

## **Early Oncological Outcomes for Radical Prostatectomy as Monotherapy in the Management of Locally Advanced Prostate Cancer**

**Introduction and Objective:** Today, surgical treatment of locally advanced cancer is still controversial because RP has been regarded as technically difficult in these patients and fear of positive margins of resection and tumor recurrence. The EAU guidelines on prostate cancer have mentioned that radical prostatectomy in locally advanced disease is an option for selected patients with small T3, PSA <20 ng/ml, Gleason score <8 and a life expectancy >10 years. Several studies of progression and survival after radical prostatectomy for locally advanced prostate cancer have been published, but many patients were treated with neoadjuvant or adjuvant therapy. This article presents the experience of our Clinic in the management of patients with locally advanced prostate cancer using open radical prostatectomy as monotherapy.

**Materials and Methods:** We conducted a comparative prospective study during 2007-2010 on 105 patients who underwent open radical prostatectomy in our center. The patients were divided in subgroups with T1-T2N0 Mo (47 patients) and T3a-bN0M0 tumors (58), which were evaluated for clinical progression, local recurrence, distant metastases, biochemical progression, and overall and cancer specific survival at 1 and 3 years by Kaplan-Meier curves.

**Results:** At 1 and 3 years overall survival was 75 and 60%, and cancer specific survival was 85 and 72%, respectively. At 1 and 3 years clinical progression was 41 and 69%, local recurrence 18 and 44%, and distant metastases 31 and 50%, respectively. Biochemical progression at 3 years was 71% for both groups. High-risk patients with poorly differentiated tumors showed significantly lower survival and higher progression rates compared to those with well or moderately differentiated tumors.

**Conclusions:** Radical prostatectomy as monotherapy in patients with locally advanced prostate cancer (T3) produces acceptable results in those with well or moderately differentiated tumors. The results of progression and survival are not significantly different from those in patients with locally confined prostate cancer. However, high risk patients with poorly differentiated tumors have presented early biochemical recurrence and need adjuvant treatment following surgery.