

Bölüm 19

ERKEN VE LOKAL İLERİ EVRE HASTALIKTA CERRAHİ TEDAVİ

Erhan DEMİRELLİ¹

GİRİŞ

Prostat kanseri (PCa) erkeklerde tüm kanserler içinde en sık ikinci ve ürolojik kanserler içinde ilk sırada yer alan kanserlerdir. Erkeklerde kanser ölümlerinin en sık üçüncü sebebidir. Prostat kanserlerinin %90' a yakını tanı anında organa sınırlıdır. (1,2) PCa evrelemesi için bugün en çok TNM sınıflama sistemi kullanılmaktadır. Erken evre (lokalize) hastalık herhangi bir PSA değeri ve Gleason skorunda prostat içinde sınırlı olan, yani TNM sınıflamasına göre T1-T2 evresinde olan kanserleri tanımlarken, lokal ileri evre PCa ise klinik olarak bölgesel lenf nodu veya uzak metastaz yapmamış fakat prostat kapsülü dışına yayılım göstermiş olguları yani TNM sınıflamasına göre T3-T4 evresini kapsamaktadır. (3) Erken evre PCa' da cerrahi tek başına küratif tedavi için yeterli olurken, lokal ileri evre PCa' da lenf nodu tutulumu ve/veya cerrahi sınır pozitifliği riskinin yüksek olmasından dolayı bu hastalarda multimodal yaklaşım gerekmektedir. (4)

PCa' da radikal prostatektomi (RP) üretra ile mesane arasındaki tüm prostat dokusunu ve seminal vezikülleri potensi ve kontinansı koruyarak çıkartmayı amaçlayan bir ameliyattır. Risk durumuna göre bu ameliyata pelvik lenfadenektomi eklenebilir. RP ameliyatı açık, laparoskopik/robotik olarak yapılabilir.

AÇIK RADİKAL PROSTATEKTOMİ

RP erken evre PCa tedavisinde altın standart tedavi yöntemi olarak kabul edilmektedir. Ayrıca bazı lokal ileri evre PCa hastalarında da uygun bir tedavi seçeneğidir. Cerrahi tedavi seçiminde hem hastaya hem de kansere ait özelliklerin göz önünde bulundurulması gerekmektedir. Hastaya ait fakörlerin başında beklenen yaşam süresi gelmektedir. Küretif tedavi seçiminde yaşam beklentisinin en az 10

¹ Dr. Öğr. Üyesi Giresun Üniversitesi Tıp Fakültesi Üroloji Anabilim Dalı erhandemirelli@yahoo.com

Sonuç

Sonuç olarak radikal prostatektomi erken ve lokal ileri evre prostat kanserinde halen küretif tedavi amacıyla uygulanan cerrahidir. Erken evre prostat kanserinde başarısı oldukça yüksek olmakla beraber, lokal ileri evre prostat kanserinde doğru cerrahi evrelemeye olanak sağladığından gittikçe artan sıklıkla uygulanmaya başlanmıştır. Radikal prostatektomi ameliyatlarından açık veya laparoskopik yöntemlerin onkolojik olarak birbirlerine üstünlükleri bulunmamaktadır.

Anahtar Kelimeler: Prostat kanseri, Lokal ileri, Radikal retropubik prostatektomi, Radikal perineal prostatektomi, Laparoskopik radikal prostatektomi

