

nmCRPC

Case details and discussion plan

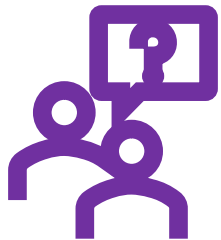
Patient detailing



The patient is 71-year-old and has underlying diabetes and hypertension. Additional parameters included:

- PTCA and stenting
- Presented 10 years ago to another hospital with PSA 10,
- Biopsy revealed a Gleason 3+4 cancer
- received EBRT + ADT

Discussion: How would you treat this patient?



Surgery

OR

EBRT + ADT

OR

Salvage prostatectomy

OR

Apalutamide

OR

Enzalutamide

Panelist insights- Case Progression

Experts shared regional insights about rational management of this case and choice of treatment for such patients.

Case Progression



- ADT was stopped after 3 years.
- PSA started to creep up and he was restarted on ADT
- PSA was at 0.3 on ADT but since July started to creep up
- Current PSA 2.1, Testos 0.3 nmol/L

How would you approach patients in terms of counseling?

- Salvage prostatectomy
- Apalutamide (Spartan)
- Enzalutamide (Prosper)
- Darolutamide (Aramis)



Dr. Loh Chit Sin



- Every patient I have seen has received ADT for three years, I have not come across anyone who has received it for one and a half years. I believe guidelines suggest for not very aggressive cancer.



Prof. Axel S. Merseburge



- If he is a nmCRPC patient, according to the definition we would have approval for all three substances but only in high-risk situations where the PSA doubling is less than 10 months. Important to discuss with the patient. In case of salvage prostatectomy, I would schedule this patient with a PSMA PET CT to see if there are any lesions outside the prostate. This has an implication on the other treatments when there is metastatic disease as the only approved substance here is enzalutamide in case of mCRPC



Dr. Lee Lui Shiong



- Most people will say at least two years. Off label it can be shortened to 12 to 18 months.



Dr. Loh Chit Sin



- Every patient I have seen has received ADT for three years, I have not come across anyone who has received it for one and a half years. I believe guidelines suggest for not very aggressive cancer.
- PSMA PET CT scan was done to make sure all the options are offered to the patient. Prostate was the only lesion that showed with no other lesions outside of prostate. So here we truly have a nmCRPC patient.



A/Prof. Edmund Chiong



- After radiation, most of the time we go to two years, not so common for us to go to three years.



Prof. Axel S. Merseburge



- 18 months according to the guidelines. There are still recommendations for three years which is stopping now, but at least it should be given for 18 months.

Panelist insights

Experts shared regional insights about rational management of this case and choice of treatment for such patients.

Case Progression



Would you risk and go and take out the prostate? Do you believe we will kill him with prostatectomy 10 years after radiation?



Dr. Lee Lui Shiong

- No salvage prostatectomy for me. PSA free survival for limited duration not likely to be overall survival. Staging will be difficult. Have a survival intense discussion. Not certain that salvage prostatectomy would give an overall survival.



A/Prof. Edmund Chiong

- In given time this patient will develop micro metastatic disease. It's hard to calculate PSA doubling time with PSA so low, so doesn't quite fit for SPARTAN OR PROSPER. Salvage prostatectomy is an option but need to have a serious discussion with the patient whether he is willing to undertake certain morbidity with salvage prostatectomy with a risk of serious incompetence and other side effects. Could wait a bit longer to fit the criteria for SPARTAN or PROSPER or ARAMIS.



Dr. Loh Chit Sin

- I would advise him against salvage prostatectomy. To be very cautious about doing prostatectomy for men above the age of 70 because they don't do well functionally, and they are quite miserable if they leak. The risk stratification of his CRPC was discussed.

Conclusion:

- In case of nmCRPC, as per the guidelines ADT can be given upto 18 months after radiation.
- In case of salvage prostatectomy, it is important to schedule this patient with a PSMA PET CT to see if there are any lesions outside the prostate.
- Salvage prostatectomy is not recommended for patients above 70 years of age as they don't do well functionally.

THANK YOU!