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Metastatic Prostate Cancer
Diagnostic Management

- Mr A.A, 49 years, MD
- No family history of Prostate Cancer (PC)
- PMH: Appendectomy
- Summer 2013: Left hip and right shoulder pain
- December 2013: PSA 375 ng/mL
Diagnostic Management

- Bone scan showing diffuse axial and extra-axial bone metastasis
- Whole body CT Scan: No visceral metastasis
- Right Prostate biopsy on the 27th of December 2013: Prostatic adenocarcinoma Gleason 9 (5+4)
- TNM Stage: pT3N0M1
Therapeutic Strategy

First Line Treatment of Metastatic Hormone-Naïve PC

- January 2014 – March 2015
- **Zoladex** 10.8 mg SC/3 months, with **Abiraterone** 1000 mg/d + Prednisone 5 mg/d (Clinical trial),
- Symptomatic treatment: Opioid analgesics and Prednisone 40 mg/d at diagnosis with doses reduced progressively to 5 mg/d
- Good clinical, radiological and biochemical response: Decrease of opioid doses, decrease of bone lesions uptake, PSA: 0.2 in April 2014 - 0.07 in June 2014
Increase of PSA to 4.9 and increase of opioids for right shoulder pain:

- **Radiotherapy** to the scapula (22-28/01/15), 20 Gy in 5 fractions

- **April-May 2015**: 2 cycles of **Ipilimumab** (Clinical trial)

- After the 2nd cycle: Inflammatory ulcerative colitis treated with ATB and IV Corticosteroids

- **May 2015**: Clinical, radiologic and biochemical progression (PSA 51.2)
June 2015- September 2015:
- Irradiation of left hip
- 6 cycles of Docetaxel (75 mg/m²/21 days for 4 cycles then 60 mg/m² because of ungual toxicity grade 2, peripheral neuropathy grade 1 and hematologic toxicity grade 2)

October 2015: Clinical and biochemical progression (PSA 40)
Therapeutic Strategy

Fourth & Fifth Line Treatment - Metastatic Castrate-Resistant PC -

- October-November 2015: Enzalutamide 160 mg/d
- End of November: PSA 109.5 with progression of bone lesions on bone scan
- December 2015- May 2016: 6 sessions of Radium 223
- June 2016: Stable disease (clinically and radiologically but flare-up of PSA in the beginning then stabilization)+ Hematologic toxicity grade 1/2
Therapeutic Strategy

First Line Treatment of Metastatic Hormone-Naïve PC
Zoladex + Abiraterone (Clinical trial) – 15 months-

Second Line Treatment - mCRPC -
Ipilimumab (Clinical trial) - 2 cycles (Toxicity) -

Third Line Treatment - Metastatic Castrate-Resistant PC -
Docetaxel - 6 cycles -

Fourth Line Treatment - mCRPC -
Enzalutamide (2 months)

Fifth Line Treatment - mCRPC -
Radium 223 (SD)
Therapeutic Strategy

- What next in the future if PD?
Thank you for your attention