KAYNAKÇA

1. Jemal A, Siegel R, Wand E, et al. Cancer statistics, 2006. *CA Cancer J Clin.* 2006;56(2):106-130.
2. Demirelli E , Haliloğlu A , Gülpınar Ö , et al. Effect of maximal androgen blockade therapy on hematological, biochemical and bone density in locally advanced prostate cancer. *Acta Med Alanya* 2018;2(3):182-187.
3. Loeb, S. & Eastham, J. A. (2016) Diagnosis and staging of prostate cancer, In Alan J. W. , Louis R. K. , Alan W. P. & Craig A. P. (Eds.) *Campbell-Walsh Urology* (11th ed., pp. 2601-2608.e7) Dallas, Texas: Elsevier.
4. Kozacıoğlu Z, Günlüşoy B. Current surgical approaches in local invasive prostate cancer: urologist approach. *Bull Urooncol.* 2012;11:124-128.
5. Balbay M. D. (2008). Radikal retropubik prostatektomi. M. Derya Balbay (Ed.) *Prostat içinde* (257-287). Ankara: Öncü Basımevi.
6. Walsh PC, Lepor H, Eggleston JC. Radikal prostatectomy with preservation of sexual function: anatomical and pathological considerations. *Prostate* 1983;4:473-485.
7. Walsh PC. The discovery of the cavernous nerves and development of nerve sparing radical retropubic prostatectomy. *J Urol* 2007;177:1632-1635.
8. Özen H. (2007) . Retropubik radikal prostatektomi. Haluk Özen, Levent Türkeri(Ed.), *Üroonkoloji Kitabı içinde* (675-697). Ankara: Ertem Basım Yayın
9. Taneja S. S. & deKernion J. B. (2001) Complications of radical retropubic prostatectomy, In Taneja S. S., Smith R. B. & Ehrlich R. M. (Eds.) *Complicationd of urologic surgery* (3rd ed., pp. 408-418) Philadelphia:W.B. Saunders Company.
10. Ficarra V, Novara G, Artibani W, et al. Retropubic, Laparoscopic, and Robot-Assisted Radical Prostatectomy: A Systematic Review and Cumulative Analysis of Comparative Studies. *Eur Urol.* 2009;55(5):1037-1063. doi:10.1016/j.eururo.2009.01.036
11. Lepor H, Nieder AM, FerrandinoMN. Intraoperative and postoperative complications of radical retropubic prostatectomy in consecutive series of 1000 cases. *J Urol.* 2001;166:1729-1733.
12. ShekarriZB, Upadhyay J, Wood DP. Intraoperative, perioperative and long-term complications of radical prostatectomy. *Urol Clin North Am.* 2001;28:639-353.
13. Catalona WJ, Carvalhal GF, Mager DE, et al. Potency, continence and complication rates in 1870 consecutive radical retropubic prostatectomies. *J Urol.* 1999;162:433-438.
14. Cespedes R. D. & Swanson D. A. (1998) Complications of radical prostatectomy, In Resnick M. I. & Thompsom I. M. (Eds.) *Surgery of the prostate* (181-195) New York:Churchill Livingstone.
15. Wilt TJ, Cowper DC, Gammack JK, et al. An evaluation of radical prostatectomy at Veterans Affairs Medical Centers: time trends and geographic variation in utilization and outcomes. *Med Care.* 1999;37:1046-1056.
16. Kundu SD, Roehl KA, Eggener SE, et al. Potency, continence and complications in 3477 consecutive radical retropubic prostatectomies. *J Urol.* 2004;172:2227-2231.
17. Rasswailer J, Sentker L, Seemann O, et al. Laparoscopic radical prostatectomy with the Heilbronn technique: an analysis of first 180 cases. *J Urol.* 2001;166:2101-2108.

