

PROSTATE CANCER

Clinical Case Presentation

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Disclosure

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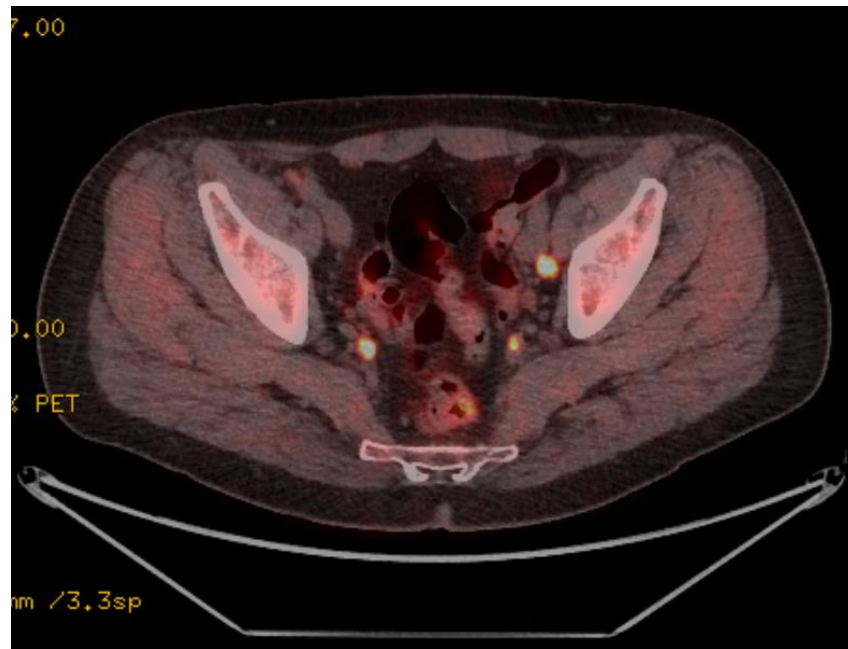
PROSTATE CANCER

Guidelines Session

- ♦ Systemic treatment for node positive disease
- ♦ Local treatment for node positive disease
- ♦ Management of PSA failure after radiotherapy
- ♦ Treatment of low volume metastatic disease
- ♦ Bone health management on ADT

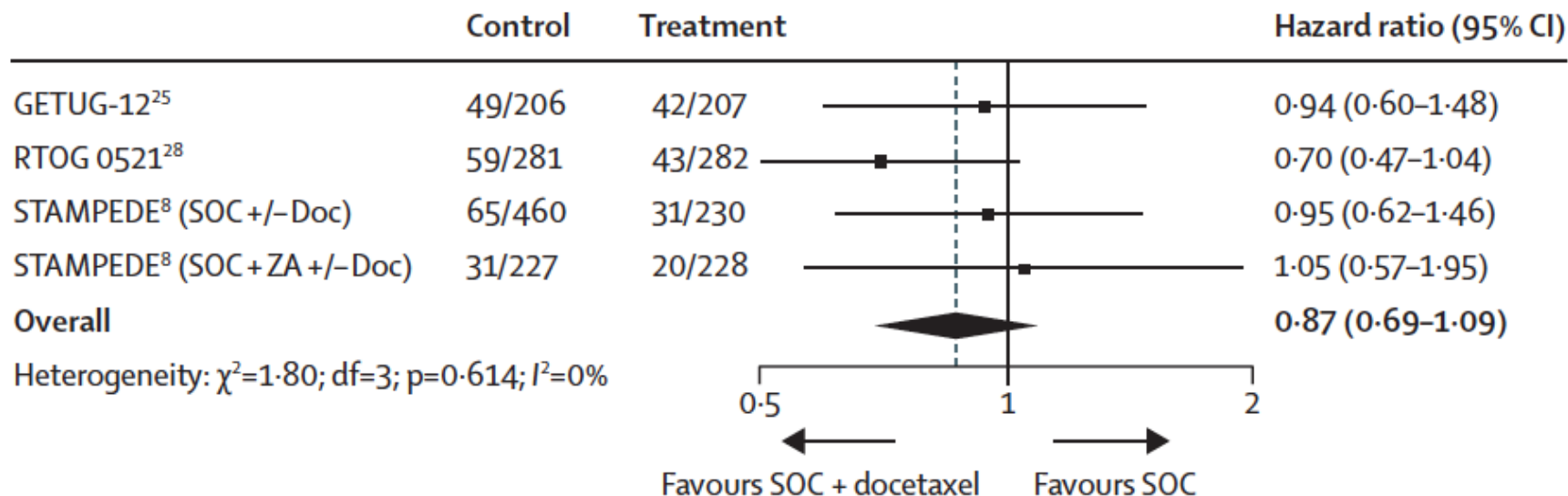
Systemic treatment for node positive disease

