Liver metastasis in prostate cancer: a predictor of poor survival
DISCLOSURE

- No conflicts of interest to declare.
A 62 year-old man was admitted to our center with suspected liver metastases. The study revealed a stage IV (cT2N1M1) prostate adenocarcinoma (hepatic and bone metastasis), Gleason 8 (4+4), PSA 36.8ng/mL, diagnosed in 27.07.2015.

ECOG PS 0; IMC 29Kg/m²; past medical history of arterial hypertension, dyslipidemia, psoriasis, depression and osteoarticular degenerative disease with bilateral total hip prosthetic replacement.
Clinical Case – Timeline

- **07.2015**
  - Stage IV Prostate Cancer diagnosis
- **09.2015**
  - Initiated **LHRH agonist** (goserelin)
- **10.2015**
  - **Docetaxel 75mg/m² 6 cycles** (every 21 days), PSA nadir 1.59ng/mL in 5/2016, with partial response (best response)
- **01.2016**
- **11.2016**
  - mCRPC

**ESMO PRECEPTORSHIP PROGRAMME**
Clinical Case – Timeline

- Docetaxel 75mg/m² 9 cycles (every 21 days), PSA nadir 4.18ng/mL in 7/2017, Stabilized disease (best response)
- Initiated Zoledronic acid 4mg (every 28 days)

- Cabazitaxel 20mg/m² cycles 5 cycles (every 21 days), without clinical or biochemical response and imagiological disease progression (volumetric increase of known hepatic lesions); ECOG PS 2

- Proposed for abiraterone acetate or enzalutamide

ESMO PRECEPTORSHIP PROGRAMME
Liver and lung metastases are relatively uncommon in patients with mCRPC (approximately 9% liver metastases).

Of the non-LN metastatic disease, liver metastases seem to be an important adverse predictor of OS in men with mCRPC treated with docetaxel.

Taxane-based chemotherapy seems to be beneficial in this patient case with clinical, biochemical and imagiological response.
Thank you for your attention!