

[PubMed](#)**Format:** Abstract

Urol Int. 2018;100(1):43-49. doi: 10.1159/000481266. Epub 2017 Dec 22.

Pathologic Outcomes of Candidates for Active Surveillance Undergoing Radical Prostatectomy: Results from a Contemporary Turkish Patient Cohort.

Tinay I¹, Aslan G, Kural AR, Özen H, Akdoğan B, Yıldırım A, Onçün Ş, Özkan A, Esen T, Zorlu F, Dillioğlugil Ö, Bekiroglu N, Türkeri L; Members of Urooncology Association.

1 Marmara University School of Medicine, Istanbul, Turkey.

INTRODUCTION: To evaluate the pathological outcomes of Turkish men meeting the criteria for Active Surveillance (AS), who elected to undergo immediate radical prostatectomy (RP).

MATERIAL AND METHODS: Retrospective analysis including 1,212 patients with clinically localized prostate cancer (PCa) who met the eligibility criteria for AS. The primary outcomes were pathological upstaging and pathological upgrading.

RESULTS: Nine hundred ninety-one patients were eligible for analysis after the central review of the submitted data. The mean prostate-specific antigen (PSA) level was 6.89 (0.51-15) ng/mL and the mean biopsy core number was 12 (8-47). The mean tumor positive core on final biopsy pathology was 1.95 (1-6) (16.6% [2.1-33.3%]). Overall, 30.6% of the men experienced a Gleason sum (GS) upgrade and 13.2% had pathological upstaging. For GS upgrade, the percentage of tumor-positive cores and free-to-total-PSA ratio were significant both in univariate analysis and multivariate logistic regression analysis. Variables predicting pathological upstaging were percentage of tumor-positive cores and PSA density, which were significant in univariate analysis. However, only PSA density was significant in multivariate logistic regression. Although biochemical recurrence-free survival was longer in patients without GS upgrade, it was not statistically significant between patients with and without any GS upgrade (mean 133.7 vs. 148.2 months, $p = 0.243$). A similar observation was made for patients with or without pathological upstaging (mean 117.1 vs. 148.3 months, $p = 0.190$).

CONCLUSIONS: Upgrading and upstaging at RP are quite common among Turkish men with clinically low-risk PCa, who are candidates for AS, and a great majority of them experienced long-term PSA control.

© 2017 S. Karger AG, Basel.

KEYWORDS: Active surveillance; Prostate cancer; Radical prostatectomy

PMID: **29275406** DOI: [10.1159/000481266](https://doi.org/10.1159/000481266)