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VOIDING SYMPTOMS, INCLUDING BLADDER PAIN, RELATED TO POST RADIATION TREATMENT FOR PCA ARE IMPROVED BY IALURIL®: A PROSPECTIVE OBSERVATIONAL STUDY

C. Giannessi, M. Gacci, O. Saleh, D. Villari, T. Chini, P. Della Camera, A. Raugei, V. Li Marzi, B. Detti, E. Finazzi Agro', A. Minervini, M. Carini, S. Serni (*Firenze*)

Aim of the study
Hyaluronic acid chondroitin sulfate represents the replacement of the protective lining in bladder known as Glycosaminoglycan, or GAG layer. The aim of our prospective observational study is to evaluate the efficacy of hyaluronic acid chondroitin sulfate (Ialuril®) administration in men with bladder pain syndrome (BPS) after radiotherapy (RT) for prostate cancer.

Materials and methods
Twenty-three consecutive patients (mean age: 67.9) with bladder pain syndrome due to pelvic irradiation for locally advanced prostate cancer (16 treated with radical prostatectomy [RP] plus RT and 7 with RT alone) were enrolled from May 2012 to October 2013. Patients underwent intravesical administration of Ialuril® weekly for the first month, and on the 6th, 8th and 12th week subsequently. The Interstitial Cystitis Symptoms Index (ICSI), the Interstitial Cystitis Problem Index (ICPI) and Pelvic Pain and Urgency/ Frequency questionnaire (PUF) were self-administered immediately after RT and at the end of treatment with Ialuril (12th week) to evaluate the relapse of symptoms. Data were analyzed with Paired samples T test, and subsequently adjusted for age, primary treatment (RP+RT vs. RT alone), radiotherapy dose and toxicity.

Results
Median (range) pre and post-treatment ICSI score was 7.91 (1-17) and 5.43 (0-14) respectively (p=0.002). In particular, the most significant items were urgency, frequency and nocturia (p=0.033, p=0.031 and p=0.001 respectively). At multivariate analysis, only the grade of toxicity resulted determinant for the response to Ialuril (r: 0.735,p=0.037). Median (range) pre and post-treatment ICPI score was 7.22 (1-13) and 6.04 (0-10) respectively (p=0.068).In particular, the most significant items were nocturia and pain (p=0.016 and p=0.010 respectively).No significant data were obtained at multivariate analysis. Median (range) pre and post-treatment PUF score was 6.57 (3-13) and 5.13 (1-10) respectively (p=0.015). In particular, the most significant items were pollachiuria, pain and urgency (p=0.001, p=0.031 and p=0.024 respectively).

Discussion
Key elements of GAGs layer are hyaluronic acid (HA) and chondroitin sulphate (CS). When this layer is damaged a neuroinflammatory cascade is activated causing voiding symptoms and bladder pain. The treatment model to be proposed must therefore aims to reduce mast cell mediated neuro-inflammatory cascades and to replace the GAGs layer. IALURIL® (Hyaluronic Acid Chondroitin Sulfate) have been demonstrated to be effective in reducing mast cell degranulation and replacing GAGs layer.

Conclusions
Ialuril demonstrated to be a promising medical device regardless to treat post radiation bladder. Men with higher toxicity presented a most remarkable reduction of ICSI as compared to those with lower toxicity. This data should be confirmed by randomized controlled trials.

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WATCHFULL WAITING (WW) FOR INCIDENTAL CARCINOMA OF THE PROSTATE (CAP) : LONG TERM RESULTS

M. Brausi, G. De Luca, M. Viola, G. Peracchia, M. Gavioli, G. Verrini, G. Simonini, A. Romano (*carpi*)

Scopo del lavoro
The treatment of incidental carcinoma of the prostate is still controversial. The aim of this retrospective study was to evaluate the long term survival in patients with incidental CAP diagnosed after TURP or open prostatectomy and followed with observation only

Materiali e metodi
The records of 93 pts with incidental CAP diagnosed from 1976 to 1984 were reviewed. Mean pts. age was 68.2 years. All pts included presented at our clinic because of lower urinary tract symptoms. 56/93 pts. (60.2%) were diagnosed to have CAP after open prostatectomy while 37/93 (38.8%) after TURP. The specimens were reviewed by a senior pathologist and re-staged according to TNM. 52 pts had T1a while 41 had T1b CAP. According to Mostofi grading system, 48 pts had G1 tumours, 34 had G2, 5 G3 and 6 Gx . After surgery pts did not receive any additional treatment and were followed according to WW protocol. Minimum follow-up was 10 years. 75 patients had 15 and 10 pts had 20 years follow up respectively.

Risultati
10 and 15 years overall survival (OS) was 76% and 50.1% while the disease specific survival (DSS) was 86% for T1a and 85.7% for T1b. The 10 years DSS for G1-G2 tumours was 86% compared to 37.5% for G3. 14/93 (15%) pts progressed: 4 pts had local and 10 systemic progression. Mean time to progression was 7.5 years. 12 pts died because of the disease and 2 are still alive with metastases. All G3 tumours progressed. In G2 and G1s progression occurred in 5/34 (14.7%) and 4/48 (8.3%) respectively.

Discussione
WW strategy can be proposed to patients with incidental CAP.

Conclusioni
It should be considered a great opportunity expecially for low and intermediate grade (G1-G2) tumors . Incidental, High grade CAP should be treated more aggressively.