Late Return of Sexual Potency Seen After Radical Prostatectomy

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SAN ANTONIO — A large longitudinal study of men who underwent radical prostatectomy has shown a small but statistically significant increase in sexual potency between 2 and 5 years after radical prostatectomy, David F. Penson, M.D., reported at the annual meeting of the American Urological Association.

On the other hand, incontinence worsened between 2 and 5 years post surgery after improving between 6 months and 2 years, according to Dr. Penson of the University of Southern California, Los Angeles.

Part of the Prostate Cancer Outcomes Study (PCOS), the population-based, longitudinal study used tumor registries to identify all men with prostate cancer in three states—Connecticut, New Mexico, and Utah—and three metropolitan areas—Atlanta, Los Angeles, and Seattle.

Dr. Penson's study included 1,288 men with localized prostate cancer who underwent radical prostatectomy. The patients completed surveys at baseline and then again at 6, 12, 24, and 60 months after surgery.

At baseline, 17% of the men reported having erections that were not firm enough for intercourse. That figure rose to 89% at 6 months following surgery and declined, thereafter, to 81% at 12 months, 75% at 24 months, and 71% at 60 months.

Discussing the study at a press briefing, Dr. Penson expressed surprise at the increase in potency between 24 and 60 months. "That's statistically significant, but it's also clinically meaningful," he said.

He listed three possibilities for this finding:

▶ The first reason is that the study could have been inadequate. Some patients were lost to follow-up, and this may have skewed the results.

▶ The second reason is that perhaps there was a true late return of function. "That's a new idea," Dr. Penson said. "Most urologists would say, if you're not potent by 2 years it's probably not going to get any better. Certainly that's what I've been telling my patients."

▶ The last possibility is what Dr. Penson called the Viagra effect. Viagra became available in 1998, year 3 of the PCOS study.

Patients in the study were asked whether they tried Viagra (sildenafil), and if so, how much they thought it helped. About two-thirds of the men under age 60 at the time of surgery who tried Viagra said the drug helped somewhat or a lot. This percentage declined significantly among men over 60, however. For example, 66% of men aged 60-64 years said that Viagra didn't help at all.

The study also examined the effect of nerve-sparing surgery. As expected, bilateral nerve-sparing surgery proved to be significantly more effective at preserving potency than unilateral nerve-sparing surgery or no nerve sparing.

Bilateral nerve-sparing surgery helped younger men significantly more than older men. Among men aged 39-54 years at the time of the surgery, 71% reported erections firm enough for intercourse. But only 46% of the men aged 60-64 years and 18% of the men aged 65 and older reported that bilateral nerve-sparing surgery preserved their potency.

Dr. Penson disclosed a relationship with Pfizer Inc., maker of Viagra, as well as with several other pharmaceutical companies. ■

Potency Is Preserved After Transurethral Radical Prostatectomy

SAN ANTONIO — Patients with benign prostatic hyperplasia who undergo transurethral radical prostatectomy are likely to retain their sexual potency, although ejaculatory function worsens significantly, Michael Muentener, M.D., reported at the annual meeting of the American Urological Association.

In the multicenter study, 11 hospitals in Switzerland reported on at least 80 consecutive cases of patients with benign prostatic hyperplasia (BPH) who were scheduled for transurethral radical prostatectomy (TURP).

In all, 991 men completed questionnaires on their sexual functioning before undergoing the TURP procedure. Of those, 647 men completed questionnaires 4 months after surgery.

There was no significant change in the proportion of men who reported that they were sexually active, said Dr. Muentener of the University of Zurich. Before TURP, 73% of the men said they were sexually active, and after TURP that proportion was 74%.

There was also no significant change in erectile function. On a scale of 0-9, with 0 being best, the average erectile function score was 1.68 before the surgery and 1.53 after surgery. Similarly there was no change in ejaculatory discomfort. Using the same scale, the men averaged a score of 0.45 before surgery and 0.31 after surgery.

The only significant change was in ejaculatory function. On the 0-9 scale, the men averaged 1.34 before surgery, and average scores worsened to 2.62 after surgery. This resulted in "considerable bother," Dr. Muentener said.

Surgery May Be Better Choice for Advanced Prostate Cancer Patients

SAN ANTONIO — A large retrospective study with patients from the Mayo Clinic has demonstrated the advantages of radical prostatectomy in men with clinically advanced prostate cancer, John F. Ward, M.D., said at the annual meeting of the American Urological Association.

