The Length of a Positive Surgical Margin Is of Prognostic Significance in Patients with Clinically Localized Prostate Cancer Treated with Radical Prostatectomy.

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Abstract

Objective: To establish predictors of clinical failure in patients operated with radical prostatectomy (RP) for clinically localized prostate cancer (PC) by analyzing the pathological characteristics of positive surgical margins (PSM). Patients and Methods: The RP specimens of 303 consecutive patients operated with RP between 1985 and 2009 were reviewed. PSM were analyzed with regard to the PSM length, location and multifocality and the Gleason score (GS) at the PSM. Results: Of the 163 patients with PSM, 79 (48%) progressed to clinical failure compared to 30 (22%) in the negative-margin-status group. In univariate analysis, a GS at the PSM $\geq 4 + 3 = 7$ ($p = 0.013$) and a PSM length $>3.0$ mm ($p < 0.005$) were significantly associated with higher clinical failure rates compared to a GS at the PSM $\leq 3 + 4 = 7$ and $\leq 3.0$ mm in extent, respectively. A linear extent of the PSM $\leq 3.0$ mm appeared to have the same clinical outcome as in the group with a negative margin status. In multivariate analysis, a PSM length $>3.0$ mm remained an independent predictor of clinical failure. Conclusions: PSM length is an independent predictor of clinical failure following RP. © 2014 S. Karger AG, Basel.

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