- ADT alone
- ADT + docetaxel
- ADT + abiraterone
- Other

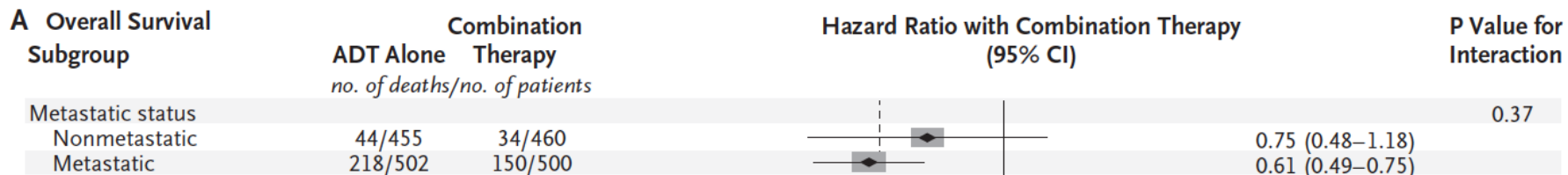


Addition of docetaxel or bisphosphonates to standard of care in men with localised or metastatic, hormone-sensitive prostate cancer: a systematic review and meta-analyses of aggregate data

Effect of addition of docetaxel to standard of care on survival

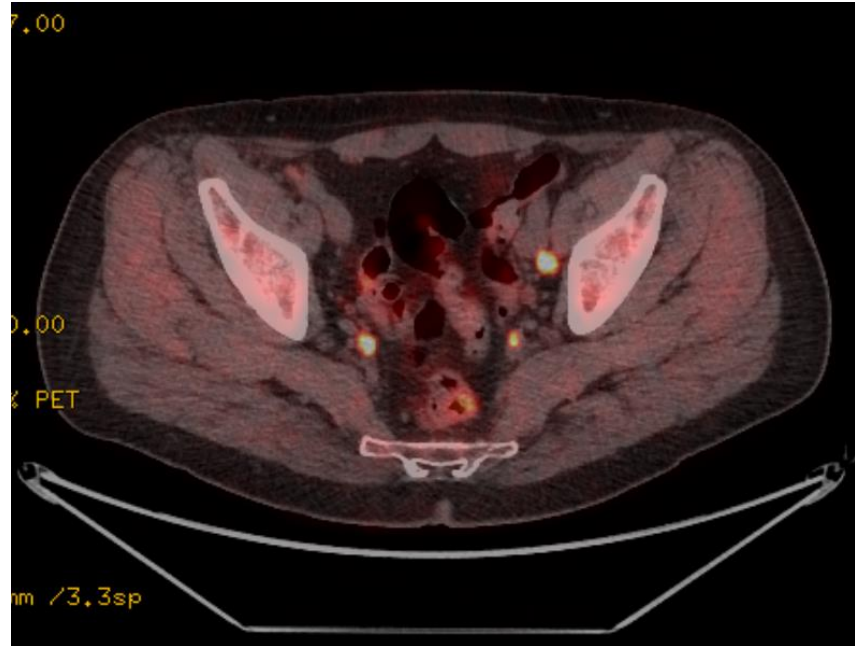


Abiraterone for prostate cancer not previously treated with hormone therapy



Local treatment for node positive disease

- No local treatment
- Surgery
- Radiotherapy
- Other

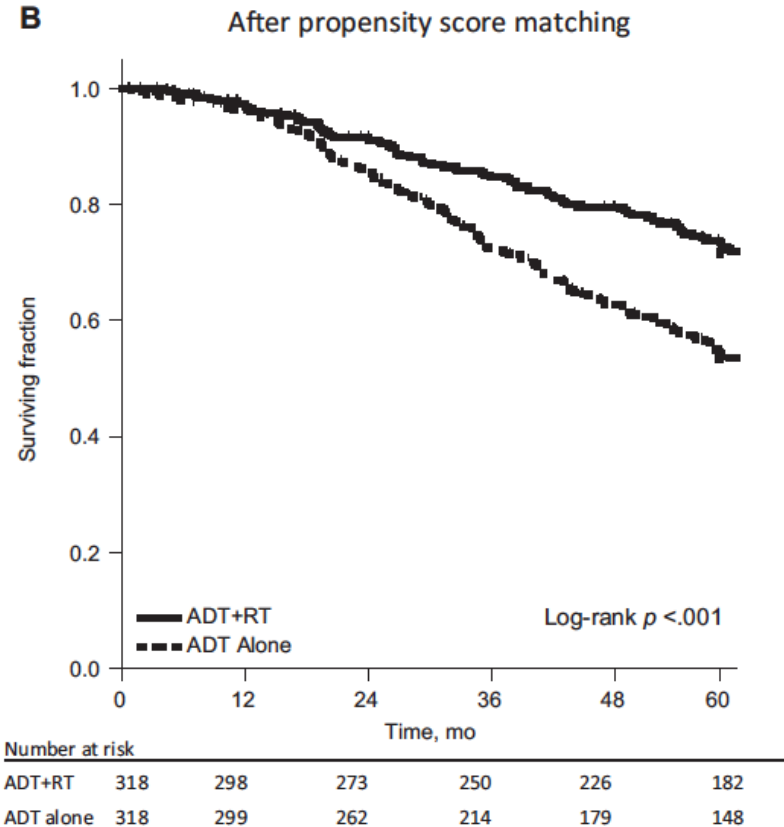


Local treatment for node positive disease

Androgen Deprivation With or Without Radiation Therapy for Clinically Node-Positive Prostate Cancer

