

(range: 5-22) and had a mean age of 62.1 (range: 45-72) years. **Conclusion:** The retrospective review of this patient series suggests the potential role of preservation of one of the neurovascular bundles. In this patient series, MRP allowed recovery of sexual function in >50% of patients, with good oncologic outcome. However it is necessary to conduct prospective studies for further evaluation.

## 134

#### THE EFFECT OF THE PRESENCE OF A MEDIAN LOBE ON THE OUTCOMES OF ROBOT-ASSISTED LAPAROSCOPIC RADICAL PROSTATECTOMY

Giancarlo Albo<sup>1</sup>, Bernardo Rocco<sup>1</sup>, Pietro Acquati<sup>1</sup>, Rafael F. Coelho<sup>2</sup>, Kenneth J. Palmer<sup>2</sup>, Sanket Chauhan<sup>2</sup>, Ananth Sivaraman<sup>2</sup> and Vipul R. Patel<sup>2</sup>

<sup>1</sup>Dipartimento di Scienze Chirurgiche Specialistiche Sezione di Urologia, Università degli Studi di Milano Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico U.O. di Urologia, Milano, Italy;

<sup>2</sup>Global Robotics Institute, Celebration, FL, U.S.A.

**Aim:** To report the effect of the presence of a median lobe on perioperative outcomes, positive surgical margin (PSM) rates and short-term urinary continence outcomes after robot-assisted laparoscopic radical prostatectomy (RARP). **Patients and Methods:** We analyzed data from 1,693 consecutive patients who underwent RARP by a single surgeon for treatment of clinically localized prostate cancer. Patients were categorized into two groups based on the presence or absence of a median lobe identified during RARP. Outcomes analyzed included operative time, estimated blood loss (EBL), nerve-sparing procedure, overall complication rates, length of hospital stay, days with catheter, presence of anastomotic leakage on cystogram, number of bladder neck reconstruction procedures, tumor volume, pathological stage, PSM rates, pathological Gleason score and continence rates. Continence was defined as the use of 'no pads' based on the patient responses to the Expanded Prostate Cancer Index Composite questions at 1, 4, 6, 12 and 24 weeks after catheter removal. **Results:** Median lobe was intraoperatively identified in 323 (19%) patients. Patients with a median lobe were slightly older (median 63 vs. 60 years,  $p<0.001$ ), had higher PSA levels (median 5.7 vs. 4.7 ng/ml,  $p<0.001$ ) and higher AUA-SS before RARP (10 vs. 6,  $p<0.001$ ). The number of bladder neck reconstruction procedures (93.5% vs. 65.7%,  $p<0.001$ ) and the median prostate weight (64 vs. 46 g,  $p<0.001$ ) were also higher. Both groups had equivalent EBL, length of hospital stay, days with catheter, pathological stage, pathological Gleason score, nerve-sparing procedures, complication rates, anastomotic leakage rates, mean tumor volume, PSM rates and PSM rate at the bladder neck. The

median OR time was slightly greater in patients with median lobe (80 vs. 75 minutes,  $p<0.001$ ). There was no difference in the operative time between the two groups when stratifying this result by prostate weight. Continence rates were also equivalent between patients with and without a median lobe at 1 week (27.8% vs. 27%,  $p=0.870$ ), 4 weeks (42.3% vs. 48%,  $p=0.136$ ), 6 weeks (64.1% vs. 69.5%,  $p=0.126$ ), 12 weeks (82.5% vs. 86.8%,  $p=0.107$ ) and 24 weeks (91.5% vs. 94.1%,  $p=0.183$ ). Finally, the median time to recovery of continence was similar between the groups based on the Kaplan–Meier curves (median: 5 weeks, 95% CI=4.41-5.59 vs. median: 5 weeks, 95% CI=4.66-5.34; log rank test,  $p=0.113$ ). **Conclusion:** The presence of a median lobe does not affect perioperative outcomes, PSM rates and early continence outcomes in patients undergoing RARP performed by an experienced surgeon. There was a slight increase in the operative time in patients with a median lobe which was, however, related to the larger prostate size in this group.

## 135

#### ANALYSIS OF THE CLINICAL PARAMETERS COMMONLY USED TO CHOOSE NERVE-SPARING PROSTATECTOMY FOR PATIENTS WITH POSITIVE BIOPSY AT THE TRANSITION ZONE ALONE

Michele Lanciotti, Lorenzo Masieri, Federico Lanzi, Saverio Giancane, Claudia Giannessi, Mauro Gacci, Andrea Minervini, Alberto Lapini, Marco Carini and Sergio Serni

Clinica Urologica I, Università di Firenze, Firenze, Italy

**Aim:** The aim of this study was to analyze the indication for nerve-sparing surgery for patients with positive prostate biopsies at the level of the transition zone (even in patients with PSA above 10 ng/ml), the impact of this factor on biochemical recurrence-free survival (BCR) and extracapsular extension (ECE). **Patients and Methods:** The study included 273 patients undergoing open radical prostatectomy and pelvic lymphadenectomy for clinically organ-confined prostate cancer (OC), not submitted to neoadjuvant therapy, with preoperative biopsy of peripheral (PZ) and transitional zone (TZ). Clinical and pathological data were available from our prospectively maintained institutional registry of 936 consecutive patients. The correlation between clinicopathological parameters and the site of the biopsy were investigated with the chi-square and Mann–Whitney *U*-tests. The impact of these variables on biochemical progression-free survival was evaluated by Kaplan–Meier survival curves. **Results:** The mean follow-up was 26.9 (range, 7-62, median 24) months. The mean age was 65.7 (range 49-78, median 66) years. At the final pathological examination, 152/273 (55.6%) patients presented OC disease,

