PARTIAL PROSTATECTOMY IN PROSTATE CANCER: A SYSTEMATIC REVIEM OF CURRENT EVIDENCE

Autores: Caio Mazzonneto Teofilo Moraes[1]; Flávio Rossi da Silva[1]; Catharina Ribeiro Lyra[3]; Alice Matos Fontes[4]; José de Bessa Junior[5]; William Carlos Nahas[1]; Leopoldo Alves Ribeiro-Filho[1] ;Caio Vinícius Suartz[1,2]

1 Division of Urology, Instituto do Cancer do Estado de São Paulo, University of São Paulo, Brazil
2 Department of Urology, Northern Ontario School of Medicine, Thunder Bay, Ontario, Canada
3. Universidade Federal da Bahia, Salvador, BA
4. Universidade Nove de julho, São Paulo, SP
5. Universidade de Feira de Santana, São Paulo, SP

Objective: To evaluate the current evidence in the literature about partial prostatectomy as a treatment for localized prostate cancer.

Methods: A systematic search of PubMed/MEDLINE was conducted up to December 2024 to identify studies involving patients with localized prostate cancer who underwent partial prostatectomy reporting clinical epidemiological characteristics, diagnostic strategies, histopathological findings, tumor staging, functional and oncological outcomes. The primary outcome was biochemical recurrence rate. Secondary outcomes were overall survival, disease-free survival, erectile dysfunction, urinary incontinence, and perioperative complications. The extracted data were systematically synthesized.

Results: We analyzed five studies with a total of 48 patients (three prospective and two retrospective), all with low- or intermediate-risk disease. The mean surgical duration ranged from 129.2 to 150 minutes, with a single Clavien-Dindo grade III complication reported. Biochemical recurrence rates were observed between 0% and 28%, while urinary continence was preserved in 92–100% of cases and erectile function in 40–100%. Overall survival and disease-free survival were consistently reported at 100%.

Conclusion: Randomized clinical trials are still needed to provide more robust evidence regarding partial prostatectomy. However, partial prostatectomy it is a promising option for patients with favorable and intermediate-risk disease with unilateral lesions and concordance between magnetic resonance imaging and biopsy findings.

Referências Bibliográficas

1. Bray F, Laversanne M, Sung H, Ferlay J, Siegel RL, Soerjomataram I, et al. Global cancer statistics 2022: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries [Internet]. Vol. 74, CA: A Cancer Journal for Clinicians. Wiley; 2024. p. 229–63. Available from: http://dx.doi.org/10.3322/caac.21834
2. Bott SRJ, Young MPA, Kellett MJ, Parkinson MC. Anterior prostate cancer: is it more difficult to diagnose? [Internet]. Vol. 89, BJU International. Wiley; 2002. p. 886–9. Available from: http://dx.doi.org/10.1046/j.1464-410x.2002.02796.x
3. Johnson DC, Reiter RE. Multi-parametric magnetic resonance imaging as a management decision tool [Internet]. Vol. 6, Translational Andrology and Urology. AME Publishing Company; 2017. p. 472–82. Available from: http://dx.doi.org/10.21037/tau.2017.05.22
4. Mottet N, van den Bergh RCN, Briers E, et al. EAU-EANM-ESTRO-ESUR-SIOG Guidelines on Prostate Cancer. Arnhem, The Netherlands: European Association of Urology; 2024. Available from: https://uroweb.org/guidelines/prostate-cancer/]
5. Marra G, Soeterik T, Oreggia D, Tourinho-Barbosa R, Moschini M, Filippini C, et al. Long-term Outcomes of Focal Cryotherapy for Low- to Intermediate-risk Prostate Cancer: Results and Matched Pair Analysis with Active Surveillance [Internet]. Vol. 8, European Urology Focus. Elsevier BV; 2022. p. 701–9. Available from: http://dx.doi.org/10.1016/j.euf.2021.04.008


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