

**PREDICTION OF PATHOLOGICAL STAGE BASED ON
CLINICAL STAGE, SERUM PROSTATE-SPECIFIC
ANTIGEN, AND BIOPSY GLEASON SCORE:
PARTIN TABLES IN THE CONTEMPORARY ERA**

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Primary source article:

<http://onlinelibrary.wiley.com/doi/10.1111/bju.13573/full>

OBJECTIVE

To update the Partin Tables for prediction of pathological stage in the contemporary setting and examine trends in patients treated with radical prostatectomy (RP) over the past three decades.



The Partin Tables remain a straightforward and accurate approach for projecting pathological outcomes based on readily available clinical data.

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The ability to accurately predict outcomes after RP using preoperative data remains critical in the counseling and decision-making process of men with prostate cancer.

PATIENTS



January 2010-October 2015,

4459 men

underwent RP
and pelvic lymphadenectomy
for histologically confirmed
prostate cancer
at the Johns
Hopkins Hospital.

Median (range) age at
surgery was:

60 (34-77 years)

Median (range)
serum-prostate specific
antigen (PSA) level was:

4.9 (0.1-125.0) ng/mL

METHOD

Preoperative clinical stage, PSA level, and biopsy Gleason score (i.e. prognostic Grade Group - GG) were used in a polychotomous logistic regression model to predict the probability of pathological outcomes categorised as:

Organ-confined
(OC)

Extraprostatic
extension (EPE)

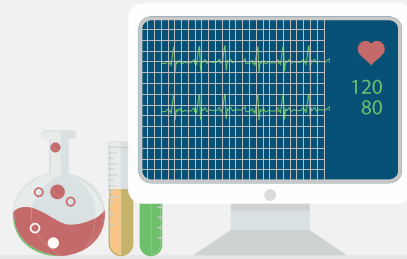
Seminal vesicle
involvement
(SV+)

Lymph node
involvement
(LN+)

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RESULTS



Observed probabilities outcomes were:

OC disease in **74%**

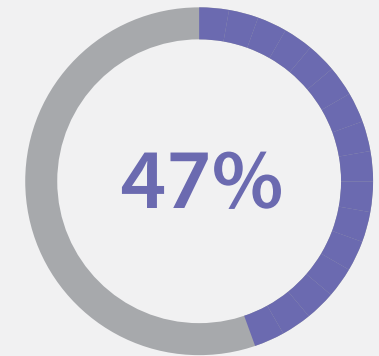
EPE in **20%**

SV+ in **4%**

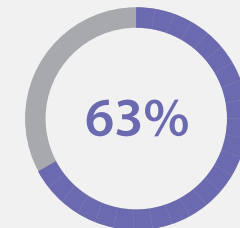
LN+ in **2%**

Proportion of men with OC cancer has **REMAINED SIMILAR** since 2000, equalling 73-74% overall.

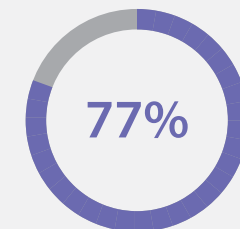
Proportion of men treated with biopsy Gleason score ≤ 6 cancer (GG1) was:



Representing a substantial decrease from the



in the previous cohort and



in 2000-2005.

Previous Partin Table results that GS 4+3 and 8 conveyed similar risk for pathologic outcomes were confirmed.

Probability of LN+ was **SUBSTANTIALLY HIGHER** for biopsy Gleason score 9-10 (GG5) compared to lower Gleason scores.

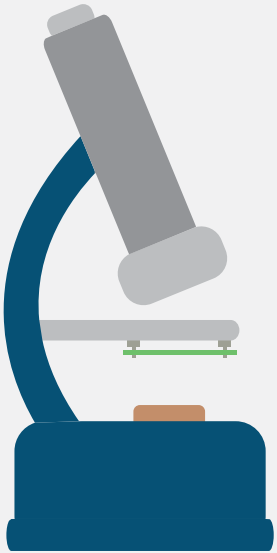
Probability of EPE **INCREASED SUBSTANTIALLY** when biopsy Gleason score increased from 6 (GG1) to 3 + 4 (GG2), with smaller increases for higher grades.



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CONCLUSION



The proportion of men with OC disease has remained stable since 2000, despite a substantial decline in the proportion of men with biopsy Gleason score 6 (GG1).

This is consistent with the notion that many men with Gleason score 6 (GG1) disease were over treated in previous eras.

The Partin Tables are available for clinical use via: <http://urology.jhu.edu/prostate/>