

Carcinoma of prostate- retrospective analysis of 103 patients during 2000-2002
MD (Clinical Oncology) - 2005 **D 1465**

This study is a retrospective analysis of cases of carcinoma of prostate. The objective of study is to analyze the epidemiology, presentation, prognostic variables and the treatment offered in one urology unit in National Cancer Institute Maharagama. Further to get an insight into possible further development in improving quality of care in future patient population was identified through search into patients clinical records maintained at the medical record room National Cancer Institute Maharagama. Median number of cases per year was 34; average age was 71.4 years; 67 percentage cases were from Western province; Commonest presenting symptom was dysuria and frequency; No statistically significant difference of incidence of prostate cancer in different ethnic groups in Sri Lanka ($P=0.01$) 48 percent cases had associated other comorbidities average presenting PSA value was 97.4 ng/ml; majority of patients (56 percent) had a Gleason score between 7-10, 36 percent cases as localized disease and 34 percent cases as metastatic disease, and metastatic status was not assessed in 30 percent of cases out of these 77.4 percent had PSA more than 20 ng/ml. No correlation between age and PSA ($p=0.5$), age and Gleason score ($p=0.65$) or PSA and Gleason score ($p=0.23$). In contrast there was significant relationship between increasing presenting PSA and presence of metastases ($p<0.001$) and Gleason score and presence of metastases ($p=0.001$). Radical treatment was offered for 38 percent cases, 56 percent cases were offered palliative treatment. Radical radiotherapy was the mode of radical therapy in 92.5 percent of cases, 96.5 percent of palliative treatment was orchiectomy, Non surgical androgen deprivation therapy was used in 5 percent of radically treated cases and 10 percent of palliatively treated cases only. Sub group analysis of radically treated cases showed no statistically significant correlation between increasing PSA and recurrence rate ($p=0.34$) or increase in Gleason score and recurrence rate ($p=0.81$).