

MP18-7870: Prognostic Indicators for Favorable nadir PSA (<0.4ng/ml) following Primary Whole Gland Prostate Cryoablation

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Objectives

- We previously identified PSA < 0.4 ng/ml as the best objective indicator of progression free survival (PFS) after primary whole gland prostate cryoablation.
- To identify preoperative prognostic variables for favourable nadir PSA (<0.4ng/ml)

METHODS

- 2576 hormone naive men who underwent primary whole gland prostate cryoablation were included.
- Prognostic indicators including patient age, AA race, pretreatment PSA, Gleason sum, total prostate volume (TPV), clinical stage and PSAD results were reviewed.
- Post-cryoablation nadir PSA of <0.4ng/ml was used as the criterion for favorable outcome.
- Cox regression was used to assess predictors of favorable PSA nadir.

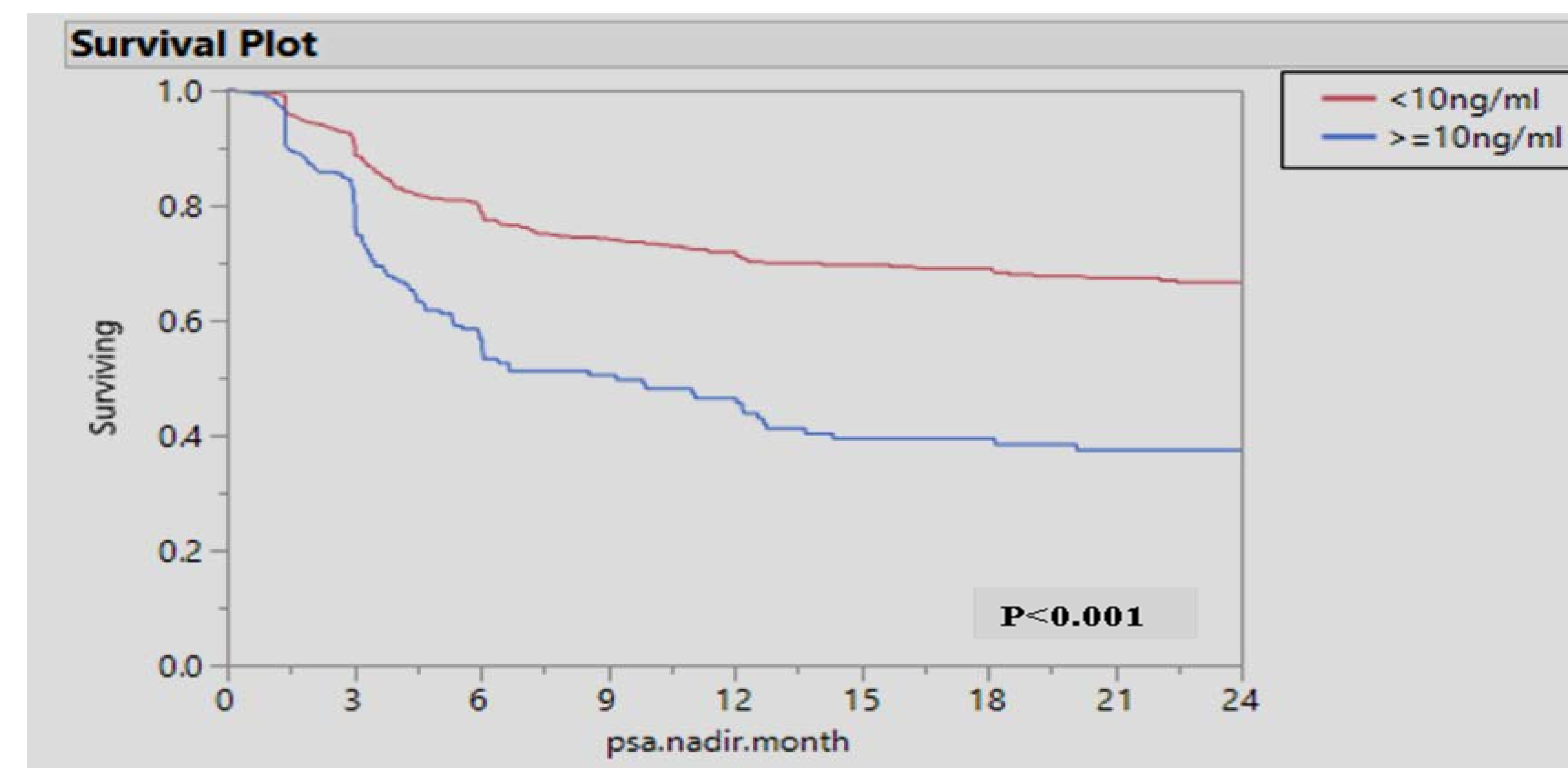
RESULTS

- Median time that man reached nadir level was 3 mos. (IQR 1.6-6)
- A total of 1854/2576 (79%) men had nadir PSA <0.4ng/ml.

