

# Imaging study in nmCRPC

# Case details and discussion plan



## Patient detailing

A 72-year-old case with nmCRPC was discussed. The patient had localized Gleason 9 prostate cancer and was diagnosed in 10/2019.

Additional parameters were:

- Radiotherapy + 3 years of ADT planned
- PSA at diagnosis: 15.4 ng/ml
- PSA nadir 08/2020: 0.3 ng/ml
- PSA rise 11/2020: 1.5 ng/ml (conventional imaging no mets)
- PSA-DT <5 month
- Apalutamide treatment started 12/2020, PSA now 0.2 ng/ml



**Discussion: How frequent would you monitor imaging test?**

**3-6 months**

OR

**6-12 months**

OR

**When PSA progress**

# Panelist insights and Conclusion

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



A/Prof. Edmund Chiong

- I do not routinely do imaging in my practice.
- I will look at initial PSA at presentation and determine if PSA is a reliable marker for follow-up, which should be the case most of the time.
- In nmCRPC, I don't prefer using imaging unless the PSA progresses.



Dr. Loh Chit Sin

- Imaging tests should be performed at least once a year, irrespective of PSA progression.



A/Prof. Lee Lui Shiong

- In our practice, we largely depend on biochemical follow-up.
- Imaging is not used routinely.

- Two of the panelists agreed that imaging for nmCRPC patients should not be performed on a regular basis.
- A/Prof. Edmund Chiong further added that imaging can be performed when there is PSA progression.
- Dr. Loh Chit Sin believed that imaging should be performed at least once a year, irrespective of PSA progression.

**THANK YOU!**