Prostate Surgery
Educational Slide Deck

Better cancer services every step of the way
What is the purpose of this slide deck?

- Highlight the Prostate guideline surgical recommendations
- One forum by which to disseminate information to urologists and pathologists in your region
Prostate Surgery and Pathology Guideline

- Guideline developed through a systematic review of the available evidence and on consensus from the Expert Panel
- Feedback from a CoP conference held in October 2007 was used to provide input into the development of the guideline
- The guideline is currently posted on the CCO website at: http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/clin-program/surgery-ebs/
- Guideline submitted for publication
Guideline Surgical Recommendations

1) Ensure that radical prostatectomy is offered as a treatment option to the appropriate patients
   - Low-risk and intermediate-risk patients for whom surgery is the preferred option
   - The decision to offer surgery to high-risk patients should be made with careful consideration
   - High-risk patients should be offered a referral for radiation consultation or review at a Multidisciplinary Cancer Conference (MCC)

Guideline Surgical Recommendations

3) Ensure the preservation of urinary and erectile function whenever possible
   - Neurovascular bundle sparing should be considered the “standard approach” except in high-risk patients

4) Ensure all patients receive excellent surgery
   - Positive margin rates of <25% for pT2 disease should be achievable
   - Rates for mortality, rectal injury, and blood transfusion (in non-anemic patients) should be <1%, <1%, and <10%, respectively

5) Standard Pelvic Lymph Node Dissection (PLND) should be mandatory in high-risk patients and is recommended for the intermediate group; PLND is optional for low-risk patients

Key Initiatives in Implementing the Guideline

1) Optimize surgical outcome
   – Ensure all patients receive high quality surgery

2) Standardize pathology practice and reporting
   – Ensure the radical prostatectomy specimen is handled, assessed, and reported optimally

3) Optimize patient selection
   – Ensure that radical prostatectomy is offered as a treatment option to the appropriate patients