

AB078. Does the interval from prostate biopsy to robot-assisted laparoscopic radical prostatectomy (RALP) influence the difficulty of the operation? —a retrospective single-surgeon analysis based on segmented operative time

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Background: To evaluate whether the interval from prostate biopsy to radical prostatectomy (interval), number of biopsy cores and biopsy approach affect the difficulty of robot-assisted laparoscopic radical prostatectomy (RALP).

Methods: A total of 209 patients with localized and locally advanced prostate cancer who underwent RALP from January 2016 to September 2017 in Shanghai Changhai hospital were enrolled. All surgeries were performed by a single surgeon with experience of over 300 cases. The operative time was divided into seven periods based on eight relatively stable checkpoints based on prospectively

recorded surgical videos. Total operative time and segmented operative time were recorded. Interval was categorized as <2, 2 to 4, 4 to 6, 6 to 8, and >8 weeks. Univariate analysis and multivariate linear regression analysis were applied.

Results: Higher body mass index (BMI), larger prostate volume and lymph node dissection (all $P \leq 0.05$) were independent predictors of longer total operative time. There was no clinically significant difference of operative time among Interval groups by multivariate linear regression analysis. But Interval was associated with operative time of step 5 in univariate analysis, in which operative time of the group with Interval less than 2 weeks was significantly longer than that of the other groups ($P=0.010$).

Conclusions: For an experienced surgeon, the interval from biopsy to RALP was not clinically associated with segmented operative time. Our results indicated that experienced surgeons may perform the operation before the traditionally recommend interval of 6 to 8 weeks.

Keywords: Prostate; robot-assisted

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