convincing cancer-related outcomes. Patients with PSA ≥20 ng/ml should be considered for an aggressive approach, starting with radical surgery. Most patients need adjuvant HT or RT. This study confirms that RP should be considered as the first step in a multimodality approach for clinically locally advanced PCa.

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DO PATIENTS TREATED WITH RADICAL PROSTATECTOMY FOR LOCALLY ADVANCED PROSTATE CANCER AND PSA >50 ng/ml HAVE A WORSE PROGNOSIS THAN PATIENTS WITH PSA>20 ng/ml?

Giansilvio Marchioro[1], Gloria Maso[1], Matteo Vidali[2], Alessandro Volpe[1], Roberto Tarabuzzi[1], Stefano Zaramella[1], Monica Zacchero[1], Elisa De Lorenzis[1], Simone Crivellaro[3], Bruno Frea[3] and Carlo Terrone[1]

[1]Department of Urology, Maggiore della Carità Hospital, University of Eastern Piedmont, Novara, Italy;
[2]Clinical Chemistry Unit, University of Eastern Piedmont, Novara, Italy;
[3]Department of Urology, Santa Maria della Misericordia Hospital, University of Udine, Udine, Italy

Aim: To report the outcomes of a single institutional study on 98 pts with clinically locally advanced prostate cancer (PCa) and prostate-specific antigen (PSA) ≥20 ng/ml who underwent radical prostatectomy (RP) and pelvic lymphadenectomy (PNLD).

Patients and Methods: We performed a retrospective review of PCa patients who had initial PSA values above 20 ng/ml (Group A), treated with RP between 1999 and 2005. Overall (OS), cancer specific (CSS), clinical progression free (CPFS), and biochemical recurrence free survival (BRFS) of these patients were compared with those of other patients who had initial PSA values above 50 ng/ml (Group B). Biochemical recurrence was defined as a double rise in PSA levels over 0.2 ng/ml after RP. Adjuvant or salvage radiotherapy (RT) or hormonal therapy (HT) were indicated according to institutional protocols. OS, CSS, CPFS and BRFS were calculated for the entire cohort and select subGroups using the Kaplan-Meier method with log-rank test and Cox multivariate analysis.

Results: The mean age was 66 (range IQR 61.8-71) years, with no significant differences between Group A and B. Mean PSA was 30.4 (range IQR 24.4-45) ng/ml. No differences between the two groups were observed for pathological stage, positive surgical margins and lymph node involvement. Mean pathological Gleason score was significantly higher for Group B (p=0.005). Mean follow-up was 65.3 (range IQR 46.0–96.5) months. Table I describes OS, CSS and BRFS at 5 and 10 years for Group A and B. Only BRFS was significantly higher for Group a *vs*. Group B.

Table I.

	Group A		Group B		p-Value
	5-Year survival	10-Year survival	5-Year survival	10-Year survival	
OS	86%	71%	83%	63%	0.65
CSS	92%	92%	89%	79%	0.67
BRFS	63%	58%	20%	20%	0.012

OS, overal survival; CSS, cancer specific survival; BRFS, biochemical recurrence-free survival.

Conclusion: RP provided good results in cT3-4 disease. PSA value at diagnosis in our series could not discriminate OSS and CSS, while BRFS was lower for patients with a PSA above 50 ng/ml. This study confirms that RP should be considered as the first step in a multimodality approach for locally advanced PC independently on PSA value at diagnosis.

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