in histological specimen after RPE. We evaluated outcomes of adjuvant treatment (PSA level) and survival of patients.
Results: Ten patients (3%) had a carcinoma infiltration of lymph nodes; their average PSA level was 11.8 before radical prostatectomy. Their average age was 65 years. Gleason score 6 was in 6 patients, 7 was in 4 patients and 8–10 was in 5 patients. Sequential radiotherapy combined with hormonal treatment was used in 7 patients and 2 patients underwent the only androgen deprivation. One patient refused sequential treatment. No patient died for prostate cancer. Seven patients are in long-time remission with PSA < 0.1. Three patients are with slow progression (DT). Patient, who refused a treatment, is in a long-time remission with PSA < 0.1.
Conclusions: Infiltration of pelvic lymph nodes is a poor prognostic factor. An adjuvant treatment would be indicated. Use of adjuvant oncological treatment can achieve a long-time remission and survival of patient.

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Comparison of clinical and pathological features between prostate cancers detected by the first biopsy and by re-biopsy with an extended scheme

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Introduction and Objectives: To compare clinical and pathological characteristics between patients undergoing radical prostatectomy for clinically localised prostate cancer (PC) detected in the first prostate biopsy and those detected in the re-biopsy with a 24 core extended scheme.
Material and Methods: Overall, 256 patients treated with radical prostatectomy between January 2005 and December 2007 were eligible for analysis. PC was detected by the first prostate biopsy with at least 6 to maximal 12 cores (mean 8.6) in 201 patients (group 1), and in 55 men by extended re-biopsy with 24 cores (group 2), respectively. Re-biopsy rate ranged between 1 and 8 (mean 2.5). Clinical and pathological parameters were compared between both groups using Student's t-test and Chi-squared test. Cohen's kappa (k) coefficient was used to measure the agreement of Gleason scores of the fine-needle-core biopsies and radical prostatectomy specimens.
Results: Mean age was similar with 61.1 years of group 1 and 61.7 years of group 2 ($p = 0.633$). The median serum PSA and PSA ratios were 5.9 ng/ml and 11.1% in group 1 as well as 7.8 ng/mL and 10.9% in group 2 ($p = 0.372$ and $p = 0.596$), respectively. A suspicious digital rectal examination (DRE) was assessed in 33.6% of group 1 and 10.6% of group 2 ($p = 0.002$). Stages pT2, pT3a and pT3 b were assessed in 77%, 15.5% and 7.5 of group 1 and 85.3%, 9.1% and 5.5% of group 2 ($p = 0.618$), respectively. Gleason score of ≤ 6, 7 and ≥8 in prostatic biopsy specimens were diagnosed in 70.2%, 24.0% 5.8% in group 1 and 69.2%, 23.1% and 7.7% in group 2 ($p = 0.874$). The corresponding Gleason scores of the radical prostatectomy specimens were 34.5%, 56.5% and 9.0% in group 1 and 39.6%, 56.6% and 3.8% in group 2 ($p = 0.415$). Agreement between biopsy and prostatectomy Gleason Score expressed by Cohen's kappa, revealed coefficients of 0.250 in group 1 and 0.356 in group 2. More specifically, concordance was higher in group 2 with 51.9% vs. 45.7% in group 1. Biopsy Gleason score showed a more frequent undergrading in group 1 with 47.2% vs. 34.6% in group 2, whereas overgrading was more frequently observed in group 2 with 13.5% vs. 7.1% in group 1.
Conclusions: The comparison revealed 2 relevant differences. Firstly, the concordance between Gleason score of needle biopsy and radical prostatectomy specimens was distinctly higher in the extended re-biopsy cohort. And secondly, patients with PC detected by a 24 core extended-re-biopsy scheme presented with a significantly lower rate of suspicious DRE. Hence, the clinical impact of routinely performed DRE in patients after negative prostate biopsy appears small.

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Two generations of Partin Tables: Comparison of predictive accuracy

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Introduction and Objectives: The external validity of predicting pathological stage in clinically localized prostate cancer between the Partin Tables of 2001 and their updated version of 2007 was compared.
Material and Methods: Clinical and pathological data of 687 consecutive patients who underwent radical prostatectomy for clinically localized prostate cancer between January 2003 and December 2008 were used to compare the Partin Tables of 2001 and 2007 in their external validity. Receiver operating characteristic (ROC) curve were performed to compare the observed and predicted rates of the Partin Tables for organ-confined disease (OC), extracapsular extension (ECE), seminal vesicle invasion (SVI) and lymph node involvement (LN).
Results: Mean age of patients was 62.1 (±6.4) years, and mean PSA was 8.2 (±5.2) ng/ml. An unsuspicious digital rectal examination (T1c) was assessed in 71.5% of patients. Of the whole cohort, 76.2% of men were presented with OC, 17.8% had ECE, 6.0% showed SVI and 1.2% had lymph node involvement in the obturator region. The area under the receiver operating characteristic curve (AUC) of the Partin Tables of 2001 and 2007 were 0.727 and 0.722 for OC, and 0.662 and 0.650 for ECE. The Partin Tables of 2001 and 2007 showed an AUC of 0.788 and 0.779 for SVI, and 0.786 and 0.746 for LN, respectively.
Conclusions: Our external validation shows a good accuracy of the updated Tables to predict OC, SVI and LN. However, the predictive accuracy for ECE was only modest for both versions of the Partin Tables. Overall, the newer version of the Partin Tables could not outbalance the version of 2001 in their predictive accuracy for any pathological stage, and they failed to demonstrate a clear advantage. Our results underline the necessity to perform an external validation before the implementation of a new predicting tool.

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Occurrence of prostate cancer in patients with muscle-invasive bladder cancer after radical cystoprostatectomy

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Introduction and Objectives: Abstract objective is evaluate incidence of prostate cancer (PC) and prostate transitional cell cancer in patients with muscle-invasive bladder cancer after radical cystoprostatectomy (CE).
Material and Methods: Retrospective study of patient file with muscle-invasive bladder cancer who underwent surgery (radical cystoprostatectomy) in years 2000 – 2009. Surgery underwent 150 men. Histological investigation was focused on prostate to locate prostate cancer and prostate transitional cell cancer. Mean age of our patient file was 62 years.
Results: Histological investigation located prostate cancer in 23 patients (15%) and prostate transitional cell cancer in 12 patients (8%). Gleason score of prostate cancer was between 3 till 9, therefrom 5 patients (22%) had Gleason score ≥7. All