ESMO Preceptorship Programme
Prostate Cancer– Lugano, Switzerland – 17-18 October 2019

Marko Bebek
University Hospital Centre „Zagreb”, Department of Oncology
Zagreb, Croatia

MO Castration Resistant Prostate Cancer
DISCLOSURE OF INTEREST

- Honorarium from Roche, Novartis, Sandoz
Patient X.X.

- Male, 73 years old
- from Zagreb, Croatia
- Family history: father had colon cancer
- Past medical history: hypertension

- May 2012. – iPSA 13.99 ng/ml, cT3
- PHD: Adenocarcinoma prostate, GS 4+4=8, 4+/12
- Jul 2012. - TAP MSCT, skeletal scintigraphy – without signs for metastasis
- Aug 2012. – MDT: EBRT + prolonged ADT
- Sep 2012. – Sep 2015. – Eligard 22.5 mg sc. every 12 weeks
- Jan 2013. – Mar 2013. – EBRT (3D CBRT) – 76 Gy/38x
Apr 2016. PSA – 3 ng/ml

May 2016. – CVI

Jan 2017. examination – no symptoms, PSA – 5.64 ng/ml, TAP MSCT and skeletal scintigraphy without signs for metastasis → MO CASTRATION-NAIVE DISEASE

Feb 2017. – ADT started (Eligard 22.5 mg sc.)

May 2017. PSA 0.63 ng/ml, testosterone - <0.35 nmol/L
Apr 2018. PSA - 1.7 ng/ml, testosterone - 0.93 nmol/L

Jun 2018. PSA - 2.29 ng/ml

Sep 2018. PSA - 2.87 ng/ml, testosterone - 1.35 nmol/L; TAP MSCT and skeletal scintigraphy are stationary

Dec 2018. PSA - 3.03 ng/ml, testosterone - 0.68 nmol/L → MO CASTRATION RESISTANT PROSTATE CANCER
Feb 2019. APALUTAMIDE 60 mg 1x4 tbl.

Mar 2019. SIDE EFFECTS - higher blood pressure

May 2019. PSA = 0.82 ng/ml, TAP MSCT and skeletal scintigraphy are stationary

Apalutamide therapy still ongoing, patient is without symptoms and side effects
Thank you for your attention!