Resident's "Ring Table" 2

Prostatectomia radicale

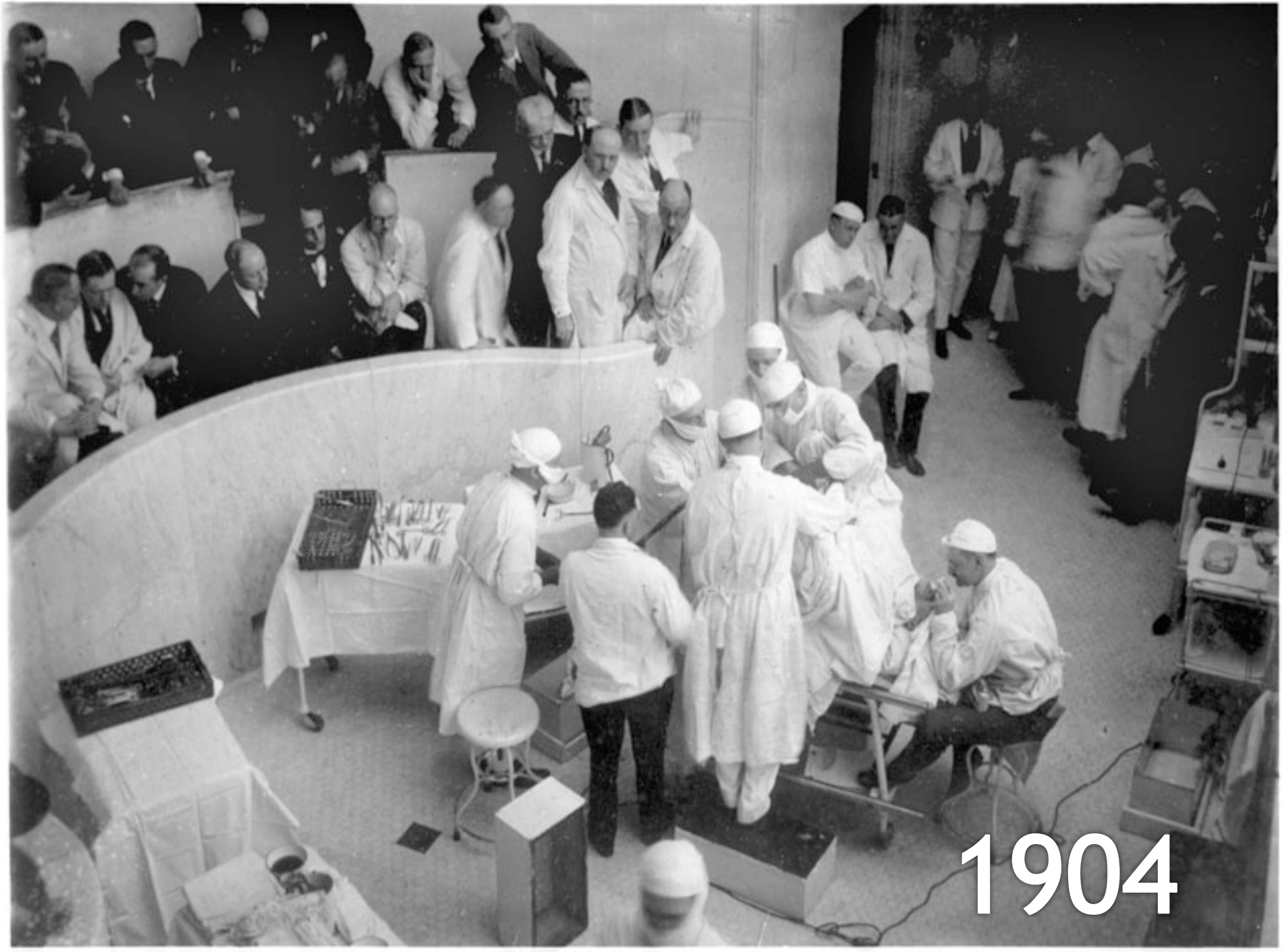
Open? *Laparoscopica? Robotica?*

Francesco Varvello

Clinica Urologica Prof. Carlo Terrone

Ospedale "Maggiore della Carità" di Novara

Università degli Studi del Piemonte Orientale


1904

1945

1979

1982

2002

CANCER CONTROL WITH RADICAL PROSTATECTOMY ALONE IN 1,000 CONSECUTIVE PATIENTS

GERALD W. HULL, FARHANG RABBANI, FARHAT ABBAS, THOMAS M. WHEELER,* MICHAEL W. KATTAN AND PETER T. SCARDINO†

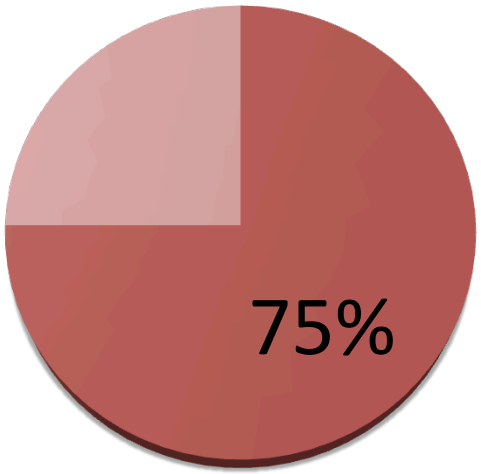
From the Department of Urology, Medical University of South Carolina, Charleston, South Carolina, Department of Urology, Memorial Sloan-Kettering Cancer Center, New York, New York, Department of Surgery-Urology, Aga Khan University, Karachi, Pakistan, and Department of Pathology, Baylor College of Medicine, Houston, Texas

