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Metastatic Prostate Cancer
Clinical Case
Male, 84 years old DOB (April 19\textsuperscript{th} 1928)

Past Medical History: Hypertension (but stopped his medications)

Lifestyle: very active still running his company
non smoker, 2-3 glasses of wine and 1 cognac a day

Medical History:
Dec 2011: Urinary obstructive symptoms leading to a TURP and biopsies of the enlarged prostate
Diagnosis: Gleason 6/10 adenocarcinoma
PSA: 69.73
CT scan: Multiple para aortic & regional lymph nodes (iliac, pelvis, pre sacral)
What would be the treatment(s) of choice:

1. Docetaxel
2. Surgery
3. Radiotherapy
4. Enzalutamide
5. GnRH agonists +/- Bicalutamide
6. Active surveillance
7. Watchful Waiting
Treatment initiated with Lupron and Bicalutamide (for 3 weeks) with improvement in urinary symptoms and decrease in PSA

Bone scan in 2012 was Normal
Follow up showed progressive rise in PSA level

Patient was not symptomatic for almost 30 months and was followed q3-4m by surgeon (refusing more interventions)
May 2014: Patient presents with urinary symptoms

What should be the appropriate next step:

Serum Testosterone level was 58ng/dl

What should be the appropriate next step:

Switch to a monthly LHRHantag and Bicalutamide was added

Treatment was mildly tolerated for three months

With PSA dropping in 3 months then increase thereafter
January 2015: patient presents urinary symptoms and a rise in the PSA to 27.92

What should be the most appropriate step:

1. Docetaxel
2. Cabazitaxel
3. Sipeuleucel T
4. Radium 223
5. Abiraterone
6. Enzalutamide

Treatment with Abiraterone was initiated at dose 1000mg a day with 10mg prednisone
Well tolerated and improvement of clinical symptoms
January 2016 : Patient referred to Medical Oncologist after rise in PSA, weight loss and worsening of his clinical status

Any particular tests needed at this point?
Clinical Case Discussion – Session 6

January 7, 2016: CT Scan

January 12, 2016: Bone Scan
What should be the most appropriate step?

1. Docetaxel
2. Cabazitaxel
3. Sipeuleucel T
4. Radium 223
5. Abiraterone + Enzalutamide
6. Enzalutamide
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C1 Docetaxel 60mg/m2 January 28, 2016 (without GCSF)
Well tolerated with only mild abdominal discomfort

C2 Docetaxel 60mg/m2 February 25, 2016
Febrile Neutropenia, diarrhea, hospitalization for 5 days for IV antibiotics supportive measures

<table>
<thead>
<tr>
<th>Date</th>
<th>PSA Level (ng/ml)</th>
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<tr>
<td>17.12.2015</td>
<td>86.85</td>
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<tr>
<td>26.01.2016</td>
<td>86.96</td>
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<tr>
<td>23.02.2016</td>
<td>15.79</td>
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Treatment delayed and GCSF added at dose of 480mcg/day for 7 days

C3 Docetaxel March 17, 2016

Well tolerated despite fatigue grade II for a week, then patient resumed his daily work / activities

C4 Docetaxel April 16, 2016

Patient got admitted to ICU for fever, hypotension from a sepsis, investigations showed urinary obstructive stone
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April 16, 2016: Bone Scan

April 21, 2016: CT Scan
What should be the most appropriate step:

1. Docetaxel x 8 cycles
2. Active surveillance
3. Radium 223
4. Switch agent
5. Other