PROSTATE CANCER CASE DISCUSSION

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Conflict of Interest

◦ No Disclosures
History & Clinical Presentation

- Mr OC - 56 year old male presented with a 1-year history of obstructive LUTS
- March 2017 PSA 259
- No bone pain

- His test was repeated on 30 August 2017
  - PSA – 213 ng/ml  Referred
TRUS guided prostate biopsy 08/11/2017:
- cT4, 53cc
- Adenocarcinoma; Gleason 5+5 (Grade 5); 100% involvement; No PNI

13/12/2017 Xrays Pelvis and Lumbar Spine – no mets

On 12 January 2018, he underwent BO.

Whole Body Bone Scan on 19 April 2018:
- Degenerative changes in C-spine, sternoclavicular-, sternomanubrial joints, both knees and ankles.

No evidence of osteoblastic metastatic disease
PSA trend post- BO

- 08/03/2018 – 40,14 ng/ml
- 15/11/2018 – 30,5 ng/ml (nadir)
- 09/01/2019 – 77,5 ng/ml (castrate resistance)

- ALP 09/01/2019 – 53
- No neurology, no back pain

RESTAGED
Re-staging Investigations

- Re-staging Whole Body Bone Scan on 18 April 2019:
  No evidence of osteoblastic metastatic disease

- CT Abdomen and Pelvis on 06 June 2019
  - Features of Prostate Ca with bladder outlet obstruction.
  - No evidence of bone metastases or loco-regional LN metastases
  **PLAN: Repeat PSA in 6 months**

- 04/12/2019 – 357.9 ng/ml Referred to Oncology for Docetaxel
  Doubling time = 3.5 months
Clinical Evaluation in Feb 2020

- ECOG PS 1

- Nocturia x 3, his difficulty in passing urine has resolved.

- No peripheral nodes and no skeletal tenderness elicited on examination.

- No Neurology

- Chronic Hypertension
Social history and background

- He is a widower, lives with his stepsons in Strand and receives a disability grant for advanced Prostate Cancer.

- He stopped smoking 30 years ago and drinks 3 beers a day.
Conclusion

- 56 year old gentleman with non-metastatic Castrate Resistant Prostate Cancer

- WBBS and CT – CAP showed no evidence of metastatic disease.

- Chemotherapy and Radiotherapy-naïve, and prostate in-situ.
Recommendations for M0-CRPC

- Antiandrogen in M0-CRPCa and short PSA-DT (<10m)
  - PROSPER 2018 Enzalutamide  Metastasis-free survival of 36.6 months vs 14.7 months.
  - SPARTAN 2018: Apalutamide has shown Metastasis – free survival 40.5 months vs 16.2 months.
  - ARAMIS 2019: Darolutamide - Metastasis-free survival: 40.4 versus 18.4 months.

- Radiotherapy localised to tumour Improves overall in men with a low metastatic burden (CHAARTED criteria) at diagnosis (three-year survival 81 versus 73 percent, HR for death 0.68, 95% CI 0.52-0.90) but not in those with a high metastatic burden (HR 1.07, 95% CI 0.90-1.28). (STAMPEDE) Lancet 2018 Dec 1;392(10162):2353-2366.

- Docetaxel – Improves Overall survival by 2.5 months in mCRPC. No evidence in M0-CRPCa
1. What management plan would offer the best survival outcome for this patient?

2. Would further investigations aid in the decision making?

3. What are the current options for this patient in a resource constrained environment?

- Enzalutamide
- Abolutamide
- Darolutamide
- Docetaxel
- RT Localised to Tumour
- Cetaxel

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THANK YOU