

P019 Types of pathological progression within Spanish Register on Active Surveillance and their relevance in radical prostatectomy specimens

EUR Urol Suppl 2019;18(11):e3434

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Introduction & Objectives: In active surveillance (AS) management, there are controversies for the different pathological progression (PP) criteria from prostate cancer (PCa) GGI (Gleason 3+3). Our objective is to know if PP just in tumoral volumen is irrelevant vs PP in grade.

Materials & Methods: We select for our study AS patients registered in AEU/PIEM/2014/0001 with GGI and analyze different types of PP; in grade (increase to \geq GG2 PCa), in volume with previously defined criteria for such (<https://piem.aeu.es/proyectos/VACP/Gestor.aspx>) and grade+volume. We just include patients that went on radical prostatectomy after progression and consider final pathological report to analyze increase in grade and/or \geq pT3a, Epstein (\geq GG2+/-pT3a+/-pN1+/- tumoral volumen >0.5 cc) and Wolter's criteria (same but >1.3 cc in index lesion or >2.5 cc summing all PCa foci) to define pathological aggressiveness of the tumour.

Results: 1592 out of 2289 registered patients on AS had GGI PCa and follow-up biopsies; 651 of these (41.01%) has PP with a median follow-up of 2 years. PP just in volume was present in 289 patients (18.2%), exclusively in grade in 96 (6%) and in both in 268 (16.9%). Those figures correspond to 44.3%, 14.7% and 41% of all the PP.

N = 374 radical prostatectomies	Aggressive Pat NO	Aggressive Pat YES
	123 (32.9 %)	251 (67.1 %)
Without PP (RP for anxiety), N=71	36 (50.7%)	35 (49.3%)
PP just in tumoral volumen N=114	66 (57.9%)	48 (42.1%)
PP just in grade N=49	10 (20.4%)	39 (79.6%)
PP in volumen and grade N=140	11 (7.9%)	129 (92.1%)

If we focus on Epstein criteria, PP just in tumoral volum shows 89% of significant PCa in RP specimen and following Wolter's criteria that figure decrease to 76.7%.

We found no significant statistical differences between PP just in tumoral volume compared to specimens derived from radical prostatectomies done as per patient anxiety with any of the 3 different pathological criteria por PCa aggressiveness

Conclusions: 1.Relevance of PP just in tumoral volume is questionable.

2.Pathological progression exclusively in tumoral volume is not different from the observed in radical prostatectomies performed after patient desire due to anxiety with no progression in FU biopsies.

3.Relevance of such PP just in tumoral volume will be dictated by biochemical progression free survival splitted by type of pathological progression, not valuable in our Register yet due to short FU.

4.Until longer FU, in front of a PP just in tumoral volumen, every case has to be individualized together with other predictive variables such as age, PSA_d, tumoral load in the FU biopsy and mpMRI data to stay in AS or move to active treatment.

On Behalf of Rest of Investigators Aeu/piem/2014/0001.