### MP80-06

**INTRODUCTION AND OBJECTIVES:** To describe the feasibility and early outcomes of a Modification to robot-assisted radical prostatectomy (RARP) that allows for mitigation of the lack of tactile feedback during RARP by allowing immediate Organ Retrieval for Examination and targeted frozen-section biopsies (MORE technique).

**METHODS:** MORE consists of a GelPOINT device inserted periumbilically. Prostate is excised and retrieved through the GelPOINT without undocking the robot, and examined bimanually on-table by the surgeon. Lesions suspicious for positive surgical margin (PSM) are sent for frozen section analysis (Figure). Biopsies positive/suspicious for cancer resulted in more tissue excision from the corresponding pelvic bed site. 352 patients with a probability of extracapsular extension (EPE) >25% (Partin table) were selected to undergo MORE RARP. MORE RARP patients with pT3a at final pathology (n=103) were compared to a control group of 74 consecutive patients with pT3a after conventional RARP.

**RESULTS:** Except a greater proportion of clinically palpable disease in the MORE RARP vs. control group (43.7 vs. 17.6%; p=0.005), the two groups had comparable rates of nodal dissection, nerve sparing, pathological stage, grade and nodal status. The disease in the MORE RARP vs. control group (43.7 vs. 17.6%; p=0.005). 8 patients in each group had biochemical recurrence; short follow-up (median 16.6 and 15.4 months respectively) precluded detection of any significant difference. Frozen section biopsy site matched the EPE site at final pathology in 59/79 (73.4%) cases selected for frozen section analyses.

**CONCLUSIONS:** Adoption of the MORE technique led to a significant reduction in the PSM rate following RARP in patients harboring locally advanced disease without increasing operative time. Its easy reproducibility may also allow potential utility in other robot-assisted urologic oncologic procedures.

Source of Funding: none

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### MP80-07

**INTRODUCTION AND OBJECTIVES:** Meta-analyses have recently demonstrated that posterior reconstruction of the rhabdosphincter (PRR) offers an advantage in terms of early continence recovery in the first 30-45 days after radical prostatectomy. At the same time, large variability in results of PRR use was documented. The aim of our study was to prospectively evaluate the efficacy of PRR (Rocco stitch) in prostate cancer patients undergoing robot-assisted radical prostatectomy (RARP) in terms of early recovery of urinary continence.

**METHODS:** From January 2012 to June 2014 398 consecutive patients with biopsy proven prostate cancer (PCa) were randomized to PRR (n=201) vs No PRR (n=197) groups. The inclusion criteria were age 40-75 years, clinically localized PCa (cT1c to cT2cN0M0), informed consent signed, RARP pre-planned, no urinary incontinence pre-surgery. Patients after TURP or neoadjuvant hormones, as well as salvage cases were not included. Barbed sutures were used for both PRR and anastomosis. Urinary continence was defined as the No pad usage (assessed by Question 5 of the Expanded Prostate Cancer Index Composite (EPIC) Urinary assessment).

**RESULTS:** The mean patients age was 61.2±6.2 years, BMI 27.3±2.8, total PSA 8.1 (1.8-23) ng/ml, and prostate volume 36.5 (18-135) cc. According to D Amico risk classification 32% (n=127), 27% (n=107) and 41% (n=164) of men were from low, intermediate and high-risk groups respectively. Biopsy Gleason score of 6 (3+3), 7 (3+4), 7 (4+3) and 8 was detected in 49% (n=195), 24% (n=95), 16% (n=64) and 11% (n=44) of patients. Basic patients characteristics did not differ between PRR vs no PRR group. After the exclusion of men with EBRT indicated (n=45) and non-compliant patients (n=38) 315 participants had full data collected. After 1, 2, 3, 6 and 12 months the percentage of men reporting 0 pad use in PRR vs No PRR group was 57.9% vs 39.1% (p<0.01), 69.2% vs 60.9% (p<0.01), 78.6% vs 71.8% (p=0.02), 90.6% vs 89.7% (NS) and 95% vs 94.2% (NS). There was no difference in overall complications rate, potency recovery (IIEF-5 scores at 6 and 12 months) or biochemical recurrence rates (PSA: >0.2 ng/ml at 6 and 12 months) between groups. The anastomotic time was slightly longer in PRR vs no PRR group (14 vs 9 min, p<0.01). Limitations of the study are: 1) single center trial, 2) follow-up performed by physicians and not third party.