Most institutions refer such patients to radiotherapy, but the Mayo Clinic has long advocated surgery, even for prostate cancers that appear to have spread locally, Dr. Ward said at a press briefing. Nationwide, only 15% of men with clinically advanced cancer (stage cT3) undergo radical prostatectomy.

The study involved 5,652 men who had radical prostatectomy at the Mayo Clinic in Rochester, Minn., between 1987 and 1997. The start date of the study was chosen to correspond to the start of screening for prostate-specific antigen (PSA). Of those men, 842 (15%) were judged to have cT3 disease on the basis of two digital rectal examinations (DREs). They were followed for an average of 10 years.

Surgery revealed that 27% of the men had been overstaged on the basis of DRE and actually had cT2 disease, where the tumor had not grown beyond the capsule or into a seminal vesicle. At this stage, radical prostatectomy as monotherapy is potentially curable.

Lymph-node dissection during surgery revealed that another 27% had nodal metastases. These patients do especially well with adjuvant hormonal therapy. Had these patients been referred to radiotherapy instead of surgery, the patients who had been overstaged and those who had nodal metastases likely would have been missed.

The cancer-specific survival rate at 5, 10, and 15 years after surgery for correctly staged cT3 disease was 95%, 90%, and 79%, respectively. This was only moderately lower than survival rates for those patients who actually had cT2 disease; their cancer-specific survival rates were 99%, 96%, and 92%.

Erectile dysfunction was the most common morbidity associated with radical prostatectomy, and was experienced by 75% of the men in the study. This rate of erectile dysfunction compares favorably with those after radiotherapy for cT3 disease, Dr. Ward wrote (BJU Int. 2005;95:751-6).

Dr. Ward listed a number of reasons why radical prostatectomy might be preferable to radiotherapy, noting radiotherapy carries a high local failure rate for high-grade, high-volume disease. Surgery also eliminates the source of a late wave of metastasis, possibly leading to better long-term survival.

Nevertheless, "This study doesn't tell me that [surgery] is better than radiation," Dr. Ward said at the press briefing. "An important thing here is that multimodal therapy is necessary for advanced prostate cancer. Whether [the primary therapy] is radiation or surgery, multimodal therapy has come of age. … We don't need to be competing as much."

Dr. Ward is currently at the Nevada Cancer Institute, Las Vegas. ■

Radiation, Prostatectomy Show Similar Quality of Life Results

SAN ANTONIO — A prospective, randomized study comparing external beam radiotherapy with radical prostatectomy for localized prostate cancer found no clear winner in terms of quality of life during the 2 years after treatment, Savino M. Di Stasi, M.D., said at the annual meeting of the American Urological Association.

For both treatments, overall health-related quality of life declined in the first month and returned to baseline in 6-12 months, said Dr. Di Stasi of Tor Vergata University, in Rome. During the first month, patients receiving radical prostatectomy reported a significantly worse quality of life, compared with patients receiving external beam radiotherapy (EBRT).

The study involved 137 men, 96 of whom were evaluated at 1, 3, 6, 12, and 24 months. The investigators used an Italian language version of the Functional Assessment of Cancer Therapy–General (FACT-G), a validated quality of life instrument.

Significant group differences appeared in three FACT-G subtests, those measuring urinary, bowel, and sexual function.

In terms of urinary function, radical prostatectomy was worse than EBRT for the entire follow-up period, with 11% of men in the radical prostatectomy group and 3% of men in the EBRT remaining incontinent at 2 years.

On the other hand, radical prostatectomy beat EBRT in terms of bowel function. At 2 years, 92% of men in the radical prostatectomy group, compared with 73% of men in the EBRT group, reported bowel function.

Sexual function was significantly better in the EBRT group than in the radical prostatectomy group just after treatment. However, the EBRT group showed a modest but statistically significant decline in sexual function over 2 years, whereas the radical prostatectomy group improved over time.

At the end of the follow-up period, sexual dysfunction remained more common in the radical prostatectomy group than in the EBRT group (70% vs. 61%).

In spite of the fact that neither treatment showed a clear advantage in terms of quality of life, Dr. Di Stasi's impression is that most patients would choose EBRT. ■