Chun Chieh Lin*, Phillip J. Gray*, Ahmedin Jemal, Jason A. Efstathiou

JNCI J Natl Cancer Inst, 2015, Vol. 107, No. 7

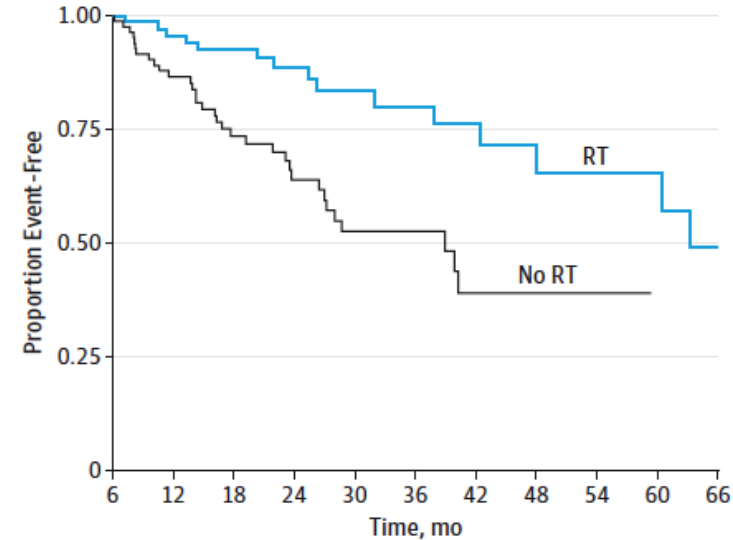


Local treatment for node positive disease

Failure-Free Survival and Radiotherapy in Patients
With Newly Diagnosed Nonmetastatic Prostate Cancer
for the STAMPEDE Investigators

JAMA Oncology March 2016 Volume 2, Number 3

B N+M0 subcohort



No. at risk (events)

No RT	86	(20)	47	(10)	20	(3)	8	(0)	6	(0)	3
RT	71	(5)	54	(4)	28	(2)	17	(2)	9	(2)	6

Local treatment for node positive disease

- Radiotherapy improves survival in N0 M0 disease (MRC PR07, SPCG7)
- If radiotherapy also improves survival in N0/1 M1 disease (HORRAD, STAMPEDE)....
- then it would be safe to conclude that radiotherapy also improves survival in N1 M0 disease

