

## LOWER URINARY TRACT SYMPTOMS AND EFFICACY OF ANTICHOLINERGIC DRUGS IN PATIENTS REMAINING DISEASE-FREE AFTER RADICAL RETROPUBIC PROSTATECTOMY

### Hypothesis / aims of study

We evaluated the impact of radical retropubic prostatectomy(RRP) on lower urinary tract symptoms(LUTS) with clinically localized prostate cancer and examined the efficacy and safety of anticholinergic drugs (solifenacin) in patients with LUTS who underwent after RRP.

### Study design, materials and methods

From the period of 2009 to 2013, 50 patients who underwent radical surgery for prostate cancer were interviewed before and after the operation. The International Prostate Symptom Score (IPSS), the IPSS quality of life (QoL) score and uroflowmetry were investigated both prior to RP and 12 months after RRP. 12 months After RRP, patients who desired to improvement of irritative voiding symptoms were medicated by solifenacin for 6 months. IPSS, QoL, uroflowmetry, International Consultation on Incontinence Questionnaire (ICIQ), King's Health Questionnaires (KHQ) were investigated at 3months, 6months after administration of medication.

### Results

The mean IPSS scores for patients preoperatively and at 1 year after surgery were  $10.9 \pm 6.7$  and  $9.2 \pm 5.7$ , respectively and the corresponding mean QoL scores were  $2.0 \pm 1.3$  and  $2.5 \pm 1.1$ , respectively. The mean IPSS scores for patients who desire the further improvement of irritative voiding symptoms pretreatment and after administration were  $9.7 \pm 5.9$  and  $9.0 \pm 4.4$ , respectively and the corresponding mean QOL scores were  $2.6 \pm 1.2$  and  $2.3 \pm 1.0$ , respectively. KHQ score was significantly decreased at 6 months after medication.

### Interpretation of results

Although our study was relatively small and lacked data on urodynamic variables, it provides important and detailed information about the impact of RRP on LUTS and LUTS-related QOL. Also, it supported that solifenacin may be beneficial for postoperative LUTS. These data may be useful when informing patients pre-operatively about treatment options for localized prostate cancer.

### Concluding message

In men with prostate cancer, RRP improves obstructive symptom composites, but aggravates irritative symptom composites and LUTS-related QOL. Although a majority proportion of men complained of IPSS QoL after RRP, solifenacin significantly improved irritative voiding symptoms and IPSS QoL.

### References

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### Disclosures

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