



ORIGINAL ARTICLE

Influence of demographic and tumor variables on prostate cancer treatment with curative intent in Spain. Results of the 2010 national prostate cancer registry[☆]



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KEYWORDS

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Abstract

Objective: The aim of this study is to determine which cancer and demographic criteria influence the indication for surgery (radical prostatectomy) or radiation therapy (external or brachytherapy) in the treatment of prostate cancer.

Material and methods: An analysis of the 2714 patients of the 2010 National Prostate Cancer Registry treated with curative intent. The analyzed variables were age, prostate-specific antigen (PSA), prostate volume, the number of biopsy cores, the percentage of positive cores, the stage, Gleason score, the type of pathologist, the presence of perineural invasion and the study center. We analyzed the association among these variables and the type of treatment (surgery vs. radiation therapy/brachytherapy), using a univariate analysis (Student's *t* test and chi-squared) and a binary multiple logistic regression.

Results: The 48.12% of the patients (1306/2714) were treated with surgery, and 51.88% (1408/2714) underwent radiation therapy/brachytherapy. Differences were observed between the patients treated with prostatectomy and those treated with radiation therapy/brachytherapy ($p < .05$) in age (63.50 ± 6.5 vs. 69.0 ± 6.7), PSA (8.76 ± 16.97 vs.

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PALABRAS CLAVE

Cáncer de próstata;
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13.21 \pm 15.88), biopsied cores, percentage of positives cores (30.0 \pm 22 vs. 38.7 \pm 29), Gleason score (G6: 53.9% vs. 46.1%; G7: 45% vs. 55% G8-10: 26.6%, 73.4%), stage (localized: 50% vs. 50%; locally advanced: 14.6% vs. 85.4%), perineural invasion and hospital center. In the multivariate analysis, the selected independent variables were age, PSA, percentage of positives cores, stage, Gleason score and hospital center.

Conclusion: According to our study, age, tumor aggressiveness and stage and the center where the patient will be treated affect the selection of curative treatment for prostate cancer.

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Influencia de las variables demográficas y tumorales en el tratamiento del cáncer de próstata con fines curativos en España. Resultados del Registro nacional de cáncer de próstata 2010

Resumen

Objetivo: El objetivo del estudio es conocer qué criterios oncológicos y demográficos influyen en la indicación de cirugía (prostatectomía radical) o de radioterapia (externa o braquiterapia) en el tratamiento del cáncer de próstata.

Material y métodos: Análisis de 2.714 pacientes del Registro nacional de cáncer de próstata de 2010 tratados con fines curativos. Las variables que se analizaron fueron la edad, el PSA, el volumen prostático, el número de cilindros biopsiados, el porcentaje de cilindros positivos, el estadio, la puntuación de Gleason, el tipo de patólogo, la existencia de invasión perineural y el centro de estudio. Analizamos la asociación de estas variables y el tipo de tratamiento (cirugía vs radioterapia/braquiterapia) mediante análisis univariante («t» de Student y Chi cuadrado) y una regresión logística múltiple binaria.

Resultados: El 4812% de los pacientes (1.306/2.714) fueron tratados con cirugía y el 51,88% (1.408/2.714) con radioterapia/braquiterapia. Se observaron diferencias entre los pacientes tratados mediante prostatectomía y con radioterapia/braquiterapia ($p < 0,05$) en la edad (63,50 \pm 6,5 vs 69,0 \pm 6,7), el PSA (8,76 \pm 16,97 vs 13,21 \pm 15,88), los cilindros biopsiados, el porcentaje de cilindros positivos (30,0 \pm 22 vs 38,7 \pm 29), el Gleason (G6: 53,9% vs 46,1%; G7: 45% vs 55% G8-10: 26,6%, 73,4%), el estadio (localizado: 50% vs 50%; localmente avanzado: 14,6% vs 85,4%), la invasión perineural y el centro hospitalario. En el análisis multivariante las variables independientes seleccionadas fueron edad, PSA, porcentaje de cilindros positivos, estadio, Gleason y centro hospitalario.

Conclusión: Según nuestro estudio, en la elección del tratamiento curativo del cáncer de próstata parece influir la edad, la agresividad y estadio del tumor y el centro donde va a ser tratado el paciente.

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Introduction

Prostate cancer is one of the most common malignancies with an incidence in Spain, determined by the National Registry of prostate cancer, of 82 cases per 10,000 males/year.¹ Its peculiar epidemiological aspects justify the creation of a registry that will allow us not only to determine the incidence of the disease, but also monitor the practiced forms of treatment and patient outcomes. The management of prostate cancer, with curative intent, can be both radical surgery and radiotherapy in its form of external beam radiation or brachytherapy. The choice of one form or another of treatment is subject to a number of considerations, far from objectivity, since there are no well-designed studies that allow us to know if there are differences in the results of one or another treatment. It is difficult to carry out these studies on prostate cancer, and although we have tried, they have failed even in the recruitment

phase, because patients reject randomization.² Moreover, the criteria to indicate surgery or radiotherapy, as a form of primary treatment in prostate cancer have changed in recent years. So, a few years ago, locally advanced and high-risk prostate cancer was considered a non-surgical disease, whereas today, before the data we know, the approach is to highlight the usefulness of surgery in patients with high-risk disease,³ even investigating the potential role when there is nodal involvement,⁴ or even with metastatic disease.^{5,6}

In general, we know that life expectancy, comorbidities, aggressiveness, and extent of the cancer and patient preferences may be important in the choice of treatment, but the reality is that we do not know the factors that really determine that one or another form of treatment is chosen. Therefore, the goal that we set ourselves in our study is to know the current status of treatment with curative aim of prostate cancer in our environment, as well as the factors

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