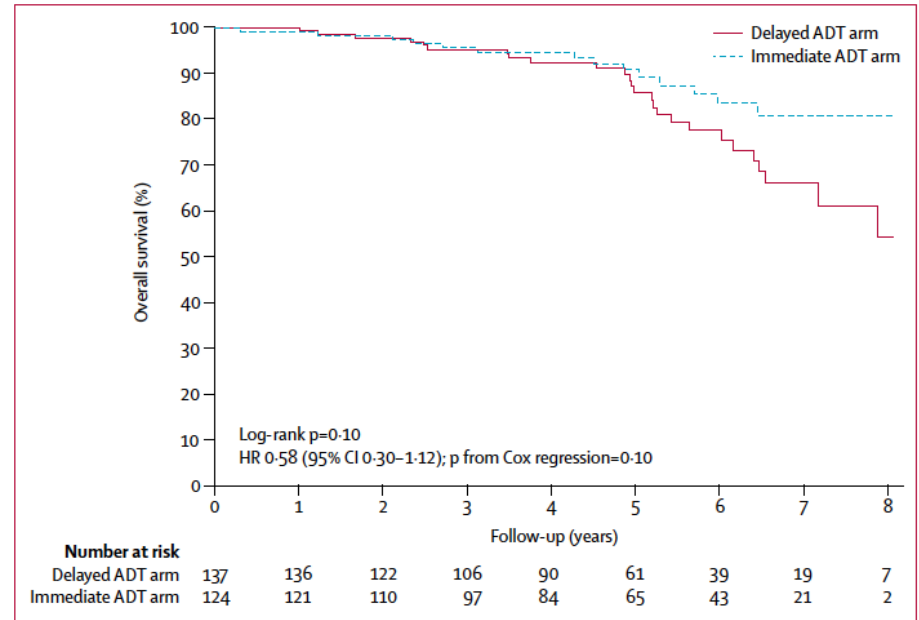
Management of PSA failure

- Early ADT above PSA threshold (e.g. PSA > 10 ng/mL)
- Early ADT below PSA doubling time threshold (e.g. < 4 months)
- Observation until site of recurrence identified on imaging
- Other

Timing of androgen-deprivation therapy in patients with prostate cancer with a rising PSA (TROG 03.06 and VCOG PR 01-03 [TOAD]): a randomised, multicentre, non-blinded, phase 3 trial

Gillian M Duchesne, Henry H Woo, Julie K Bassett, Steven J Bowe, Catherine D'Este, Mark Frydenberg, Madeleine King, Leo Ledwich, Andrew Loblaw, Shawn Malone, Jeremy Millar, Roger Milne, Rosemary G Smith, Nigel Spry, Martin Stockler, Rodney A Syme*, Keen Hun Tai, Sandra Turner

Lancet Oncol 2016; 17: 727-37



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	Delayed ADT	Immediate ADT
Prostate Ca deaths	12	6
Other deaths	14	8
Total deaths	26	14

Timing of ADT after radiation: planned analysis of two RCTs

- ♦ 339 patients, median 5 year follow up
- ♦ Immediate versus delayed ADT
- ♦ Overall survival HR 0.75, 95% CI: 0.4-1.4; $p=0.37$

ESMO Guidelines – PSA failure

Early ADT is **not routinely recommended** for men with biochemical relapse unless they have symptomatic local disease, or proven metastases, or a PSA doubling time < 3 months

Treatment of low volume metastatic disease

- **ADT alone**
- **ADT + docetaxel**
- **ADT + abiraterone**
- **Other**

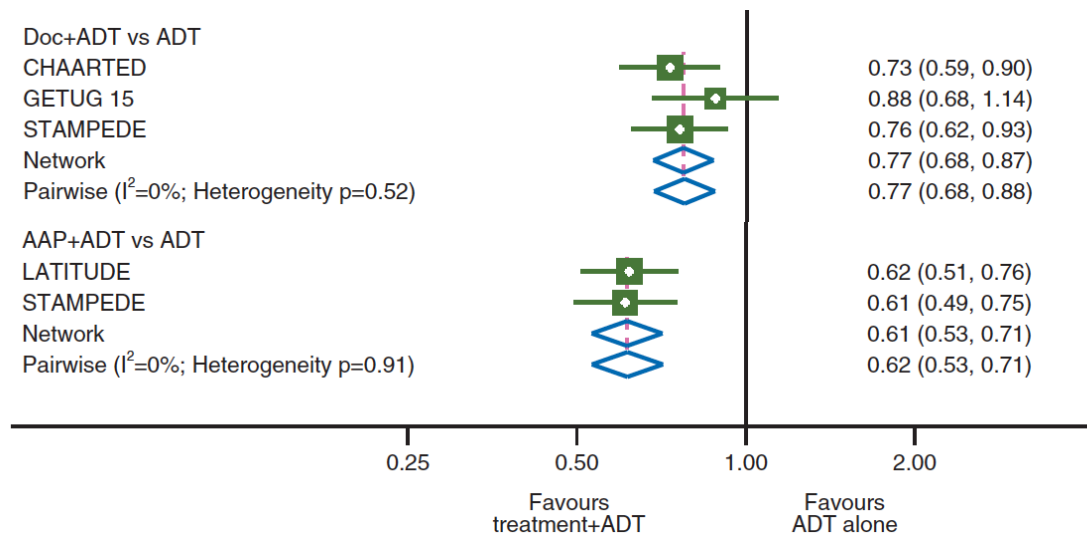


What is the optimal systemic treatment of men with metastatic, hormone-naïve prostate cancer?