TABLE 1. *Clinical stage and Gleason sum in biopsy specimen*

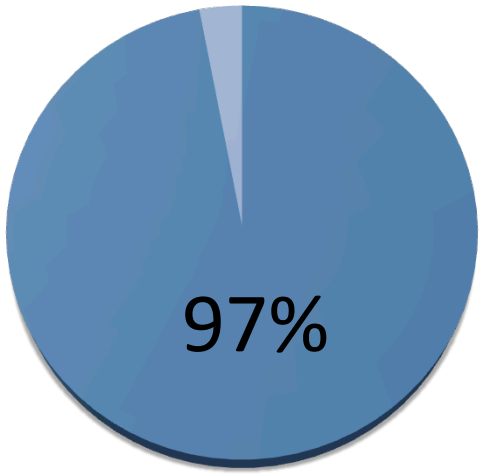
Clinical Stage	Biopsy Gleason Sum				Total No. (%)
	No. 2–4 (%)	No. 5—6 (%)	No. 7 (%)	No. 8–10 (%)	
T1a	16 (47.1)	18 (52.9)	0	0	34 (3.4)
T1b	17 (30.9)	28 (50.9)	5 (9.1)	5 (9.1)	55 (5.6)
T1c	19 (5.8)	230 (70.1)	69 (21.0)	10 (3.0)	328 (33.2)
T2a	24 (13.4)	112 (62.6)	40 (22.3)	3 (1.7)	179 (18.1)
T2b	22 (8.1)	165 (60.9)	69 (25.5)	15 (5.5)	271 (27.5)
T2c	13 (10.8)	59 (49.2)	43 (35.8)	5 (4.2)	120 (12.2)
Totals	111 (11.2)	612 (62.0)	226 (22.9)	38 (3.9)	987

Stage or grade data are missing in 13 cases.

Follow up medio 53 mesi



Liberi da malattia



Sopravvivenza cancro specifica

2004

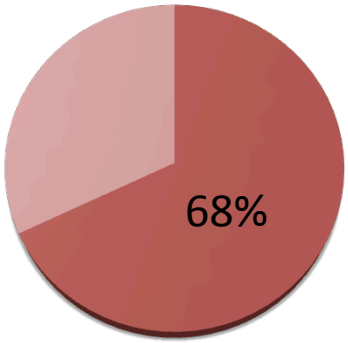
CANCER PROGRESSION AND SURVIVAL RATES FOLLOWING ANATOMICAL RADICAL RETROPUBIC PROSTATECTOMY IN 3,478 CONSECUTIVE PATIENTS: LONG-TERM RESULTS

KIMBERLY A. ROEHL, MISOP HAN, CHRISTIAN G. RAMOS, JO ANN V. ANTENOR AND WILLIAM J. CATALONA*

From the Departments of Psychiatry (KAR), Surgery/Urology (WJC) and Neurology (JAVA), School of Medicine, Washington University, St. Louis, Missouri, Department of Urology, Feinberg School of Medicine, Northwestern University (MH, WJC), Chicago, Illinois, and Clinica Las Condes (CGR), Santiago, Chile

No. clinical stage (%):	
cT1a/b	112 (3)
cT1c	1,774 (51)
cT2	1,550 (45)
cT3	35 (1)
No. pathological stage (%):	
T2 R0	2,365 (68)
pT2 R1, pT3a/b	888 (26)
pT3c/N1	202 (6)

579 pazienti con almeno 10 anni di follow-up



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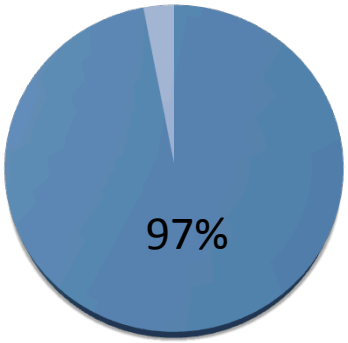
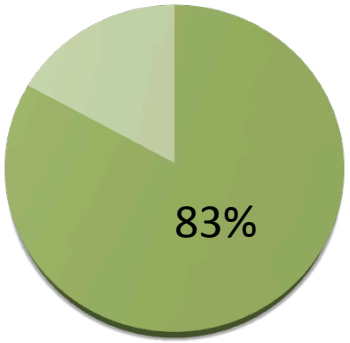
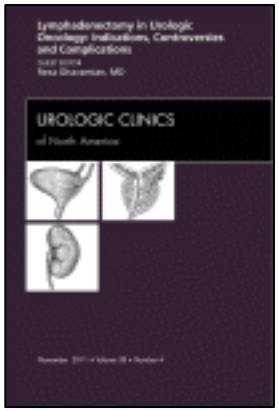


Sopravvivenza cancro specifica



Sopravvivenza per tutte le cause



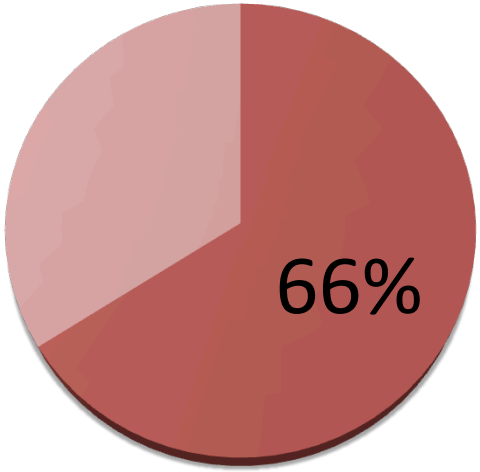
2001

Long-term biochemical disease-free and cancer-specific survival following anatomic radical retropubic prostatectomy. The 15-year Johns Hopkins experience.

Han M, Partin AW, Pound CR, Epstein JI, Walsh PC.

James Buchanan Brady Urological Institute, Department of Urology, Johns Hopkins Medical Institutions, Baltimore, Maryland, USA.

