

EFFECT OF RADIATION THERAPY ON PATIENTS IMPLANTED WITH PROACT : A PRELIMINARY REPORT

Hypothesis / aims of study

ProACT is becoming a first line option for stress urinary incontinence status post radical prostatectomy. Some of the implanted patients could come to a biochemical recurrence after the procedure requiring radiation therapy (RT). We know from the literature that RT can increase the risk of erosion in patients with artificial urinary sphincter. We don't know the effect on patients implanted with ProACT. Additionally we still don't have a standardized protocol for these patients. Some urologists deflate the devices and reinflate them after the RT, some don't. The aim of this study is to clinically assess the functional and physical effect of RT on patients implanted with ProACT and to indicate a correct management of these patients.

Study design, materials and methods

This is a preliminary report of multicenter study. We retrospectively collected 6 cases from 3 centers experienced in ProACT positioning of patients who received RT post Proact implantation. Follow up, management (deflation or not), # of adjustments, volume of adjustments, # of pads and overall impression has been reported for each patient before and after RT.

Results

The results are summarized in table # 1 and 2.

Table # 1	Doi	Follow up	Follow up	Deflated	# of	Adjustments
Table # 2	# of pads before ProACT (months)	# of pads before RT (months)	# of pads post RT	Overall impression before RT	Overall impression post RT	Overall impression
Pt 1	April 02	40	26	No	Dry	Dry
Pt 2	Oct 02	30	15	No	Dry	Dry
Pt 2	Sept 06	4	9	Yes	Dry	Dry / 1 cc
Pt 3	June 00	280 ml*	12 - 80 ml*	Yes	Improved	Improved
Pt 4	Gen 06	12	24	Yes	Improved	Improved
Pt 6	Mar 07	14	10	Yes	Dry	Dry
Pt 6	4	1	1		Dry	Dry

* pad test

No erosion, deflation or rupture of the devices have been reported.

Interpretation of results
Biochemical recurrence requiring RT even years after a radical prostatectomy is a non

infrequent event. With the spreading of anti incontinence procedures such as ProACT the question on the effect of RT and how to manage this patients is raising. This preliminary report shows on a small number of cases that RT don't effect the functional outcomes of the devices. Additionally no erosion or rupture of the ProACT has been reported so far.4/6 patients has been deflated before and then reinflated afterward the RT without any problem. 2/6 patients were not deflated before the RT with similar outcomes.

Concluding message

The RT seems to don't effect the functional outcomes of ProACT implanted patients. Deflate the devices before the RT and reinflate them afterward it' s feasible, but it remains unclear if is helpful to avoid possible late complications.

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<i>Is this a clinical trial?</i>	No
<i>What were the subjects in the study?</i>	HUMAN
<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require eithics committee approval because</i>	Retrospective study
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes