Cytoreductive radical prostatectomy for newly diagnosed metastatic prostate cancer

first lessons from the Belgian multicentric LoMP trial


BACKGROUND

The Local treatment of Metastatic Prostate cancer (LoMP) trial provides a framework for the prospective evaluation of patients with newly diagnosed metastatic prostate cancer (mPCa).

We report a preliminary analysis of patient’s characteristics, safety of cytoreductive radical prostatectomy (cRP) and early oncologic results.

RESULTS

Reasons for not undergoing cRP were: development of early symptoms due to metastatic disease (n=11), unresectable tumor (n=8), refusal to undergo cRP (n=4) or co-morbidity prohibiting cRP (n=6).

Median operation time, bloodloss and hospital for cRP were respectively 215min [150-290], 250ml [100-900] and 4d [2-7]. Surgical margins were invaded in 14 (82.4%) patients. Respectively 5 (29.4%) and 2 (11.8%) patients suffered a grade 1 and 2 complication within 30 days postop. Median PSA decline after cRP was 72% ± 18%.

Median time to castrate-refractory disease was 14 months [95%CI 2-26] in the control group whereas no patient in the intervention group developed CRPC (log-rank p=0.006).

CONCLUSIONS

> cRP appears to be feasible and safe in a group of well selected patients

> the early oncological results of performing cRP are encouraging

> patients are at risk to suffer from local symptoms

If only standard of care can be offered