

**P060** Oncological outcomes of extended versus standard robot-assisted laparoscopic prostatectomy as primary treatment for very high-risk prostate cancer

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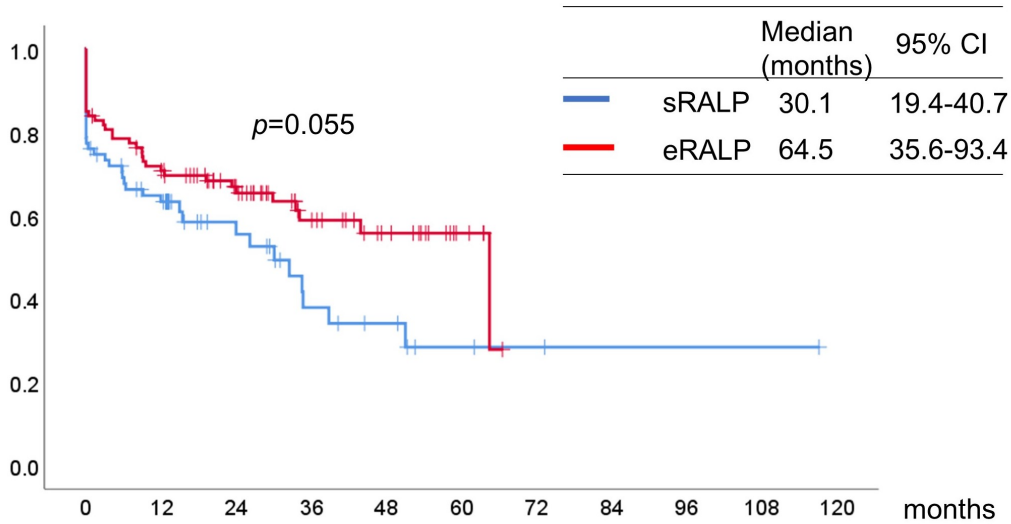
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**Introduction & Objectives:** Patients with very high-risk prostate cancer (VHRPCa) have earlier biochemical recurrences (BCRs) and higher mortality rates. It remains unclear whether extended robot-assisted laparoscopic prostatectomy (eRALP) can improve the outcomes of VHRPCa patients. We aimed to compare the oncological outcomes of eRALP versus standard RALP (sRALP) for primary treatment of VHRPCa.

**Materials & Methods:** We retrospectively evaluated 168 patients classified by the National Comprehensive Cancer Network (NCCN) as very high-risk who were treated with RALP without neoadjuvant/adjuvant therapy between September 2011 and December 2020. Of those patients, 93 were treated with eRALP and 75 were treated with sRALP. eRALP was performed at a single institute using the extra-fascial approach as reported by Gandaglia G et al. (Eur Urol. 71:249-256, 2017). We compared clinical characteristics and biochemical progression-free survival (bPFS) between eRALP and sRALP. This observational study was approved by the Institutional Review Board.

**Results:** The eRALP group had a worse clinical stage than the sRALP group ( $p < 0.001$ ). Age, pretreatment prostate specific antigen (PSA), and pretreatment Gleason score were similar in the two groups. All patients in the eRALP group underwent pelvic lymph node dissection, compared with 89% in the sRALP group. Positive margins tended to be lower in the eRALP group ( $p=0.093$ ), with 43% of patients in the eRALP group and 56% in the sRALP group exhibiting positive margins. Even though the eRALP group had more patients with worse clinical stage, the 3- and 5-year bPFS were 37.9% and 28.4% for sRALP, and 58.9% and 55.8% for eRALP, respectively. Further, Kaplan-Meier analysis showed a close to statistically significant difference in bPFS between eRALP and sRALP patients ( $p=0.055$ ).

## PSA progression-free survival



**Conclusions:** In VHRPCa patients, eRALP tended to have a lower rate of biochemical failure than sRALP. These results suggest that eRALP may improve oncological outcomes in VHRPCa.