621 pazienti con almeno 10 anni di follow-up



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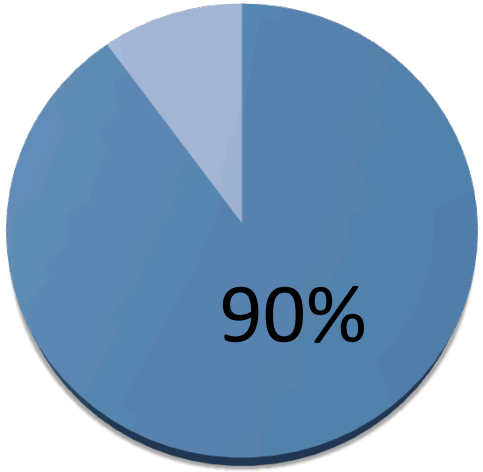
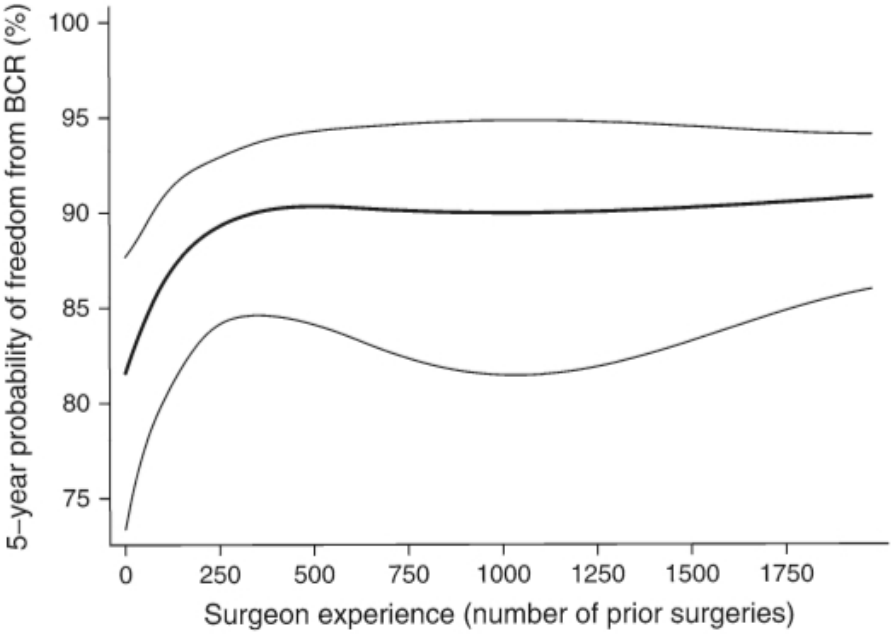


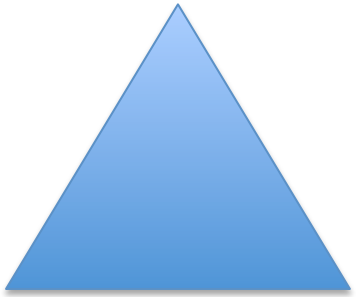
Sopravvivenza cancro specifica

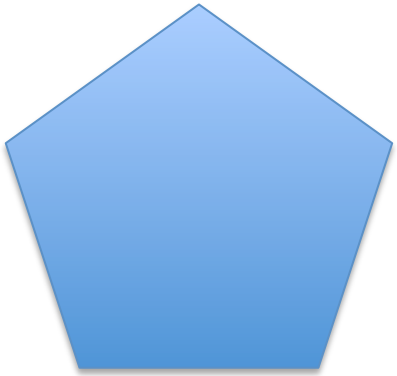
2007

The Surgical Learning Curve for Prostate Cancer Control After Radical Prostatectomy

Andrew J. Vickers, Fernando J. Bianco, Angel M. Serio, James A. Eastham, Deborah Schrag, Eric A. Klein, Alwyn M. Reuther, Michael W. Kattan, J. Edson Pontes, Peter T. Scardino







La chirurgia a cielo aperto è davvero più invasiva?

1999

Diminished interleukin-6 and C-reactive protein responses to laparoscopic versus open cholecystectomy

M. KRISTIANSSON[1], L. SARASTE[1], M. SOOP[1], K. G. SUNDQVIST[2,4] and A. THÖRNE[3]

Depts. of [1]Anaesthesiology and Intensive Care, [2]Clinical Immunology and [3]Surgery, Karolinska Institute, Huddinge University Hospital, and [4]Clinical Immunology, Umeå University Hospital, Sweden