**CONCLUSIONS:** Restoration of the posterior aspect of the rhabdosphincter improves the urinary continence recovery comparing to No reconstruction of the rhabdosphincter group at 1, 2 and 3 months after RARP. After 6 to 12 months follow-up, the difference between groups became statistically insignificant, although the advantage of earlier continence recovery is of great importance for many men. Larger
international prospective randomized study evaluating the same topic (with more parameters planned for assessment) is ongoing.

Source of Funding: None

MP80-08
IMPACT OF POSTERIOR URETHROVESICAL RECONSTRUCTION ON EARLY RETURN TO CONTINENCE AFTER ROBOT-ASSISTED RADICAL PROSTATECTOMY: A RANDOMIZED CONTROLLED TRIAL

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INTRODUCTION AND OBJECTIVES: Urinary incontinence post radical prostatectomy is a common complication regardless of approach, with significant negative impact on health-related quality of life. Although 12-month continence rates range from 85-96% in established studies, few patients are continent in the early postoperative period. The posterior reconstruction of Denonvilliers’ musculofascial plate (PRDMP) may improve the early return to urinary continence, though reports in the literature have been mixed, warranting further study. Weaknesses in previous studies of PRDMP included varied definitions of continence, differing surgeon experience, lack of randomization, and insufficient statistical power. We compared the PRDMP versus standard urethovesical anastomosis during robot-assisted radical prostatectomy (RARP) in a randomized controlled trial (RCT).

METHODS: Patients with clinically localized prostate cancer scheduled for RARP were prospectively recruited in clinic and randomly allocated to PRDMP or conventional anastomosis. Patients were blinded to allocation status and the surgeon was informed immediately before the case to minimize bias. All cases were performed by a high-volume surgeon at a tertiary healthcare center. Our primary outcome was assessed by using the Expanded Prostate Cancer Index Composite Short Form (EPIC-26) survey at baseline and 2, 3, 4, 6, 8, 12-months postoperatively. Continence was defined as an answer of 0-1 safety pad per day. The trial is powered to detect a significant improvement in continence of 40-75% at 3 months with an alpha level of 0.05 at 80%, requiring 65 patients per group for power. We have oversampled to account for attrition. Follow-up interviews were done via telephone.

RESULTS: Recruitment occurred from April 2014 to July 2015, with a total N = 164. We currently have 6-month follow-up data available on 55 patients in the PRDMP group and 42 in the control group. At months 2, 3, 4, and 6, use of pads for the intervention group and the control group at 0-1 per day (measured continence) was 36.5% and 37.5%, 60.7% and 60.5%, 72.6% and 65.7%, and 83% and 76.5%, respectively.

CONCLUSIONS: Interim analysis of this RCT suggests a trend toward the PRDMP being more effective than conventional anastomosis in terms of early return to continence following RARP, but more data is needed. The two groups were also not equal in size. Final analysis at the completion of this RCT is required to establish statistical significance of these findings.

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MP80-10
EVALUATION OF VOIDING SYMPTOM AND URINARY INCONTINENCE AFTER LAPAROSCOPIC AND ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY: A SINGLE-SURGEON EXPERIENCE

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INTRODUCTION AND OBJECTIVES: To analyse the voiding symptom and urinary incontinence (UI) after laparoscopic (LRP) and robot-assisted laparoscopic radical prostatectomy (RARP).

METHODS: Between January 2008 and April 2015, 759 patients underwent radical prostatectomy conducted by only one surgeon. Among these patients, 590 of them received LRP and 76 of them received RARP. The patients’ recovery from incontinence was evaluated through a 24-hour pad test, the International Prostate Symptom Score (IPSS) at 1, 3, 6, and 12 months after the surgery.

RESULTS: In total, the recovery of incontinence was similar to the condition at 12 months after the surgery. However, going through RARP restored the incontinence sooner than those in the LRP group in 1, 3, 6, and 12 months after the surgery (P < 0.001) (Fig. 1). The comparison of time with the recovery of incontinence by cox regression analyses showed that the comparison between the LRP and RARP groups was a uniquely meaningful contributing factor (P = 0.001). Overall, the RARP group had lower IPSS total scores than the LRP group and showed the significant difference between the LRP group and the RARP group in 1 months after the surgery (P = 0.023) (Fig. 2). When divided based on the voiding part and the storage part, it was, by far, the most distinct in the storage part to postoperative 1 month and 12 months.

CONCLUSIONS: The RARP group tended toward getting back the urinary continence earlier than the LRP group. In addition, voiding symptom more quickly in RARP group than in LRP group.