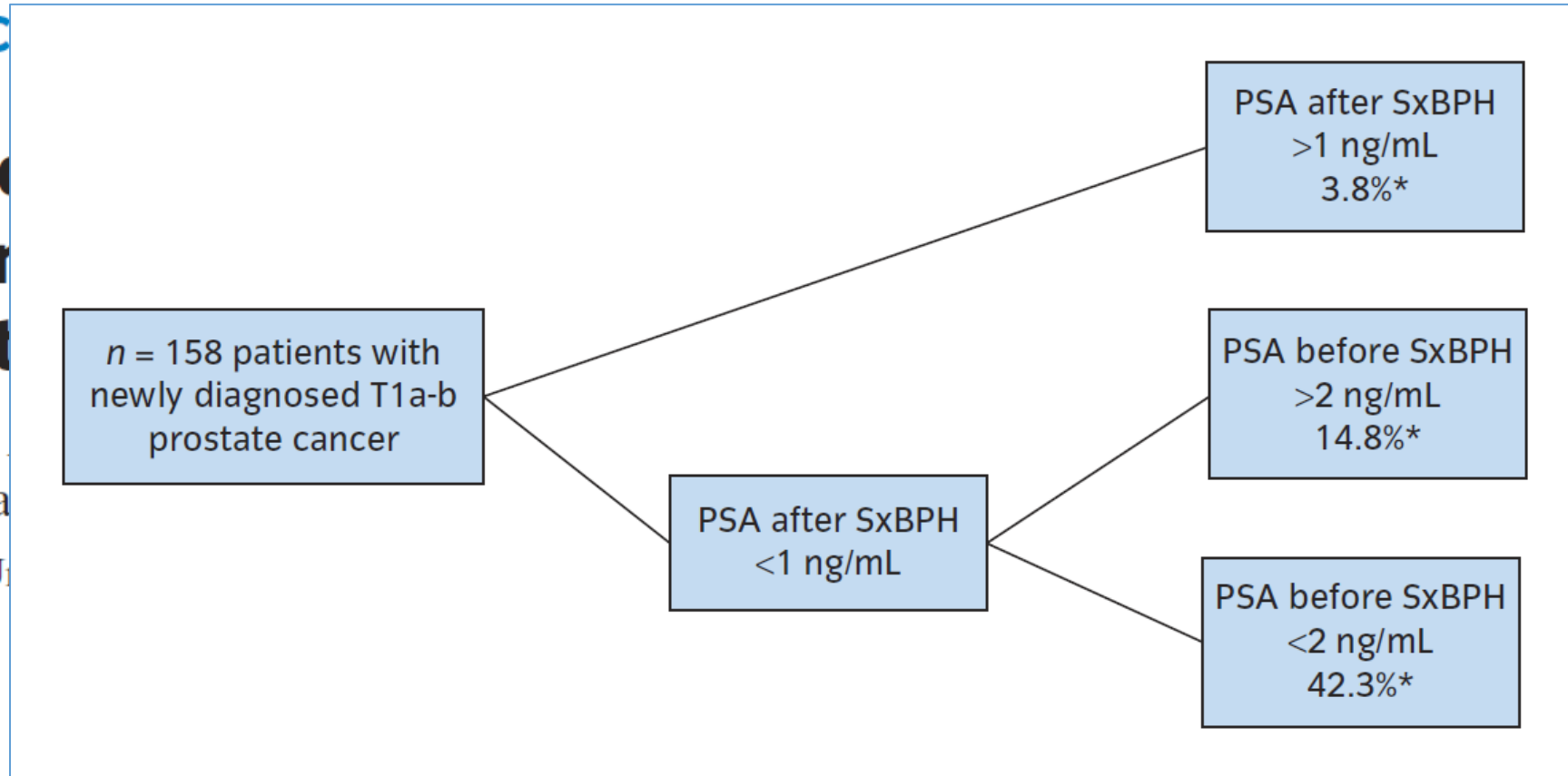
^c Cancer Prognostics and Health Outcomes Unit, University of Montreal, Montreal, Quebec, Canada

Original Article: C

**When should
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Hospital

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Results: With a mean follow-up of 5.1 yr, 30 patients (21%) experienced cancer progression. Five adverse parameters were significantly associated with cancer progression: preoperative PSA ≥ 10 ng/ml, postoperative PSA ≥ 2 ng/ml, prostate weight ≥ 60 g, weight of resected tissue ≥ 40 g, and Gleason score ≥ 6 . The 5-yr progression rate was 12% if fewer than two of these parameters were present, whereas it was 47% if two or more parameters were present ($p < 0.001$).