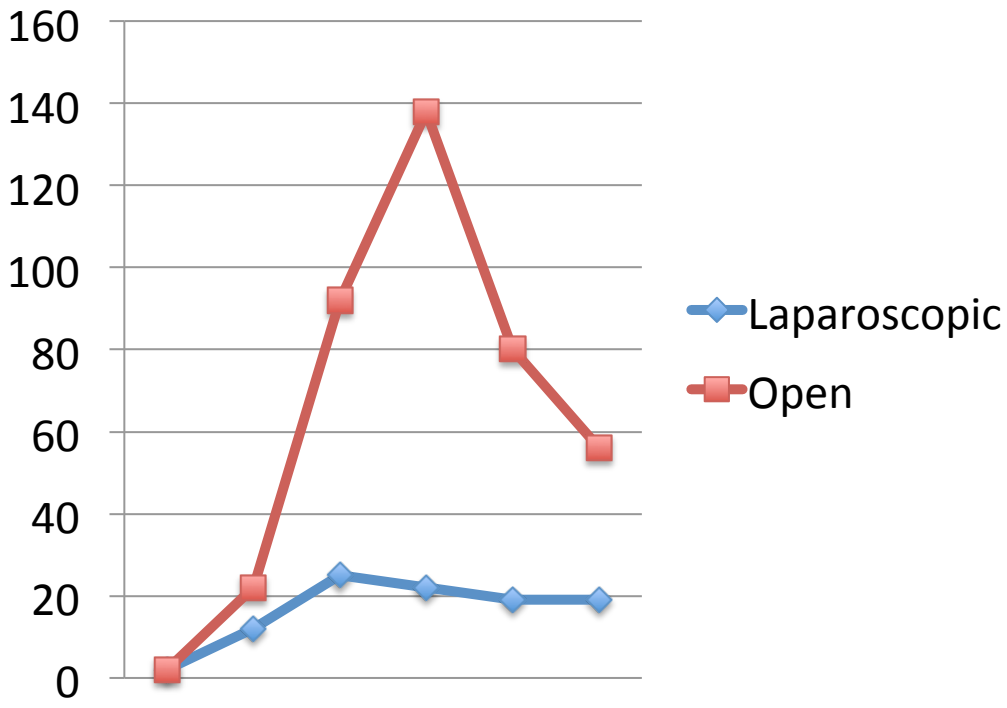
Table 2

Plasma IL-6 concentrations, pg/mL (median with ranges within parenthesis) preoperatively (preop) and up to 48 h after skin incision in patients undergoing laparoscopic (n=8) and open cholecystectomy (n=8).

	Laparoscopic	Open
Preop	<2 (<2–4)	3 (<2–19)
Hours after skin incision		
1 h	<2 (<2–7)	<2 (<2–111)
2 h	12 (<2–37)#	22 (11–340)#
3 h	25 (<2–51)**#	92 (31–510)#
4 h	22 (<2–82)**#	138 (25–254)#
6 h	19 (<2–92)*#	80 (15–432)#
8 h	19 (<2–75)#	56 (13–443)#
12 h	26 (<2–75)#	57 (7–253)#
24 h	13 (<2–32)*#	44 (10–189)#
36 h	<2 (<2–127)	52 (21–274)#
48 h	<2 (<2–32)*	36 (6–132)#

Median (range).
*=$P<0.05$, **=$P<0.01$, Laparoscopic vs. Open cholecystectomy (Wilcoxon two-sample test). #=$P<0.05$, IL-6 concentrations during the study period vs. preoperative concentrations (Wilcoxon matched-pair rank test).

IL-6



2007

Laparoscopic and Robotic Urology

Associate Editor
Ash Tewari

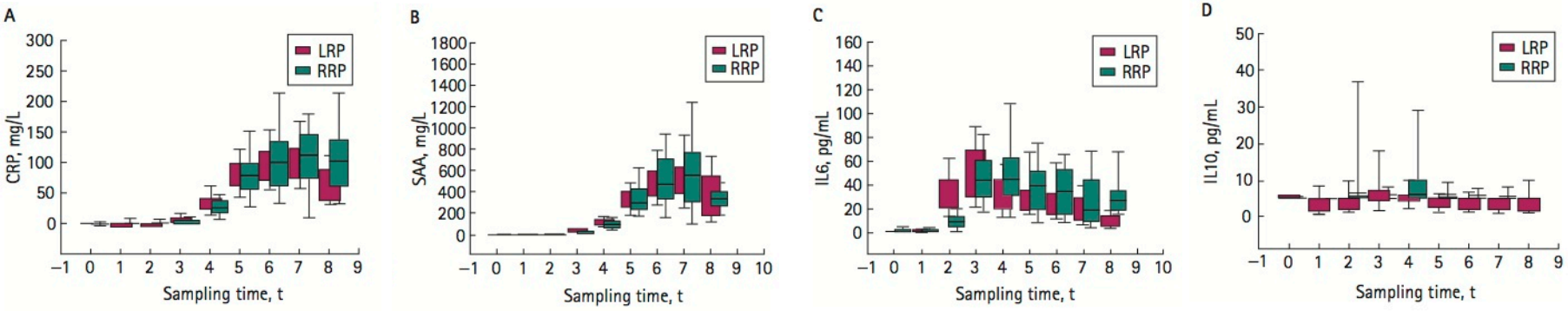
Editorial Board
Ralph Clayman, USA
Inderbir Gill, USA
Roger Kirby, UK
Mani Menon, USA

Prospective non-randomized evaluation of four mediators of the systemic response after extraperitoneal laparoscopic and open retropubic radical prostatectomy

Andreas Jurczok, Mario Zacharias, Sigrid Wagner, Amir Hamza and Paolo Fornara

Department of Urology, Medical Faculty, Martin Luther University, Halle-Wittenberg, Halle/Saale, Germany

PCR SAA IL-6 IL-10



La chirurgia a cielo aperto è davvero più invasiva?

perdite ematiche e trasfusioni

complicanze

?

dolore post operatorio ?

Risultati funzionali

incontinenza

deficit erettile

2009

Review – Prostate Cancer

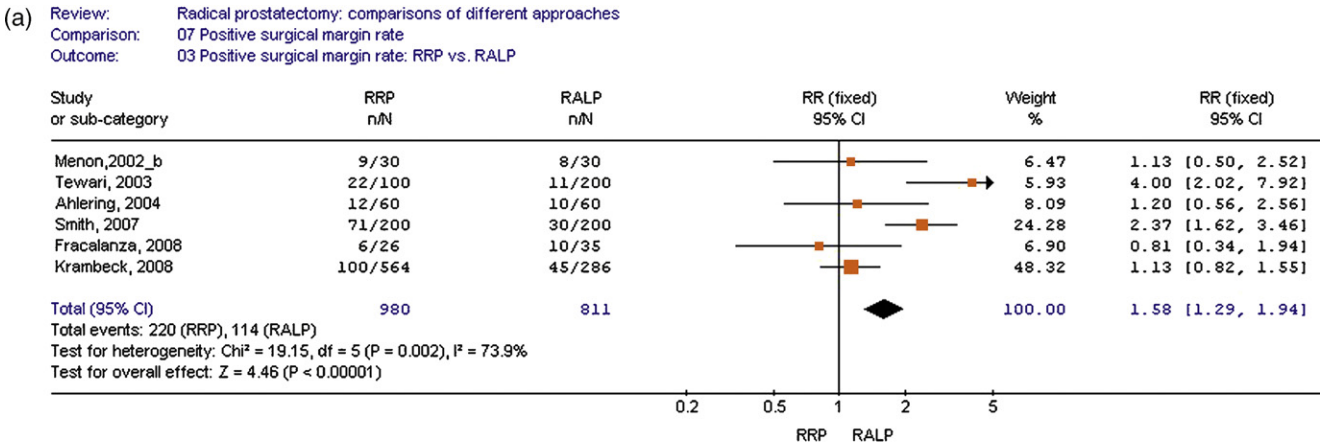
Retropubic, Laparoscopic, and Robot-Assisted Radical Prostatectomy: A Systematic Review and Cumulative Analysis of Comparative Studies

