

Low-risk/low-volume mCSPC

Case details and discussion plan

Patient detailing



A case of 65-year-old healthy and active male patient with mCSPC was discussed. Patient had low Gleason score and a single bone metastasis, hydronephrosis, and incomplete bladder emptying. First symptoms started in January 2020 with fatigue and shoulder pain.

- Co-morbidity: Hypertension
- DRE: Hard mass, cT4
- PSA: 67.4 ng/mL
- Bone metastases: 1 vertebral
- Biopsy results: Gleason score 3 + 4 = 7, no signs of any other cancer

Discussion: How would you treat this patient?



ADT + docetaxel

OR

ADT + Apalutamide or Enzalutamide

OR

ADT monotherapy

OR

ADT + RT to primary tumor

OR

ADT + RT + Apalutamide or Enzalutamide or Abiraterone

Panelist insights

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



A/Prof. Lee Lui Shiong

- The patient should be seen in MDT clinic and must participate in therapy discussions.
- In this case, the weightage is more towards quality of life.
- A combination of ADT + oral agent would be preferable.
- Chemotherapy as an oral agent is not ideal for this patient and is a better fit for high-volume disease.
- RT + combined systemic therapy to treat the primary tumor can also be considered.



Dr. Loh Chit Sin

- In agreement with A/Prof Lee's suggestion, at least radiation therapy can be considered for this patient.
- For patients who are not inclined to radiation, but still wish to have the primary lesions treated occasionally, such patients can be considered for surgery.



A/Prof. Edmund Chiong

- Preference would be to start with a hormonal treatment + oral agents, as its effects in terms of OS is more profound than ADT + RT to prostate alone, possibly followed by radiation therapy to prostate later.
- ADT + oral agent (APA or ENZA) which will be beneficial based on TITAN, ENZAMET and ARCHES studies, even though it is a low volume disease.
- ADT + prostate radiation can be advocated if the patient can tolerate.

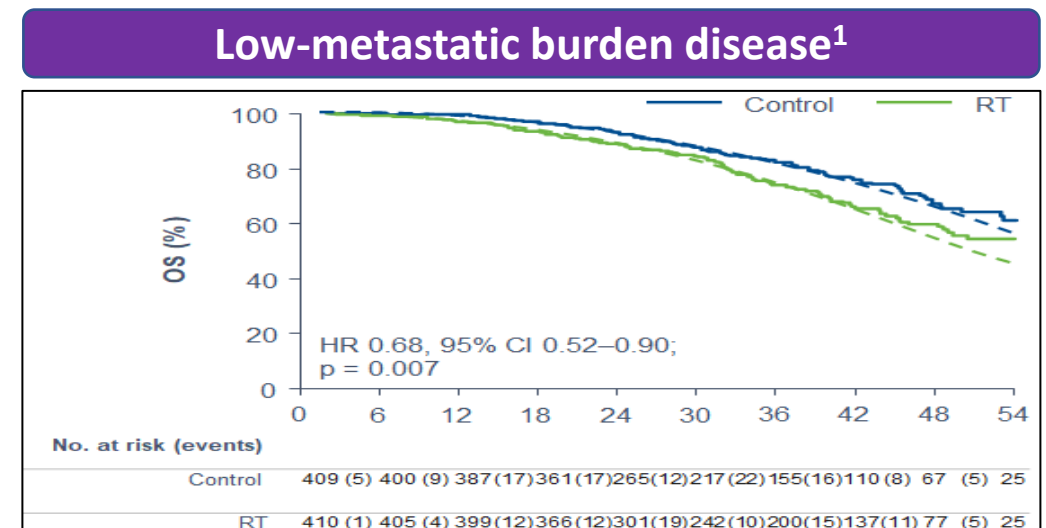
The panelists agreed that:

- Treatment intensification improves overall survival also in low-risk/low-volume mCSPC.
- Approach of the treatment should be multi-disciplinary and decision-making is rested with patient collaboration.
- TITAN, ARCHES, ENZAMET trials showed benefit in overall survival in patients on ADT + oral agent.
- RT + combined systemic therapy is another option to treat the primary tumor, as per STAMPEDE trial.
- ADT + prostate radiation can be advocated if the patient can tolerate.

Clinical insights

- Apalutamide showed OS benefits in both low-volume and high-volume disease patients, as evident from TITAN study.
- Similar OS benefit was shown by enzalutamide in ARCHES trial sub-group analysis, regardless of tumor volume.
- In STAMPEDE study, standard of care + radiation therapy to primary tumor revealed OS benefits only in patients with low-burden disease.

Trials/ Parameters	STAMPEDE ¹	ARCHES ²	TITAN ³
Intervention	ADT + Doc/RT	ADT + Enza	ADT + Apa
Comparator	ADT	ADT + PBO	ADT + PBO
OS	↑	↑	↑



↑ meaning better

1. Parker C, et al. Lancet. 2018;392:2353-66. 2. Andrew J. Armstrong, presented at ESMO 2021; LBA25. 3. Chi, KN. et al. ASCO-GU 2021. Oral Presentation #11

Abi: Abiraterone; ADT: androgen-deprivation therapy; Apa: Apalutamide; Doc: Docetaxel; Enza: Enzalutamide; Expo: exponential; OS: overall survival; PBO: placebo; RT: radiotherapy

Discussion and Conclusion

- Treatment intensification improves overall survival also in low-risk/low-volume mCSPC.
- TITAN, ARCHES, ENZAMET trials showed benefit in overall survival in patients on ADT + oral agent.
- ADT + prostate radiation can be considered if the patient can tolerate. If not radiation therapy, then primary lesions can be removed surgically (but high-level evidence for OS benefit is still lacking).
- Both, enzalutamide and apalutamide showed OS benefits regardless of disease-volume.
- Similar OS benefit was observed for STAMPEDE study, only in patients with low-burden disease.

THANK YOU!