18. Walsh PC, Marschke P, Ricker D, et al. Patient reported urinary continence and sexual function after anatomic radical prostatectomy. *Urology*. 2000;55:62-67.
19. Dubbelman YD, Dohle GR, Schröder FH. Sexual function before and after radical retropubic prostatectomy: a systemic review of prognostic indicators for a successful outcome. *Eur Urol*. 2006;50(4):711-718.
20. Rabbani F, Stapleton AM, Kattan MW. Factors predicting recovery of erections after radical prostatectomy. *J Urol*. 2000;164(6):1929-1934.
21. Walsh P. C. & Partin A. W. Anatomic radical retropubic prostatectomy In Alan J. W. , Louis R. K. , Alan W. P. & Craig A. P. (Eds.) *Campbell-Walsh Urology* (pp. 2956-2978) Dallas, Texas: Elsevier.
22. Eastham JA, Kattan MW, Rogers E, et al. Risk factors for urinary incontinence after radical prostatectomy. *J Urol*. 1996;156:1707-1713.
23. Bianco FJ, Skardino PT, Eastham JA. Radical prostatectomy: long-term cancer control and recovery of sexual and urinary function ("Trifecta"). *Urology* 2005;66(Suppl 5A):83-94.
24. Lerner SE, Blute ML, Lieber ML, et al. Morbidity of contemporary radical retropubic prostatectomy for localized prostate cancer. *Oncology*. 1995;9:379-382.
25. Davis JW, McCammon KA, Schellhammer PF, Jordan GH. Complications of radical prostatectomy. *AUA Update Series*. 2006;25:142-151.
26. Kupelian PA, Katcher J, Levin HS, et al. Stage T1-2 prostate cancer: a multivariate analysis of factors affecting biochemical and clinical failures after radical prostatectomy. *Int J Radiat Oncol Biol Phys*. 1997;37(5):1043-1052.
27. Freedland SJ, Partin AW, Epstein JI, et al. Biochemical failure after radical prostatectomy in men with pathologic organ-confined disease: pT2a versus pT2b. *Cancer*. 2004;100(8):1646-1649.
28. Maxwell V. M. & Peter R. C. (2016) Treatment of Locally Advanced Prostate Cancer, In Alan J. W. , Louis R. K. , Alan W. P. & Craig A. P. (Eds.) *Campbell-Walsh Urology* (11th ed., pp. 2552-2769.e4) Dallas, Texas: Elsevier.
29. Ward JF, Slezak JM, Blute ML, et al. Radical prostatectomy for clinically advanced (c T3) prostate cancer since the advent of prostate specific antigen testing: 15 year outcome. *BJU Int*. 2005; 95:751-756.
30. Hull GW, Rabbani F, Abbas F, et al. Cancer control with radical prostatectomy alone in 1000 consecutive patients. *J Urol*. 2002;167:528-534.
31. Messing EM, Manola J, Sarodsy M, et al. Immediate hormonal therapy compared with observation after radical prostatectomy and pelvic lymphadenectomy in men with node positive prostate cancer. *N Engl J Med*. 1999;341:1781-1788.
32. Weyrauch, H. M. (1959). *Surgery of the prostate..* Philadelphia: WB Saunders Co.
33. Gouley JWS. Some points in the surgery of the hypertrophied prostate. *Trans of Am Surg Assoc*. 1885;3:163-192.
34. Young H. The early diagnosis and radical cure of carcinoma of the prostate. *J Urol*. 1905;16:315-321.
35. Vest SA. Radical perineal prostatectomy, modification of closure. *Surg Gynecol Obstet*. 1994;40:1166e72.
36. Balbay M. D. (2008). Radikal perineal prostatektomi. M. Derya Balbay (Ed.) *Prostat içinde* (289-299). Ankara: Öncü Basımevi.
37. Lance RS, Freidrichs PA, Kane C, et al. A comparison of radikal retropubik with perineal prostatectomy for localized prostate cancer within the Uniformed Urology Research Group. *BJU Int*. 2001;87:61-65.
38. Comploj E, Palermo S, Trenti E, et al. Radical perineal prostatectomy: An outdated procedure? *Int J Surg*. 2011;9(5):400-403.
39. Weldon VE, Taval FR. Potency sparing radical perineal prostatectomy: Anatomy, surgical technique, and initial results. *J Urol*. 1988;140:559-562.
40. Harris MJ. Radical perineal prostatectomy: cost efficient outcome effective, minimally invasive prostate cancer management. *Eur Urol*. 2003;44(3):303-308.