Vincenzo Ficarra [a,], Giacomo Novara [a], Walter Artibani [a], Andrea Cestari [b], Antonio Galfano [a], Markus Graefen [c], Giorgio Guazzoni [b], Bertrand Guillonneau [d], Mani Menon [e], Francesco Montorsi [f], Vipul Patel [g], Jens Rassweiler [h], Hendrik Van Poppel [i]*

Margini chirurgici

L'analisi cumulativa degli studi comparativi RRP-LRP non ha mostrato differenze

L'analisi cumulativa degli studi comparativi RRP-RALP ha mostrato un vantaggio statisticamente significativo della RALP (RR 1,58)



2010

The Learning Curve for Surgical Margins After Open Radical Prostatectomy: Implications for Margin Status as an Oncological End Point

Andrew Vickers,* Fernando Bianco, Angel Cronin, James Eastham, Eric Klein,† Michael Kattan and Peter Scardino

From the Memorial Sloan-Kettering Cancer Center (AJV, AMC, PTS) and Columbia University (FJB, JAE), New York, New York, and Cleveland Clinic (EAK, MWK), Cleveland, Ohio

I margini chirurgici sono un endpoint affidabile per la valutazione dei risultati oncologici?

T2 margini positivi: 75% liberi da malattia a 5 anni

In generale: margini positivi >>> 58% di recidive biochimiche

2009

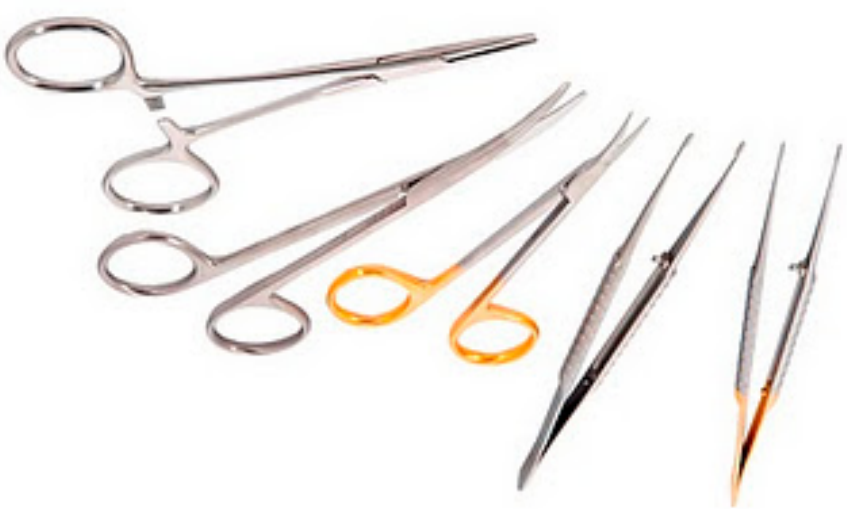
Cost Comparison of Robotic, Laparoscopic, and Open Radical Prostatectomy for Prostate Cancer

Christian Bolenz[a,b], *Amit Gupta*[a], *Timothy Hotze*[a], *Richard Ho*[a], *Jeffrey A. Cadeddu*[a], *Claus G. Roehrborn*[a], *Yair Lotan*[a,*]

[a] *Department of Urology, University of Texas Southwestern Medical Center at Dallas, TX, USA*
[b] *Department of Urology, Mannheim Medical Center, University of Heidelberg, Mannheim, Germany*

Fornitura materiale chirurgico

Utilizzo sala operatoria



$ 4437

$ 5687

$ 6752

Principali controindicazioni alla laparoscopia

- BPCO grave
- Ipertensione endocranica
- Glaucoma non corretto
- Pregressa chirurgia addominale

2006

Radical prostatectomy for locally advanced prostate cancer: Results of a feasibility study (EORTC 30001)

H. Van Poppel[a,*], K. Vekemans[b], L. Da Pozzo[c], A. Bono[d], J. Kliment[e], R. Montironi[f], M. Debois[g], L. Collette[g]

2008

Brant A. Inman, MD[1]
Judson D. Davies, MD[1]
Laureano J. Rangel, MSc[2]
Eric J. Bergstralh, MSc[2]
Eugene D. Kwon, MD[1]
Michael L. Blute, MD[1]
R. Jeffrey Karnes, MD[1]
Bradley C. Leibovich, MD[1]

[1] Department of Urology, Mayo Clinic College of Medicine, Rochester, Minnesota.

[2] Department of Health Sciences Research, Mayo Clinic College of Medicine, Rochester, Minnesota.

