

TITLE OF PRESENTATION: (type in ALL CAPITAL LETTERS)

IMPACT OF NERVE-SPARING RADICAL PROSTATECTOMY ON MARGIN STATUS IN LOW AND HIGH VOLUME PROSTATE CANCER

AUTHOR(S): (DO NOT type in all capital letters)

Complete name of all authors (first name, initial, last name, degrees)

Kushi Goyal, Ashok Agarwal Ph.D., Anurag W. Kedia M.D., David Nelson B.S., Howard Levin M.D., and Craig D. Zippe M.D.

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Meticulous pathologic examination has greatly enhanced our surgical concepts of extracapsular extension (ECE) and margin status (MS). We examined the impact of nerve-sparing radical prostatectomy on different models of tumor volumes, comparing the presence of ECE with 1) established apical/posterior/lateral margins (EM) and 2) an isolated bladder neck (BN) margin. One hundred ten radical prostatectomies (without neoadjuvant hormones) were subdivided into 3 risk groups based on initial PSA and Gleason score (GS). The low volume cancers were divided into 2 risk groups: Group I (n = 42): PSA <7 and GS ≤6; and Group II (n = 27): PSA 7.0 to 10.0 and GS ≤6. The high volume cancers in Group III (n = 45) were restricted to PSA values of 10.1 to 20.0 or GS ≥7. The impact of the nerve sparing is seen below:

Group	n	Nerve Sparing			n	Non-Nerve Sparing		
		ECE	EM	+BN		ECE	EM	+BN
I	33	12%	6.1%	3%	9	22%	0%	11%
II	15	33%	6.7%	13	12	42%	8.3%	25%
III	24	46%	17%	21%	21	43%	9.5%	23%

A logistic regression analysis showed the nerve sparing technique had no effect on either the established apical/posterior/lateral margin or the bladder neck margin status in any group. The incidence of an isolated BN margin emphasizes the importance of a wide bladder neck dissection.