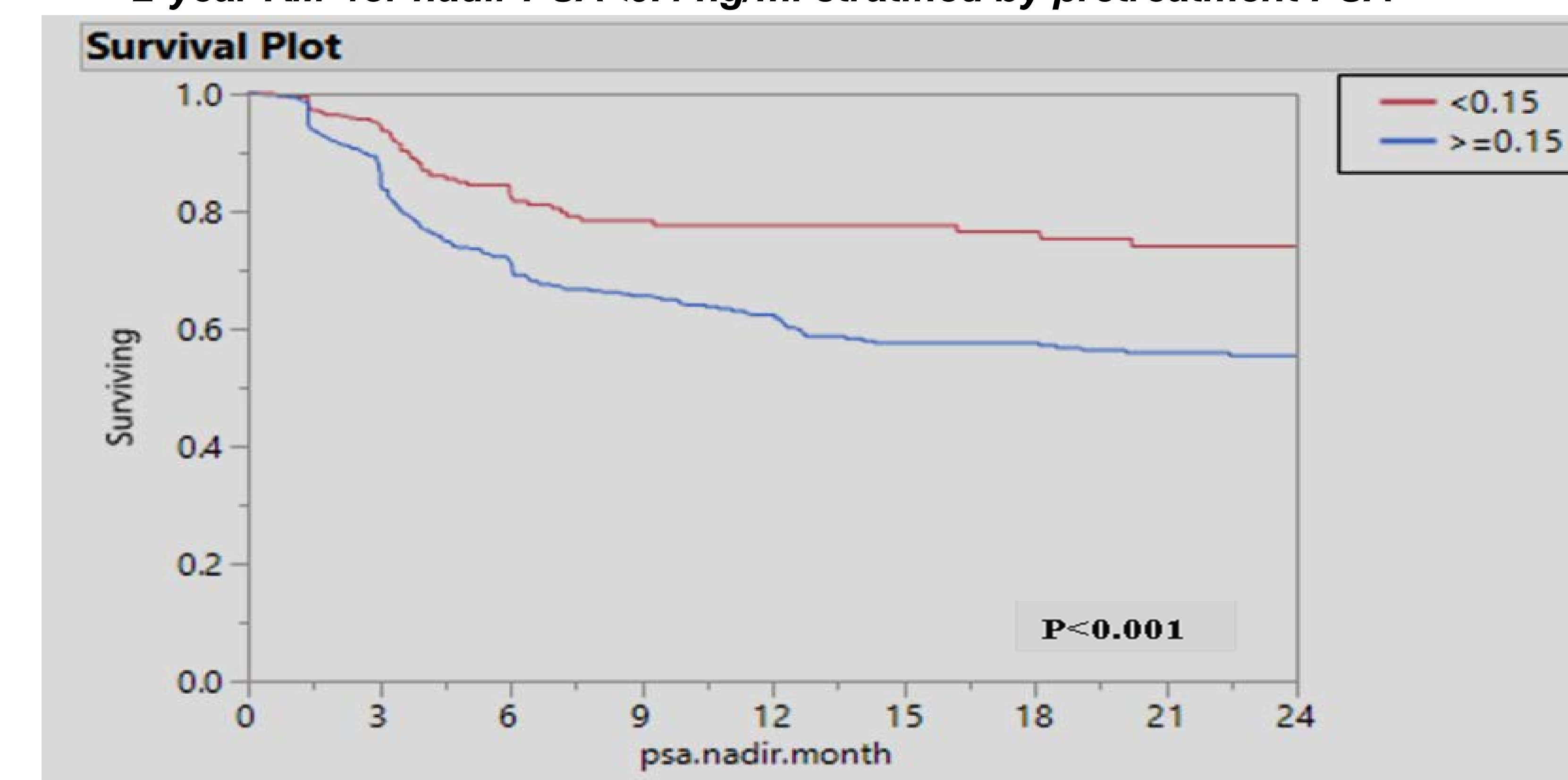
Table 1: Univariate Cox regression analysis of favorable nadir PSA <0.4ng/ml

Variables	Risk Ratio (95% CI)	P-Value
Age	1.00 (0.99-1.01)	0.25
Race (AA vs. non AA)	0.99 (0.8-1.22)	0.93
Pretreatment PSA	0.99 (0.98-0.99)	0.002
Gleason Sum	0.91 (0.84-1.1)	0.08
Clinical Stage	0.96 (0.87-1.1)	0.57
TPV	0.99 (0.99-1.00)	0.72
PSAD	0.75 (0.6-0.95)	0.01

- Men with PSA < 10ng/ml (P < 0.001) and PSAD < 0.15 (P <0.001) had significant favorable nadir outcomes.



2-year KM for nadir PSA<0.4 ng/ml stratified by pretreatment PSA



2-year KM for nadir PSA<0.4 ng/ml stratified by pretreatment PSAD

CONCLUSIONS

- In men undergoing primary prostate cryoablation for localized prostate cancer, pretreatment PSA < 10ng/ml and PSAD <0.15 were associated with increased PFS
- These data suggest that earlier intervention will optimize treatment outcomes