Long-term Outcomes of Radical Prostatectomy With Multimodal Adjuvant Therapy in Men With a Preoperative Serum Prostate-Specific Antigen Level ≥50 ng/mL

2010

Platinum Priority – Prostate Cancer

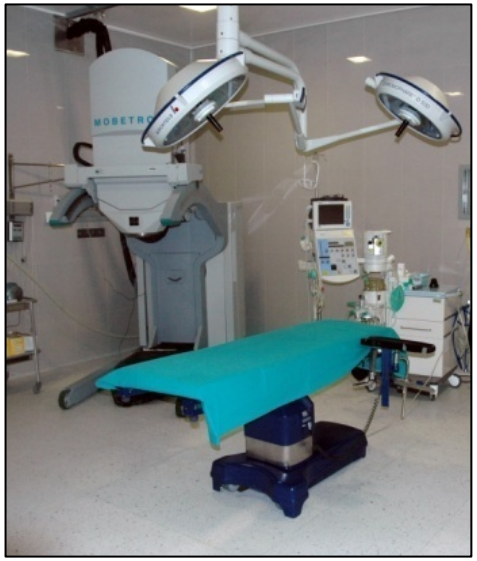
Editorial by Leah Gerber, Lionel L. Bañez and Stephen J. Freedland on pp. 8–9 of this issue

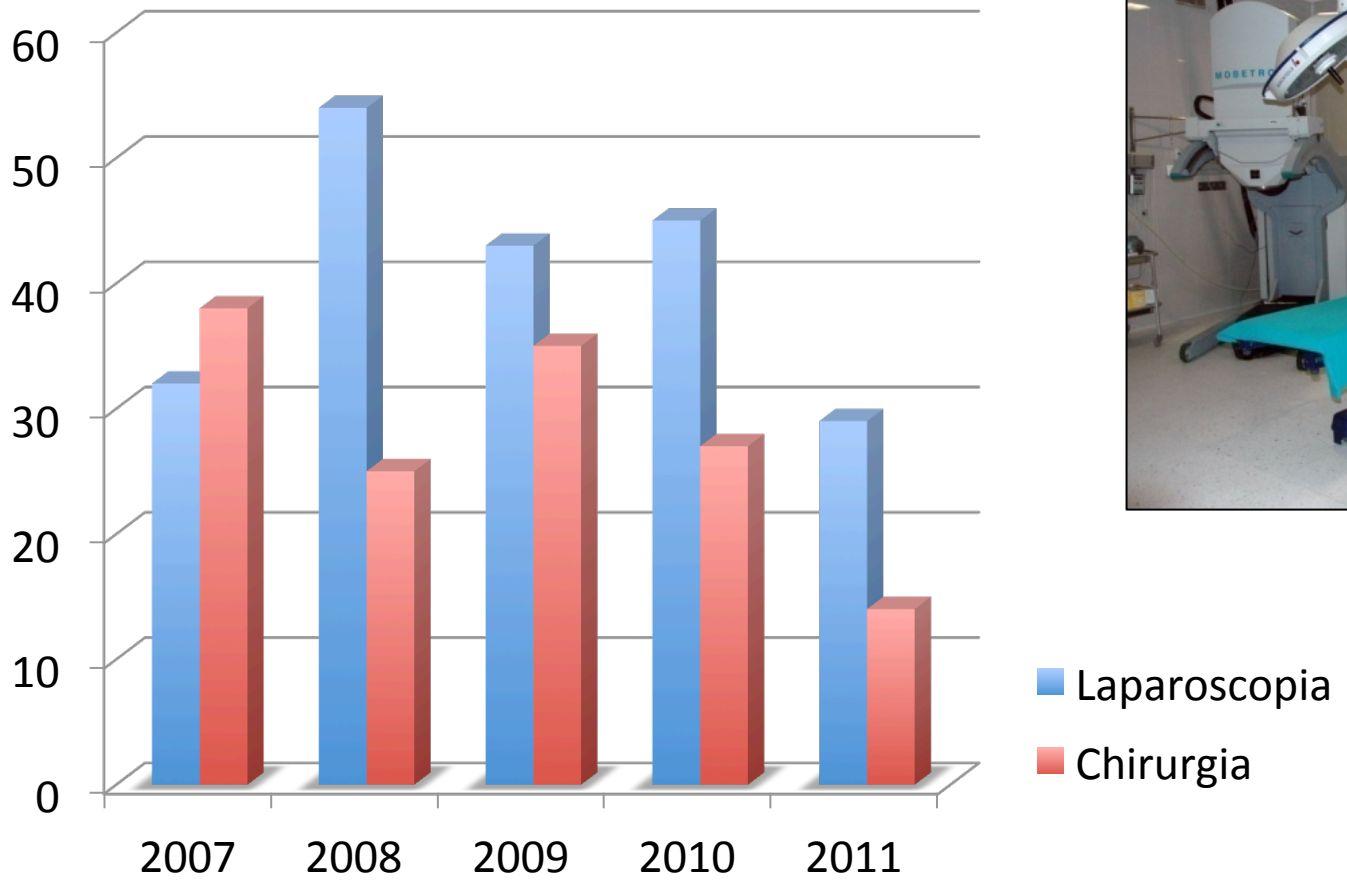
Outcome Predictors of Radical Prostatectomy in Patients With Prostate-Specific Antigen Greater Than 20 ng/ml: A European Multi-Institutional Study of 712 Patients

Martin Spahn[a,g,1,], Steven Joniau[f,1], Paolo Gontero[b], Steffen Fieuws[c], Giansilvio Marchioro[d], Bertrand Tombal[e], Burkhard Kneitz[a], Chao-Yu Hsu[f], Katie Van Der Eeckt[f], Pia Bader[g], Detlef Frohneberg[g], Alessandro Tizzani[b], Hein Van Poppel[f]*

Ospedale Maggiore della Carità

Novara





Glickman Urological & Kidney Institute

2010
Outcomes

Urologic Oncology

Adrenal Cancer

Laparoscopic Adrenalectomy	27
Open Adrenalectomy	16

Bladder Cancer

Radical Cystectomy	
Ileal Conduit	84
Continent Diversion	32
Transurethral Resection of Bladder Tumor	671
Other Procedures	25

Kidney Cancer

Laparoscopic Nephroureterectomy	21
Laparoscopic Radical Nephrectomy	110
Laparoscopic/Robotic Partial Nephrectomy	215
Open Nephroureterectomy	12
Open Partial Nephrectomy	194
Open Radical Nephrectomy	53

Prostate Cancer

Brachytherapy	360
Laparoscopic/Robotic Radical Prostatectomy	412
Radical Prostatectomy	179

Testis Cancer

Retroperitoneal Lymph Node Dissection	32

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THE PARTIN TABLES

Predict Pathological Stage based on clinical stage (TNM), PSA, and Gleason score

PSA: 0 – 2.5 ng/ml

Gleason Score: 5–6

Clinical Stage: T1c

Calculate Clear

Prediction of pathological stage using clinical stage (TNM), Gleason score and tPSA as a continuous biomarker.

