



# 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-eps/>
- 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 for optimization of surgical and pathological quality performance for Radical Prostatectomy (2008)*

# 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