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Has the COVID-19 outbreak changed the way we are treating prostate cancer? An EAU – YAU prostate cancer working group multi-institutional study

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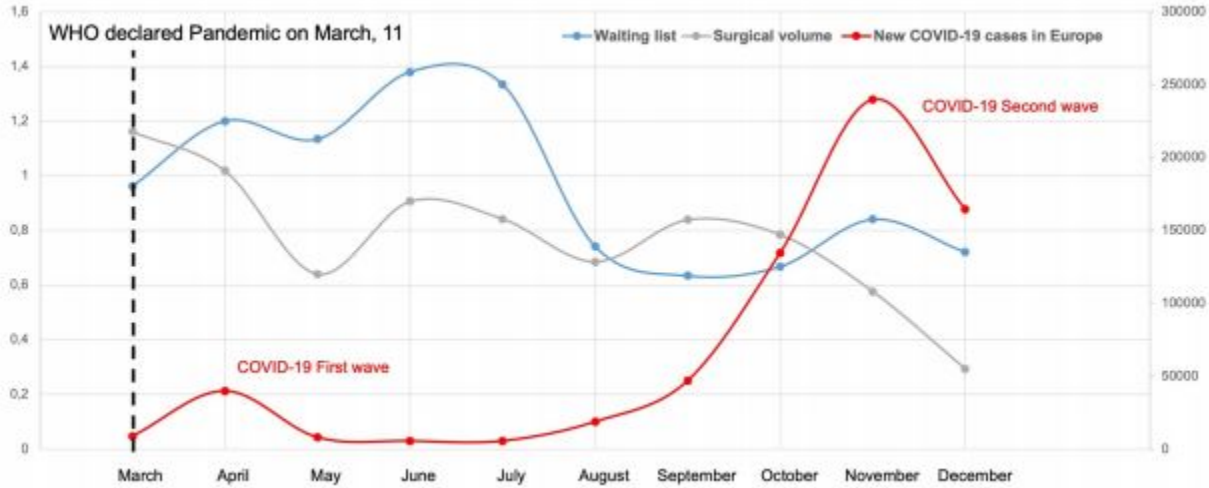
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Introduction & Objectives: The COVID-19 outbreak has become the dominant issue throughout the world whilst the governments, nations and health services are trying to deal with its impact. The aim of our study is to assess the impact of COVID-19 on patients treated with Radical Prostatectomy (RP) for Prostate Cancer (PCa) at European referral centers in terms of Surgical Volume (SV), waiting list meant as time from biopsy to surgery (WL) and risk of adverse pathologic findings at RP due to the selection of men with more adverse disease characteristics at final pathology.

Materials & Methods: Consecutive patients with histologically proven disease treated with Radical Prostatectomy (RP) were collected between March 11th 2020 (WHO declaration of pandemic) and December 2020. Metastatic patients not eligible to local treatment and patients with recurrent prostate cancer after RP or RT were excluded. Patients treated in the same time span of the year before with comparable inclusion criteria were considered as the control group. Disease characteristics were compared. Multivariable logistic regression analysis tested the impact of the COVID-19 outbreak on the risk of adverse pathologic findings at RP after adjusting for confounders. The percentage change of SV and WL was assessed comparing the months of pandemic with the equivalent timespan of the previous year.

Results: A total of 2,574 RP were collected (927 study group and 1647 control group) in 8 European centers. A reduction of MRI for staging and a higher PI-RADS score ($p < 0.01$) was observed in patients managed after the COVID-19 outbreak in comparison to the control group. Multivariable analysis adjusted for age, PSA at diagnosis, cT stage, ISUP at biopsy and PI-RADS score, showed that patients who were treated during the pandemic had higher risk of extra prostatic disease (OR: 1.35, 95% CI 1.00-1.81, $p = 0.047$). An average 23% reduction of the SV with the equivalent timespan of the previous year allowed an illusory reduction of the WL after the peak gained during the first wave of COVID-19 (fig1).



Conclusions: The COVID-19 outbreak induced a stage migration phenomenon in surgically managed PCa patients. Further evaluations are necessary to assess possible implication in the oncologic outcomes of the PCa disease.