NEW PARTIN NOMOGRAM - 2011

What is the probability of recurrence following surgery?

THE HAN TABLES

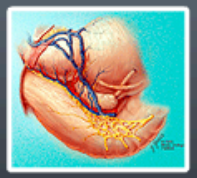
RETROPUBIC RADICAL PROSTATECTOMY

The gold standard treatment for localized prostate cancer

Rarely requires blood transfusion

Ranks our department the No.1 in the nation for 21 consecutive years

Surgery time 90 minutes or less



Over 1000 surgeries performed annually at Hopkins

The anatomic approach discovered in 1982 by Dr. Patrick Walsh

Hospital stay - 1 to 2 days

The "Partin tables" developed by Drs. Alan Partin and Patrick Walsh

VIDEO RESOURCES

- Dr. Alan Partin: Men's Health - What Every Man Needs to Know
- Dr. Patrick Walsh on Charlie Rose show
- Prostatectomy: Hospital Stay & Recuperation
- RRP - detailed description of the surgical technique
- Surgical treatment options for Prostate Cancer
- Common Ground-Hope for Prostate Cancer

The PSA song by Ray Stevens

AUDIO RESOURCES

- Active Surveillance
- Prostate Cancer Expectant Management
- Prostate Cancer Antigen Testing & Screening
- Prostate Cancer
- PSA Controversy

ENROLL IN CLINICAL TRIAL:

Erythropoietin to Enhance Erection Recovery in Men Following Radical Prostatectomy

APPOINTMENTS please call

Johns Hopkins Hospital
410-955-6100
Johns Hopkins Bayview Medical Center
410-550-7008

DRIVING DIRECTIONS

PLEASE BRING WITH YOU:

- PSA history
- Glass pathology slides
- X-Ray reports (not films)
- Name and addresses for referring physicians

REFERRALS

Today, radical prostatectomy cures the vast majority of men with cancer confined to the prostate.

Serious bleeding is very rare, hospital stay is 1 or 2 days, preserving potency is common, and few suffer from serious incontinence.

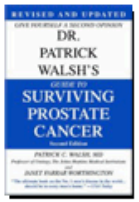
In fact, the radical prostatectomy series at the Brady Urological Institute is considered to be the gold standard for cancer cure, to which all other forms of treatment are compared.

Click here to get a detailed drawing of the procedure

OUR SURGEONS

Mohamad E. Allaf, M.D.
Trinity J. Bivalacqua, M.D, Ph.D
Arthur L. Burnett, II, M. D.
H. Ballentine Carter, M.D.
Misop Han, M.D.
Jacek L. Mostwin, M.D., D.Phil, (Oxon.)
Alan Partin, M.D., Ph.D

BOOKS/PUBLICATIONS



Dr. Patrick Walsh's Guide to Surviving **Prostate Cancer**
Chapter 2, "Little Gland, Big Trouble," of this book is available online

RELATED PAGES

- Active Surveillance
- Hereditary Prostate Cancer
- Erectile Dysfunction after Radical Prostatectomy

IN THE NEWS

SPECIAL PROSTATE ALERT: PSA CONTROVERSY
Dr. Carter Response
Dr. Walsh Response

Deciphering the Results of a **Prostate Test**

Hopkins researchers identify

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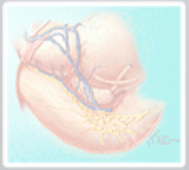
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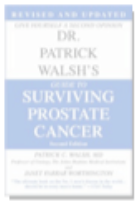
Jacek L. Mostwin, M.D., D.Phil, (Oxon.)
Alan Partin, M.D., Ph.D

BOOKS/PUBLICATIONS



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Deciphering the Results of a **Prostate Test**

Hopkins researchers identify

1-2 night stay
1 week catheter
1- 4 weeks off work

"non ci sono sostanziali differenze nel postoperatorio"

Open Radical Prostatectomy:

prior abdominal surgery

high-risk prostate cancer

Minimally Invasive:

overweight

prior laproscopic mesh hernia repair

Prostate Cancer Treatment & Investigational Approaches

Watchful Waiting

If a patient's prostate cancer is not advanced and is slow growing, he may not need immediate treatment. Based on the characteristics of a patient's cancer, physicians at Memorial Sloan-Kettering may recommend to the patient that they watch the cancer closely and defer treatment for the time being.

Surgery

To treat prostate cancer, surgeons generally remove the prostate (a procedure called radical prostatectomy), as well as some tissue surrounding it, and usually remove a sample of the lymph nodes in nearby tissue to determine whether the cancer has spread beyond the prostate.

Minimally Invasive Surgery

Minimally invasive surgery is commonly used to treat prostate cancer. Nearly half of all radical prostatectomy operations at Memorial Sloan-Kettering each year are performed laparoscopically.

Radiation Therapy

Radiation therapists use high-energy rays delivered by external beam (similar to an x-ray) or brachytherapy (implanted radioactive seeds) to treat prostate cancer.

