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ORIGINAL ARTICLE

Radical prostatectomy is a reasonable treatment for patients over 70 years of age☆

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KEYWORDS
Prostate adenocarcinoma;
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Abstract
Objective: To compare the tumor nature and oncological course of patients operated on by radical prostatectomy in three age groups.
Materials and methods: From the prospective completion of the data base of our department, we analyzed 1012 patients operated on between 1986 and December 2009. Patients with neo- or adjuvant treatment and those with pre-operative PSA over 50 were excluded. The sample was divided into three groups: younger than 60, 60–69 and over 70. The clinical, pathological variables, biochemical course and need for rescue treatment were analyzed. We consider biochemical relapse as when the PSA values reached values greater than 0.4 in two consecutive measurements. Rescue was defined as the need for hormone treatment or radiotherapy. We then made a comparative study, a univariate survival analysis by Kaplan and Meyer Curves and multivariate by Cox's regression.
Results: The median follow-up was 55.1 months. Of the 1012 patients included in the study, 317 patients (31.3%) had biochemical progression and 259 (25.6%) required rescue treatment. We observed that the groups with the older age had a significantly higher PSA and higher stages than the rest. No differences were observed in the Gleason score of the surgical specimen or in the state of the surgical margins. Biochemical relapse free survival at 5 years was 72.3% (CI 66.4–78.2) in patients under 60 years, 65.3% (CI 60.6–70.0) for patients under 70 and 62.2% (CI 53.2–71.1) for patients of 70 years or older; $P < .05$. In the univariate study, age was a factor that was significantly associated to biochemical relapse. However, it loses interest in the multivariate study and PSA, pathological state and Gleason score regain interest. Rescue treatment free survival did not differ by age groups.
Conclusions: In the current study, worse biochemical evolution of patients over 70 was observed. However, this worse biochemical course was conditioned by clinically more aggressive tumors that, in our opinion, justifies the decision made in regards to the surgical approach taken with these patients.

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PALABRAS CLAVE
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Ancianos

La prostatectomía radical es un tratamiento razonable para los pacientes mayores de 70 años

Resumen

Objetivo: Comparar la naturaleza tumoral y la evolución oncológica de los pacientes intervenidos mediante prostatectomía radical en 3 grupos de edad.

Material y método: De la base de datos de cumplimentación prospectiva de nuestro Servicio, analizamos 1.012 pacientes intervenidos entre los años 1986 y diciembre de 2009. Se excluyeron los pacientes con tratamiento neo o adyuvante y aquellos con PSA preoperatorio mayor de 50. Se dividió la muestra en 3 grupos: menores de 60, de 61 a 69 y los de 70 y mayores. Se analizaron las variables clínicas, patológicas, la evolución bioquímica y la necesidad de rescate. Consideramos recidiva bioquímica cuando los valores de PSA alcanzan cifras mayores de 0,4 en 2 mediciones consecutivas. Se definió rescate como la necesidad de tratamiento hormonal o de la administración de radioterapia. Procedimos a un estudio comparativo, un análisis de supervivencia univariante mediante curvas de Kaplan y Meyer y multivariante mediante regresión de Cox.

Resultados: La mediana de seguimiento fue de 55,1 meses. De los 1.012 pacientes incluidos en el estudio 317 pacientes (31,3%) experimentaron progresión bioquímica y 259 (25,6%) necesitaron rescate. Observamos que los grupos de mayor edad tenían un PSA significativamente más alto y mayores estadios que el resto. No se objetivaron diferencias en el Gleason de la pieza quirúrgica ni en el estado de los márgenes quirúrgicos. La supervivencia libre de recidiva bioquímica a los 5 años fue del 72,3% (IC 95%: 66,4–78,2) en los pacientes menores de 60 años, del 65,3% (IC 95%: 60,6–70,0) para los pacientes menores de 70 y del 62,2% (IC 95%: 53,2–71,1) para los pacientes con 70 o más años; $p < 0,05$. En el estudio univariante la edad fue un factor que se asoció significativamente a la recidiva bioquímica; sin embargo, en el estudio multivariante pierde su interés y lo cobrabá el PSA, el estado patológico y el Gleason. La supervivencia libre de rescate no difería por grupos de edad.

Conclusiones: En el presente estudio se objetivó una peor evolución bioquímica de los pacientes mayores de 70 años, sin embargo esta peor evolución bioquímica estuvo condicionada por tumores clínicamente más agresivos, lo que a nuestro juicio justifica la decisión tomada en cuanto a la actitud quirúrgica para con estos pacientes.

Introduction

Prostate adenocarcinoma is the most common type of cancer in males over 60 years of age. Nowadays, although patients are diagnosed at earlier stages and at a younger age, the diagnosis of prostate adenocarcinoma is still common in older patients. The choices of the patients diagnosed with prostate cancer include from observation, active surveillance, and focal treatment in the context of a clinical trial, to active treatment with radiotherapy, brachytherapy, or radical prostatectomy. The patient is guided toward one option or another mainly depending on the potential natural development of the disease regarding the patient's age.

Since clinical guidelines do not provide a clear algorithm with regard to the indication for radical prostatectomy in older patients, we contemplated the idea of retrospectively reviewing our series of prostatectomized patients and of discerning whether the biochemical course differed depending on the age groups, to ultimately reconsider the convenience of the indications suggested to this subgroup of elderly patients.

Materials and methods

After obtaining acceptance and consent by the ethics committee at our center, we carried out a retrospective study on patients from the prospective completion of the database of our department; we analyzed 1012 patients diagnosed with prostate adenocarcinoma and who had been operated on between 1986 and December 2009. The procedures were performed by 11 surgeons, via the retropubic route or via open surgery. Patients with any kind of neo- or adjuvant treatment, and those with preoperative PSA over 50 were excluded.

The sample was divided into 3 groups: patients under the age of 60, patients from 60 to 69 years, and patients over 69 years. Clinical and pathological variables, biochemical course, and need for rescue treatment were analyzed. Our database stratified patients according to the following risk groups: low risk (Gleason ≤ 6, PSA < 10 and cT $\leq$ 2a), intermediate risk (PSA 10–20 or Gleason 7 or cT2b and c), and high risk (PSA > 10 or Gleason > 7 or stage $>$ cT3).

We considered biochemical relapse when the PSA values reached values greater than 0.4. Rescue was defined as the