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**Introduction & Objectives:** Being able to distinguish between clinically important ISUP Grade 1 prostate adenocarcinoma patients will reduce the possibility of overtreatment and treatment-related comorbidities. In the current EAU guidelines, active surveillance criteria are clearly specified and it is emphasized that this disease can be followed in patients who meet the follow-up criteria. In addition, it should be noted that defining ISUP grade 1 disease as insignificant cancer means that it should not be ignored, but should be followed safely. In this study, we aimed to present the clinical results of ISUP grade 1 prostate adenocarcinoma patients diagnosed with transrectal prostate biopsy or TURP in our clinic.

**Materials & Methods:** Between 2013 and 2020 the data of 200 patients who have diagnosed with ISUP grade 1 prostate adenocarcinoma with transrectal prostate biopsy or TURP were analyzed retrospectively. Sixty-three patients who did not meet the inclusion criteria were excluded from the study. The patient's age at diagnosis, digital rectal examination findings, pre-biopsy PSA values, follow-up biopsy pathologies, number of cores taken, number of tumor positive cores, highest tumor rate, active surveillance (AS) or treatment choice, treatment method, and retropublic radical prostatectomy (RRP) pathologies were compared. The SPSS (version 28.0.1.0) program was used for the statistical analysis of the data. In univariate analysis, the chi-square test was used for nominal data, the t-test for parametric variables, and the Mann-Whitney U test for nonparametric variables. A value of  $P < 0.05$  was considered significant.

**Results:** The data of 137 patients are presented in Table 1. While 134 of these patients were diagnosed with transrectal prostate biopsy, 3 were diagnosed with TURP. After all, 63 patients were treated with RRP, 18 patients with RT+HT, and 5 patients with HT alone. There was no statistically significant difference in age, DRE findings, secondary/third biopsies, RRP pathologies, RRP pathological stages, surgical margins, and postoperative adjuvant therapy between the groups for which AS and treatment were recommended.

Table 1. Data of ISUP grade 1 prostate adenocarcinoma patients (mean  $\pm$  std)

Age (year)	66.92 $\pm$ 7.72
Digital rectal examination	
Normal	102 (74.5%)
cT2a (right)	26 (19%)
cT2a (left)	8 (5.8%)
cT2c	1 (0.7%)
Psa value before first transrectal prostate biopsy (ng/ml)	9.22 $\pm$ 7.13
Number of cores taken at first biopsy	11.95 $\pm$ 2.57
Number of tumor positive cores taken at first biopsy	3.29 $\pm$ 2.18
The highest percentage of tumors taken at first biopsy (%)	41.08 $\pm$ 28.33
Active surveillance	
No	91 (66.4%)
Yes	46 (33.6%)

**Conclusions:** ISUP grade 1 prostate adenocarcinoma has a broad spectrum in itself. It should be the main goal among the clinicians to offer personalized follow-up and treatment modalities, taking into account the parameters recommended by the current guidelines and patient requests.