Prostate Cancer Treatment & Investigational Approaches

Our Surgical Technique

Our surgeons have built upon and refined techniques for a procedure called nerve-sparing radical prostatectomy, in which the cancer is removed completely but normal tissue is spared. [1] [2] [3] [4] During this operation, surgeons use optical magnification to better see this intricate area of the body and help preserve the nerves responsible for sexual function. If these nerves must be removed due to their proximity to the cancer, our surgeons may perform a nerve-graft procedure to replace these nerves with healthy nerves taken from the foot -- this procedure can help restore sexual function in some men.

Radical prostatectomy can be performed through different surgical approaches, including traditional "open" surgery or minimally invasive surgery using a laparoscopic or robotic-assisted technique. Each of these approaches allows complete removal of the prostate while maintaining the highest quality of life possible for each patient.

Costi

Risultati oncologici

Incontinenza

Deficit erettile

Perdite ematiche

Trasfusioni

Dolore post operatorio

Il mio punto di vista

Background

specializzando V anno

Prostatectomia radicale retropubica (3° operatore)	32
Prostatectomia radicale perineale (3° operatore)	1
Prostatectomia radicale laparoscopica (camera assistant)	36
Prostatectomia radicale robotica	0

chirurgica

laparoscopica

I dati della letteratura…

… i miei risultati!

Le curve di apprendimento descritte per la laparoscopia e la robotica appartengono in maggioranza a urologi formati, già esperti in open.

Le nuove generazioni?

International
Braz J Urol
2011

Learning Curve for Radical Retropubic Prostatectomy

Fernando J. A. Saito, Marcos F. Dall'Oglio, Gustavo X. Ebaid, Homero Bruschini, Daher C. Chade, Miguel Srougi

Division of Urology, University of Sao Paulo Medical School and Cancer Institute, State of Sao Paulo, Sao Paulo, Brazil

5 specializzandi al V anno, stessa divisione, stessi tutor, per 4 mesi

	1st Month	2nd Month	3rd Month	4th Month	Total
Resident #1	7	3	12	6	28
Resident #2	12	8	11	10	41
Resident #3	17	9	11	1	38
Resident #4	11	4	6	22	43
Resident #5	12	9	4	9	34
Total	59	33	44	48	184

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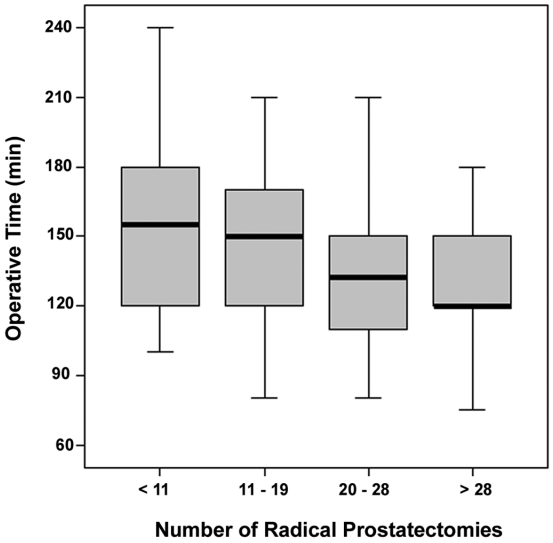

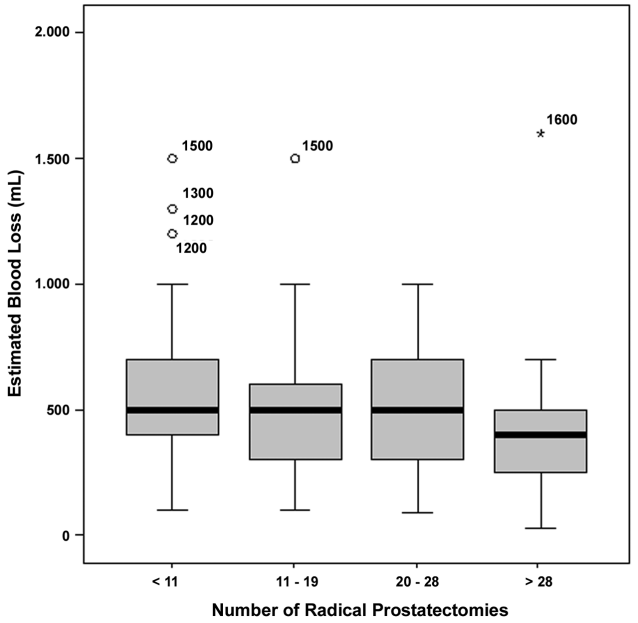

	Extracapsular Margin		
Number of Surgeries	**Negative** (%)	**Positive** (%)	**Total** (%)
10 or under	40 (80.0)	10 (20.0)	50 (100)
11 - 19	35 (77.8)	10 (22.2)	45 (100)
20 - 28	35 (76.1)	11 (23.9)	46 (100)
29 or more	32 (74.4)	11 (25.6)	43 (100)
Total	142 (77.2)	42 (22.8)	184 (100)

(T3 23%)

Survey of Residency Training in Laparoscopic and Robotic Surgery

David A. Duchene, Alireza Moinzadeh, Inderbir S. Gill, Ralph V. Clayman and Howard N. Winfield*

From the Department of Urology, University of Iowa Hospitals and Clinics (DAD, HNW), Iowa City, Iowa, Department of Urology, State University of New York Upstate Medical University (AM), Syracuse, New York, Section of Laparoscopic and Robotic Surgery, Glickman Urological Institute, Cleveland Clinic Foundation (ISG), Cleveland, Ohio, and Department of Urology, University of California-Irvine (RVC), Orange, California

2005

Intervistati 372 specializzandi e 56 direttori di specialità

La maggioranza degli specializzandi non aveva mai partecipato a prostatectomie laparoscopiche, solo il 22% era stato addestrato ad eseguire prostatectomie robotiche

Il 38% si considerava soddisfatto dell'esperienza acquisita in campo laparoscopico