

## **Advanced Prostate Cancer Case Presentation**

Victoria Harris and Robert Huddart

Institute of Cancer Research &  
Royal Marsden Hospital  
Sutton, United Kingdom

# Disclosures

VH & RH are employed by the ICR which has a financial interest in Abiraterone

RH has received conference travel grants from Janssen Cilag and Aventis Sanofi

## Mr. AS

- Presented 2003 aged 65 years
- Mild lower urinary tract symptoms, otherwise fit
- Brother treated by radiotherapy for prostate cancer
- PSA 26.4ng/ml
- DRE: enlarged but smooth prostate
- TRUS biopsy Gleason 4+4=8 in 70% and 80% of 2/6 biopsies

# Staging

- CT negative
- Bone imaging
  - Isotope Bone Scan
  - Diffusion weighted whole body MRI
- Repeat PSA 37
- Treatment options discussed:
  - Hormones alone
  - Watch and wait
  - Hormones and radiotherapy

# Management plan

- 3 years bicalutamide 150 mg od plus tamoxifen weekly (July 2003 to July 2006)
- Pelvic and prostate radiotherapy in IMRT trial 70Gy in 35 fractions completed December 2004
- PSA nadir 0.15 (November 2005)

# Follow up

- Noted to have rising PSA on follow up
- October 2008:
  - PSA 6.7
  - Asymptomatic
- Restaged: CT and bone scan negative
- Options discussed

# Q1: What treatment would you recommend?

1. Watch and wait
2. Continuous hormones
3. Intermittent hormone therapy
4. Chemotherapy
5. Immunotherapy

# 2009

- Elected continued observation

- September 2009:

  - PSA 29.5

  - Restaged: CT and BS –ve

- December 2009:

  - PSA 57



## Q2: Which treatment would you recommend?

1. Watch and wait
2. Continuous hormones
3. Intermittent hormone therapy
4. Chemotherapy
5. Immunotherapy

# 2009-2010

## ■ December 2009:

- Started cycle 1 intermittent hormone therapy
- Zoladex 10.8mg x 2 doses

## ■ February 2010:

- PSA nadir 0.4
- Stopped hormone therapy

# 2010-2011

## ■ September 2010:

- PSA 2.4
- Continued observation

## ■ January 2011:

- PSA 1694
- Symptomatic widespread flitting discomfort, malaise, anorexia
- Restaged: Bone scan
- Testosterone 5.3