Conclusion: In the PSA era the risk of progression associated with T1a prostate cancer can be predicted using five criteria, and two groups of patients can be defined. The patients at low risk of progression may be good candidates for surveillance. In those with a high risk of progression, a more aggressive treatment should be discussed.

^bDepartment of Pathology, Cochin Hospital, Paris, France

RESEARCH ARTICLE

Clinical significance of multiparametric MRI and PSA density as predictors of residual tumor (pT0) following radical prostatectomy for T1a-T1b (incidental) prostate cancer

Doo Yong Chung, Hyeok Jun Goh, Dong Hoon Koh, Min Seok Kim, Jong Soo Lee, Won Sik Jang, Young Deuk Choi *



Conclusion

Our results suggest that patients with incidental prostate cancer who have both prostate-specific antigen density ≤ 0.08 after benign prostatic hyperplasia surgery as well as invisible cancer lesion on multiparametric magnetic resonance imaging should be considered for active surveillance.

Original Article

Results: The median age, pre-operative prostate-specific antigen and prostate volume were 71 years, 6.95 ng/ml, and 45.8 g, respectively. In 82.6% (71/86) of analyzed cases, ineligibility for active surveillance had resulted from elevated prostate-specific antigen level or prostate-specific antigen density. With a median resection of 16.5 g, transurethral resection of the prostate reduced the percentage of prostate-specific antigen and the percentage of prostate-specific antigen density by 34.5 and 50.0%, respectively, making 81.7% (58/71) of the patients eligible for active surveillance. Prostate-specific antigen level remained stabilized in all (21/21) patients maintained on active surveillance without disease progression during the median follow-up of 50.6 months. Among patients who underwent radical prostatectomy, 96.7% (29/30) exhibited localized disease.

Conclusions: Risk-adaptive transurethral resection of the prostate may prevent overtreatment and allay prostate-specific antigen-associated anxiety in patients with biopsy-proven low-grade prostate cancer and elevated prostate-specific antigen. Additional benefits include voiding symptom improvement and the avoidance of curative therapy's immediate side effects.

Original Study

Abstract

It often seems difficult to decide how to manage patients with incidental prostate cancer. We analyzed our patients who underwent radical transurethral resection of prostate cancer (RTUR-PCa) and obtained satisfactory results that suggested RTUR-PCa could be an option for radical treatment against incidental cancer.

Background: To evaluate the rationale for RTUR-PCa against pT1a/b cancer, we analyzed oncological and functional outcomes. **Patients and Methods:** Fifty-six patients with incidental prostate cancer were included and the age ranged from 66 to 91 years (mean, 76.6; median, 75.0). Preoperative prostate specific antigen (PSA) levels were between 0.70 and 44.1 ng/mL (mean, 5.90; median, 4.60). We performed 69 RTUR-PCa's by resecting and fulgurating the residual prostate tissues after previous transurethral resection of the prostate. Prostate specific antigen nonrecurrence rate was calculated by Kaplan–Meier method. **Results:** Follow-up duration of 51 patients was mean \pm SD 64.1 \pm 21.6 months (median, 67.8 months; range, 13.8–99.8) excluding 5 patients that were lost to follow-up. Prostate

specific antigen failure developed in 3 patients (5.9%). In the other 48 patients, PSA stabilized as follows: PSA \leq 0.01, 24 cases; \leq 0.02, 5 cases; \leq 0.03, 6 cases; \leq 0.04, 3 cases; \leq 0.1, 7 cases; and \leq 0.4, 3 cases. Prostate specific antigen nonrecurrence rates were 100% for pT2a and 91.3% for pT2b at the mean follow-up period of 64.1 months.

Nonrecurrence rate grouped by D'Amico classification system were 100% in the low-risk group, 94.7% in the intermediate-risk group, and 88.2% in the high-risk group, respectively. Water intoxication did not develop and no patients required transfusion. Bladder neck contracture, which developed in 22 out of 51 patients (43.1%), was the most frequent postoperative complication. Postoperative incontinence was temporary and disappeared within 3 months in all patients. **Conclusion:** Satisfactory oncologic and functional results suggest that RTUR-PCa could be a promising option for radical treatment against incidental prostate cancer.

GRAZIE