

# MP11-18 THE ROLE OF PRIMARY SURGERY AND EXTERNAL BEAM RADIATION THERAPY IN THE MANAGEMENT OF NON-METASTATIC DUCTAL PROSTATE CANCER: TWENTY-YEAR OUTCOMES FROM A SINGLE INSTITUTION EXPERIENCE

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## INTRODUCTION

Ductal carcinoma of the prostate (DAC) is a rare histological subtype of prostate cancer (PC).

The available literature still lacks of reports on treatment recommendations since there are still controversies about the optimal therapeutic approach.

We present our 20-year outcome of multidisciplinary management of non-metastatic DAC (nmDAC).

## MATERIALS AND METHODS

A retrospective analysis of our Institutional Urology-Radiation Oncology database was performed.

Patients (pts) with nmDAC undergoing radical treatment were included.

The cohort was divided into three groups according to received treatment:

- group A underwent surgery (either radical prostatectomy or cystectomy)
- group B surgery and post-operative radiation therapy (RT, either adjuvant or salvage)
- group C RT alone.

Statistical analysis was performed using SPSS statistical software v20 (SPSS Inc, Chicago, IL, USA)

## RESULTS

The features of the population in study are summarized in *Table 1*.

From 1997 to 2016, about 8470 PC pts underwent radical treatment at our Institution, 71 were diagnosed with nmDAC (0.84%):

- Group A with 21 patients (29.6%)
- Group B 27 (38%)
- Group C 23 (32.4%) (table 1).

Histological examination showed 17 pure DAC (23.9%) and 56 mixed DAC and acinar adenocarcinoma (78.9%).

Table 2 shows overall survival (OS) at a median follow-up time of 60 and 120 months

Pure DAC undergoing surgery showed an OS at a median follow up of 60 months of 34%, while adding post-operative RT led to a OS of 100% (p=0.029).

Table 1.

POPULATION FEATURES	Group A (21 patients)	Group B (27 patients)	Group C (23 patients)
Age at diagnosis, median (range)	66 (49-75)	65 (46-72)	71 (46-81)
PSA, median (range)	8.8 (2.1-64)	10 (1.3-53.9)	10 (2.2-232)
KPS*, mean	86.7	89.6	87.4
cT4	2 (10%)	2 (7%)	5 (22%)
cT3	8 (38%)	22 (82%)	6 (26%)
cT2	11 (52%)	3 (11%)	9 (39%)
cT1	0	0	3 (13%)
cN+	4 (19%)	4 (15%)	2 (9%)
Pure ductal histology	4 (19%)	4 (15%)	9 (39%)
Mixed acinar histology	17 (81%)	23 (85%)	14 (61%)

\*Karnofsky Performance Status

Table 2.

Overall survival	Group A	Group B	Group C
60 months follow up	86%	100%	65%
120 months follow up	70%	92%	49%

## CONCLUSIONS

DAC is a rare, often aggressive subtype of PC, especially in pure form. Our large series seems to support the role of a radical, aggressive, combined therapeutic approach, when feasible, in order to achieve better local disease control and long-term survival outcome.

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