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Elder male with Castration resistant Prostate Cancer, 15-11-2017, Session 3



Case History

- 59 year old gentleman presented with h/o urgency and frequency with normal physical examination and on DRE the Prostate was slightly enlarged with hard in consistency. (July 2013).
- **PSA** level was 18.8 ng/ml
- **MRI Prostate:** T2-weighted imaging of the prostate suggestive of a lesion in the right peripheral zone, which appears as a low signal area with suspected invasion of the seminal vesicles.
- Laboratory test normal with CXR, Bone scan, thorax and upper abdomen CT scan were negative.
- **Prostatic biopsy** revealed a Gleason score 7 (4 + 3) adenocarcinoma in 7 of 12 specimens.



- The patient underwent radical **retropubic prostatectomy** and the final pathology revealed a Gleason score 7 (4 + 3) adenocarcinoma involving approximately 54% of the gland one half of one lobe, no established capsule penetration, and no seminal vesicle involvement. In addition, 0 of 8 lymph nodes in specimen pT2b, N0, M0. Stage IIA (August 2013)
- Three months post operatively his PSA was 0.005 ng/ml.
- In October, November, December 2014 his PSA was 1.0 ng/ml, 1.8 ng/ml and 2.8ng/ml.
- All routine investigation were negative for metastatic profile. Ga-68 PSMA Scan suggestive of prostate tissue in tumor bed, Scan positive lesion.
- Later he was treated with **EBRT** treatment (70Gy/35 # by IMRT). Treatment completed in March 2015 followed by he was put on Tab. Bicalutamide.
- After 18 months of EBRT treatment PSA value was approximately 0.4-0.8 ng/ml. Up to September 2016.



- On next follow up visit his PSA value was 2.4 ng/ml in December 2016 and January 2017 the PSA value was 5.2 ng/ml.
- So considering him biochemical failure, He was advised for various treatment but due poor to economic (Income 700-800 USD/ Year) condition without having any medi-claim policy.
- He was advised only Tab. Dexamethasone 0.5mg till date, In last month his PSA value \approx 0.8 ng/ml.

Clinical Query

Considering his poor economic condition If disease progress again

- Again alone biochemical failure or
- Distant metastasis : Bone or Visceral. what is best suitable treatment for such patients?



