

**PIONEERING INSTITUTION MID AND LONG TERM OUTCOMES OF LAPAROSCOPIC RADICAL PROSTATECTOMY**

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**INTRODUCTION:** To estimate the long-term biochemical recurrence (BCR) and cancer-specific survival (CSS) rates for men with clinically localized prostate cancer treated with laparoscopic radical prostatectomy (LRP).

**METHODS:** Prospective clinical, pathologic, and outcome data were collected for men who underwent LRP between January 1998 and July 2009. BCR was defined as serum PSA >0.2 ng/ml. and rising or start of secondary therapy. Prostate cancer death was defined as patients who died with metastasis in an androgen independent setting. Kaplan Meier curves and Cox regression analysis was used to estimate predicting factors.

**RESULTS:** The median age of the 4829 evaluable patients was 62 years, with 50%, 41% and 9% belonging to D'Amico's low, intermediate and high risk groups, respectively. Overall, 746 (19.5%) experienced BCR. The median follow-up for patients without BCR was 3 years (Interquartile range: 1.2-5.1). The cumulative BCR free survival probability was 75%, and 59% at 5 and 10 years, respectively. Positive surgical margins (PSM) were identified in 713 patients (18%); 434 (14%) had organ confined disease, 178 (25%) extraprostatic extension (EPE) and 101 (33%) seminal vesicle invasion (with or without EPE). During the same time period, 67 patients died of disease. The cumulative cancer specific free survival probability was 98%, and 89% at 5 and 10 years, respectively. The only variable associated with CSS both in the uni and multivariate analysis was older age (p=0.005, HR: 1.06)

**CONCLUSIONS:** Although our results seem to be comparable to open prostatectomy series from other teaching institutions, randomized trials are needed to make fair comparisons among surgical techniques.