17.9.2010

31.1.2011



ANTERIOR



POSTERIOR



RT

LT

ANTERIOR



LT

RT

POSTERIOR

# 2011

## ■ Jan 2011: Restarted hormones

- Degarelix followed by
- LHRH agonist + bicalutamide

## ■ February 2011:

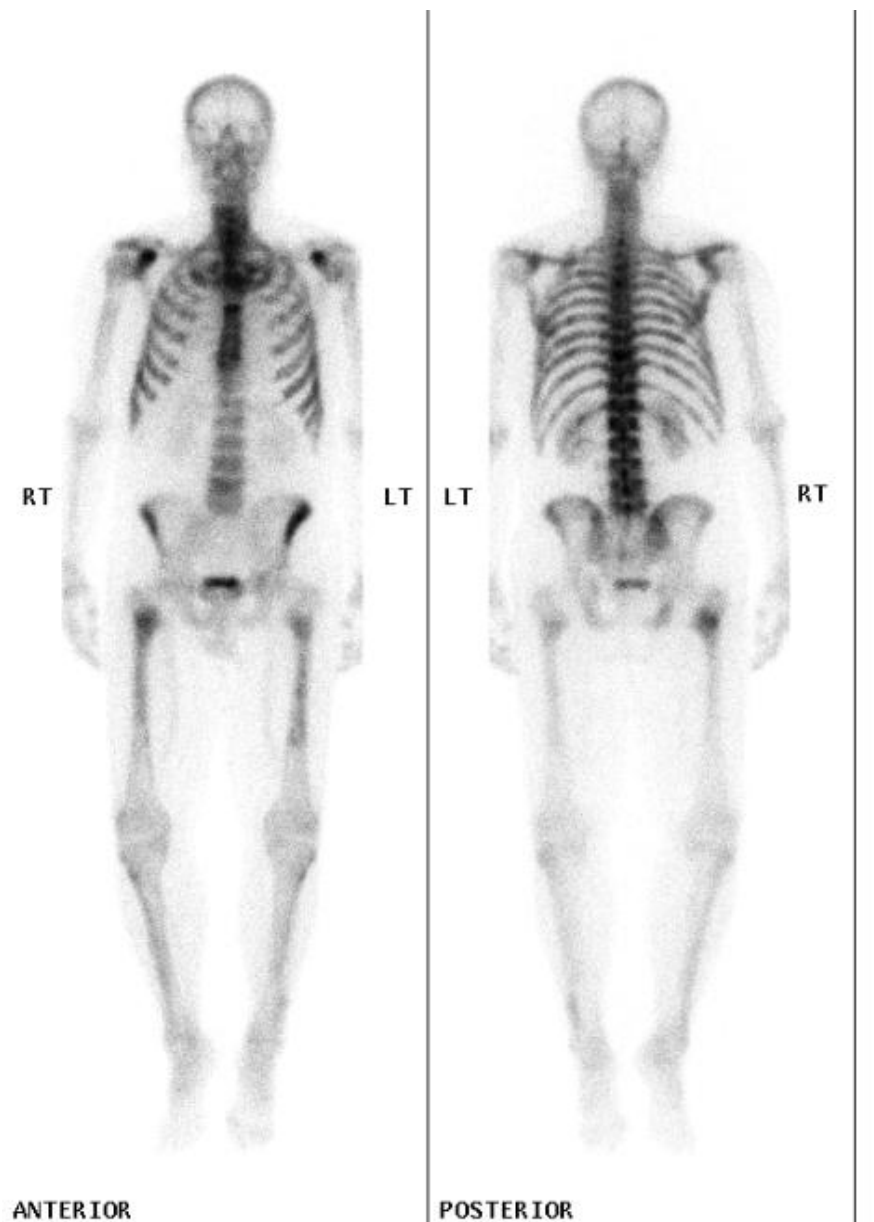
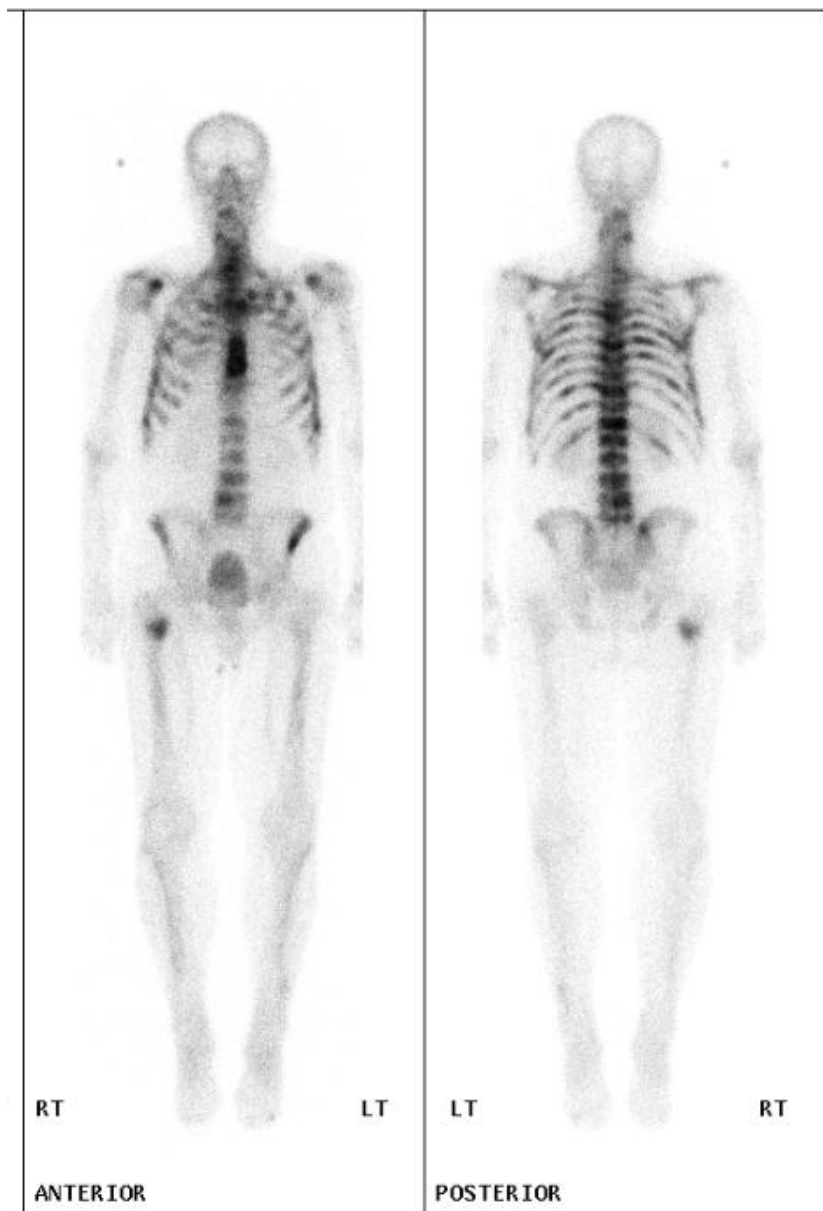
- PSA nadir 297

## ■ May 2011:

- Increased pain, anaemia
- Progression on imaging

31.1.2011

18.5.2011



## Q3: Which treatment would you recommend?

1. Bisphosphonate
2. Chemotherapy (Docetaxel)
3. Third line hormone treatment (Dexamethasone)
4. Immunotherapy
5. Radioactive isotope

# 2011-2012

- May 2011: Started docetaxel
  - Rapid symptomatic improvement
- October 2011
  - PSA nadir 122
  - Hip pain treated by palliative RT
- November 2011:
  - PSA 194
- January 2012:
  - PSA 564
  - Progression on imaging
  - Chemotherapy stopped after 8 cycles



## Q4: In 2012 what option would you offer after chemotherapy in a symptomatic patient?

1. Abiraterone
2. Carbazitaxel
3. Stilboesterol
4. Bisphosphonates
5. Radioactive isotope

# 2012

- January 2012: Started Abiraterone 1000mg daily plus Prednisolone 10mg daily
  - No significant response
  - PSA nadir 379
  
- March 2012:
  - PSA 1880
  - Increased pain, anemia and fatigue
  
- Developed pathological fracture of hip

# Late 2012

## ■ Treatment

- Hip fixation
- Palliative RT
- Bisphosphonate x 2 courses

## ■ May 2012:

- PSA 2803
- Carbazitaxel started

## ■ Rapid short-term symptomatic response for two months with PSA fall to 936

## ■ By July 2012 progressing and referred for symptomatic care