41. Harris MJ. (1999). The impact of bladder neck and urethral preservation on continence and margins during radical perineal prostatectomy. 47th Annual James C. Kimbrough Seminar, 1999, San Antonio, A55.
42. Weldon VE, Taval FR, Neuwirth H. Continence, potency and morbidity after radical perineal prostatectomy. *J Urol.* 1997;158:1470-1475.
43. Parra RO. Analysis of an experience with 500 radical perineal prostatectomies in localized prostate cancer. *J Urol.* 2000;161:284-285.
44. Comploj E, Pycha A. Experience with radical perineal prostatectomy in the treatment of localized prostate cancer. *Ther Adv Urol.* 2012;4(3):125-131.
45. Song W, Park JH, Jeon HG, et al. Comparison of Oncologic Outcomes and Complications According to Surgical Approach to Radical Prostatectomy: Special Focus on the Perineal Approach. *Clin Genitourin Cancer.* 2017;15(4):e645-e652.
46. Lee HW, Jeon HG, Jeong BC, et al. Is Radical Perineal Prostatectomy a Viable Therapeutic Option for Intermediate- and High-risk Prostate Cancer? *J Korean Med Sci.* 2015;30(11):1631-1637.
47. Schuessler WW, Schulam PG, Dayman RV, et al. Laparoscopic radical prostatectomy: Initial case report. *J Urol suppl.* 1992;147:246.
48. Guillonneau B, Vallancien G. Laparoscopic radical prostatectomy. Preliminary evaluation after 28 interventions. *Presse Med.* 1998;27:1570-1574
49. Raboy A, Ferzli G, Alpert P. Initial experience with extraperitoneal endoscopic radical retroperitoneal prostatectomy. *Urology.* 1997;50(6):849-853.
50. Eskiçorapçı S. (2009). Laparoskopik ektraperitoneal radikal prostatektomi. Sinan Sözen & Cenk Bilen (Eds.), *Üroonkolojik Laparoskopik Atlas içinde (94-102)*. Ankara: İşkur Matbaacılık.
51. Apaydin E. & Demiryöğuran S. (2008). Laparoskopik radikal prostatektomi. M. Derya Balbay (Ed.) *Prostat içinde (301-307)*. Ankara: Öncü Basımevi.
52. Salomon L, Sebe P, De la Taille A, et al. Open versus laparoscopic radical prostatectomy: I and II. *BJU Int.* 2004;94(2):238-243.
53. Moretti TBC, Magna LA, Reis LO. A comparison of perioperative outcome between robot-assisted and laparoscopic radical prostatectomy: experience of a single institution. *Int Braz J Urol.* 2019 Feb 10;45. doi: 10.1590/S1677-5538.IBJU.2018.0367.
54. Pompe RS, Beyer B, Haese A. Postoperative complications of contemporary open and robot-assisted laparoscopic radical prostatectomy using standardised reporting systems. *BJU Int.* 2018 Nov;122(5):801-807. doi: 10.1111/bju.14369.
55. Teber D. & Gözen A.S. (2007) . Laparoskopik radikal prostatektomi. Haluk Özen, Levent Türkeri (Eds.), *Üroonkoloji Kitabı içinde (700-725)*. Ankara: Ertem Basım Yayın
56. Fromont G, Guillonneau B, Validire P, et al. Laparoscopic radical prostatectomy. preliminary pathologic evaluation. *Urology.* 2002;60(4):661-665.
57. Eden CG, Cahill D, Vass JA, et al. Laparoscopic radical prostatectomy: the initial UK series. *BJU Int.* 2002;90(9):876-882.
58. Islamoglu E, Karamik K, Ozsoy C, et al. The Learning Curve Does Not Affect Positive Surgical Margin Status in Robot-Assisted Laparoscopic Prostatectomy. *Urol J.* 2018;15(6):333-338.
59. Tian XJ, Wang ZL, Li G, et al. Development and validation of a preoperative nomogram for predicting positive surgical margins after laparoscopic radical prostatectomy. *Chin Med J (Engl).* 2019 Apr 20;132(8):928-934.
60. El-Feel A, Davis JW, Deger S, et al. Positive margins after laparoscopic radical prostatectomy: a prospective study of 100 cases performed by 4 different surgeons. *Eur Urol.* 2003;43(6):622-626.
61. Rapoport L, Yossepowitch O, Shpot E, et al. Radical prostatectomy performed via robotic, transperitoneal and extraperitoneoscopic approaches: functional and early oncological outcomes. *Cent European J Urol.* 2018;71(4):378-385.
62. Busch J, Gonzalgo ML, Leva N, et al. Matched comparison of robot-assisted, laparoscopic and open radical prostatectomy regarding pathologic and oncologic outcomes in obese patients. *World J Urol.* 2015;33(3):397-402.