

RESULTS OF RADICAL PROSTATECTOMY

by: Gil Lederman, M.D.

Prostate cancer is an increasingly commonly diagnosed disease afflicting one-quarter million American men annually. Screening will find many men now, unlike in previous decades, to have localized cancer.

Researchers from a group of prestigious medical schools organized by the Division of Health, Information and Outcomes recently evaluated follow up treatment for men after undergoing radical prostatectomy. This data was analyzed and published in The Journal of the National Cancer Institute recently.

These researchers sought to evaluate the effectiveness of surgery by determining the need for additional cancer therapy after radical prostatectomy for men.

SEER data (Surveillance Epidemiology and End Results Program of the National Cancer Institute) and Medicare claims served as the basis of information. This information compiled what was thought to be 94% of prostate cancer cases from 1985 to 1991.

The evaluated group numbered 3,494 men from three separate geographic areas. The vast majority of men (3,173) had radical prostatectomy within three months of initial diagnosis.

Who gets additional therapy after radical prostatectomy? The answer is those who have residual cancer after radical prostatectomy or evidence of disease progression. Most common additional treatments are radiation or hormonal therapy.

Who should get radical prostatectomy? At most, it should be confined to men with localized prostate carcinoma. However, only 55% of men having radical prostatectomy had organ-confined cancer on the basis of the final pathology report. Forty-five percent of men undergoing radical prostatectomy have disease beyond the prostate. Throughout the study, the proportion of men who had organ-confined cancer was relatively stable at slightly over 50%. In 1985, it was 53.8% and in 1991 it was 53.0%.

In this study population, 34.9% required additional therapy within five years of surgery. The number requiring additional therapy was 24.3% with pathologically-confined cancer and 49.5% with non-confined cancer. This data would suggest that even when the cancer can be totally removed pathologically, cancer progresses in a significant share.

The need for further therapy was related to the grade or differentiation of the cancer. Additional therapy was required for 15.6% with well differentiated cancer and 41.5% for poorly differentiated cancer. Within six months of surgery, 5.4% required additional therapy with well differentiated and 19.8% with poorly differentiated cancer.

In the 1,277 men with more than localized cancer undergoing radical prostatectomy within five years, 22.7% had additional therapy with well differentiated cancer and 68.1% with poorly differentiated.

However, within six months of surgery 12.2% required additional therapy with well differentiated cancer and 33.7% with poorly differentiated cancer for those with non-confined cancer.

Men with poorly differentiated cancer had a 320% rate of requiring radiation and a 530% rate of requiring orchiectomy (removal of testes) compared with well differentiated cancer. Furthermore, men with non-confined cancer had a 240% higher rate of requiring additional therapy.

Other studies had confirmed this data. The Medicare survey found 28% of those having radical prostatectomy between 1988 and 1990 required additional treatment of radiation, orchiectomy or hormonal therapy within four years of surgery.

The authors believe that the results "may underestimate the use of follow up cancer treatments for various reasons. First, some patients may have received follow up cancer care not recorded and reimbursed by Medicare. This fact may be particularly true for younger patients in the study cohort who may still have been working." Others who received subsequent care at VA hospitals would not be registered in this protocol for follow up care and furthermore, the use of hormonal therapy is thought to be "underestimated, since simple prescriptions for oral estrogens and non-steroidal anti-androgens are not covered by Medicare and some patients may have been treated with these agents during the study."

The researchers observed that "despite this underestimation, the cumulative of retreatment remains relatively high even among patients with pathologically organ-confined cancer ranging from 15.6% for well differentiated cancer to 41.5% for poorly differentiated cancer."

Noted is "Reports of low retreatment rates after radical prostatectomy may have led many patients to believe that radical prostatectomy alone is sufficient for management of their prostate cancer. Since the likelihood of requiring additional cancer treatment after initial therapy might influence their treatment decisions, it is important that patients be informed of the retreatment rates based on the experience of men treated in a spectrum of community settings as well as men treated at selected academic medical settings. Given the wide use of follow up cancer treatments after initial surgery and the uncertainties concerning the value of these treatments, the effectiveness of various follow up treatment strategies after radical prostatectomy warrants further investigations."

Obviously many men with prostate cancer who have chosen to have radical prostatectomy need radiation. They often need radiation at the time of post-operative analysis of the pathology if this shows risk factors such as positive margins or seminal vesicle involvement and as well, if the PSA has not dropped to zero. Some men need to consider stereotactic body radiosurgery at the time of rising PSA despite radical prostatectomy if cancer is not apparent elsewhere in the body. The reason to perform radiosurgery is to have a second chance of cure.

We have established a hot line at 212-CHOICES and e-mail address: gil.lederman@rsny.org. There are also monthly seminars on brain, body and prostate cancer treatment. We invite your participation. We encourage you to learn as much as you can. We also will ask that you send in copies of films, reports, pathology for review by our panel of experts.