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UROLOGICAL ONCOLOGY

External beam radiation therapy after radical prostatectomy: efficacy and impact on urinary continence

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Introduction and Objectives: The efficacy of adjuvant and salvage external beam radiation (AXRT+SXRT) for prostate cancer after radical prostatectomy (RP) has been debated because of the inability to rule out systemic occult metastasis, uncertainty that radiation eradicates residual local disease and the potential of exacerbating impotency and incontinence. To characterize the effectiveness and treatment morbidity a retrospective review was performed.

Methods: In all, 38 patients received AXRT and 91 received SXRT. The SXRT group was stratified by PSA level, age, race, pathologic stage, margin status, worst Gleason sum, radiation dose and pelvic field. Complications evaluated were impotence and incontinence. Median follow-up was 60.2 months.

Results: The 5-y disease-free survival (DFS) rate was 61.3% for AXRT and 36.3% for SXRT. Multivariate analysis of the SXRT cohort showed Gleason score, pathologic stage and pre-XRT PSA to be predictors of disease recurrence. After XRT 26% had worsened continence.

Conclusions: Patients who recur after RP whose pathologic stage is pT2 or pT3c, Gleason score of 8 or higher or pre-XRT PSA is > 2.0 ng/dL may have microscopic metastatic disease and a decreased chance of cure with SXRT alone. Continence was further impaired after XRT.

Editorial Comment

A current treatment option for positive margins after radical prostatectomy (RP) (required by up to 35% within 5 years after RP) is adjuvant external beam radiation (AXRT), if PSA progression already has occurred salvage external beam radiation (SXRT) often is performed. Outcomes and side effects of these approaches have been documented in the current paper from two large institutions.

The AXRT group had a 5-year disease-free survival (DFS) rate of 61.3%; the SXRT group DFS was 36.3%. Post-RP PSA below 2 ng/mL was a significant determinant of success.

Most interesting are data on side effects of this approach. In all groups a significant deterioration of continence occurred. After XRT 10% of previously continent patients became incontinent and 14% became partially incontinent. These data are even worse in partially continent patients after RP.

Thus, additional radiation treatment should be advocated with a note of caution to patients with PSA progression, and benefits should be weighted against disadvantages.

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FEMALE UROLOGY

Sexual function in women with pelvic organ prolapse compared to women without pelvic organ prolapse

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Purpose: We compared sexual function in women with pelvic organ prolapse to that in women without prolapse.

Materials and Methods: We collected sexual function data using a standardized, validated, condition specific questionnaire. The study group consisted of 30 women with pelvic organ prolapse and it was compared with 30 unmatched controls without evidence of prolapse.

Results: The 2 groups were similar in age, race, parity and postmenopausal hormone use. Subjects in the study group were more likely to have undergone previous pelvic surgery. Mean total Pelvic Organ Prolapse/ Urinary Incontinence Sexual Function Questionnaire scores +/- SD were lower in the study group compared with controls (81.4 +/- 7.3 vs 106.4 +/- 15.5, $p < 0.001$). In the study group total questionnaire scores in women with prior pelvic surgery were similar to those in women without prior pelvic surgery (79.3 +/- 14.9 vs 82.9 +/- 10.2, $p = 0.61$).

Conclusions: Pelvic organ prolapse appears to have a significant negative impact on sexual function.

Editorial Comment

The authors report on a comparison of sexual function in women with pelvic organ prolapse and women without pelvic organ prolapse. They utilized an excellent statistical analysis involving a Likert scale as well as the PISQ (a validated, condition-specific, self-administered questionnaire that evaluates sexual function in women with pelvic organ prolapse and/or urinary incontinence). Statistical planning was utilized to identify the appropriate size study groups to detect a difference if present between the controls and the patients with prolapse.

This is a noteworthy paper that covers an issue, which is not frequently discussed in the medical office but is never far from the thoughts of a large portion of the population. The study's strength lies in the use of a validated self administered questionnaire as well as excellent statistical analysis. It did exclude women younger than 35 years perhaps to obtain a greater degree of similarity between the two groups. It addition, it only involved patients presenting for gynecological evaluation or therapy and not the general population. Several key points on which the paper may educate the reader include the findings that there was no significant difference in dyspareunia rate between women with and without previous hysterectomy as well as in women who have undergone anti-incontinence surgery those who did not. This fact will allow the urologic surgeon to clearly