Fifteen-year mortality after radical prostatectomy: Which factors are available for patient counselling?

Waehré H, Vlatkovic L, Cvancarova M, Paus E, Fosså SD, Danielsen HE.
Institute for Medical Informatics.

Abstract

Abstract Objective. The aims of this study were to establish 15-year postprostatectomy prostate cancer-specific mortality (PCSM), explore the time to prostate-specific antigen (PSA) relapse and identify clinically available prognostic factors. Material and methods. From 1987 to 2004, 309 men (median age 62 years, range 40-74 years) were prostatectomized for localized prostate cancer at a tertiary referral cancer centre. Slightly modified D'Amico risk groups were identified. PSA relapse was defined as PSA ≥ 4 μg/l before 2000, and thereafter as PSA > 0.2 μg/l. Radical prostatectomy (RP) 3-12 months after diagnosis represented "deferred" RP. PCSM was assessed with competing risk modelling. The level of significance was set at p < 0.05. Results. After a median of 12 years, 41 men were dead from prostate cancer and 68 due to other causes [15-year PCSM 15%, 95% confidence interval (CI) 10-19%], with no significant difference in PCSM between the low- and intermediate-risk groups, and the "conventional" high-risk group having 24% PCSM (95% CI 16-32%). PCSM was 33% (95% CI 20-46%) for men with two high-risk factors. The median time to PSA relapse (n = 152) was 5 (range 0-17) years, with a median of 7 (range 0-17) years' survival thereafter. Deferral of RP for up to 1 year had no impact on PCSM for all patients combined. Conclusions. Approximately one in seven men with localized prostate cancer, prostatectomized before the PSA era, will die from the disease within the 15 years post-RP. Men with two high-risk criteria have a particularly poor prognosis. After PSA relapse the median survival is 7 years. The data on deferral of RP need confirmation, taking into account risk group allocation.

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