A STOPCAP systematic review and network meta-analysis

C. L. Vale^{1*†}, D. J. Fisher^{1†}, I. R. White¹, J. R. Carpenter¹, S. Burdett¹, N. W. Clarke², K. Fizazi³, G. Gravis⁴, N. D. James^{5,6}, M. D. Mason⁷, M. K. B. Parmar¹, L. H. Rydzewska¹, C. J. Sweeney⁸, M. R. Spears¹, M. R. Svdes¹ & J. F. Tierney¹

Annals of Oncology 29: 1249–1257, 2018



Credibility of claims of subgroup effects in RCTs: systematic review

- ♦ Was the subgroup variable a baseline characteristic?
- ♦ Was the subgroup variable a stratification factor?
- ♦ Was the subgroup hypothesis specified a priori?
- ♦ Was the analysis one of a small number of subgroups tested?
- ♦ Was the test of interaction significant?
- ♦ Was the significant interaction effect independent?
- ♦ Was the direction of the subgroup effect correctly pre-specified?
- ♦ Was the effect consistent with previous studies?
- ♦ Was the effect consistent across related outcomes?
- ♦ Indirect supportive evidence e.g. biological rationale?

ESMO Guidelines – Metastatic disease

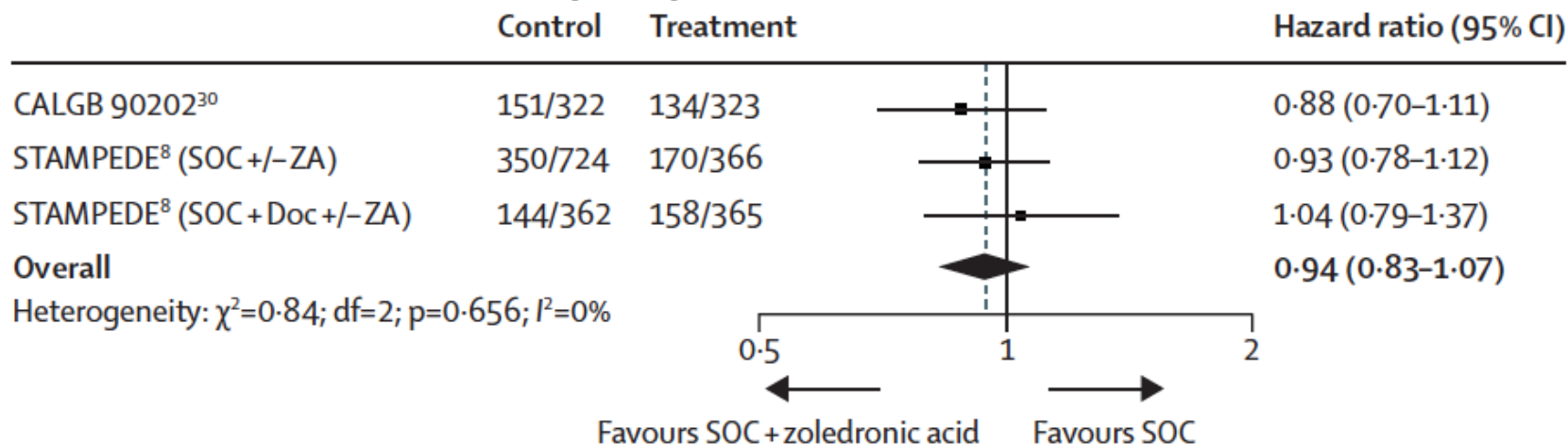
ADT plus docetaxel may be considered as
first-line treatment for metastatic, hormone-naïve disease

Bone health management

- **Monthly zoledronate/denosumab**
- **6-12 monthly zoledronate/denosumab**
- **Oral bisphosphonates (eg alendronate 70 mg weekly)**
- **None unless bone density scan shows osteopenia/osteoporosis**

Addition of docetaxel or bisphosphonates to standard of care in men with localised or metastatic, hormone-sensitive prostate cancer: a systematic review and meta-analyses of aggregate data

Effect of addition of bisphosphonates to standard of care on survival



ESMO Guidelines – Bone health

Men on long-term ADT should be **monitored for side-effects** including **osteoporosis (using bone densitometry)**

National osteoporosis guideline group (2017)

www.shef.ac.uk/NOGG

- ♦ Assess fracture risk (FRAX)
- ♦ Lifestyle measures
 - ♦ Regular weight-bearing exercise
 - ♦ 800 IU cholecalciferol + 700-1200mg calcium intake daily
- ♦ Intervention threshold based on risk of major fracture (FRAX)
- ♦ Alendronate/risedronate are first line treatments

Prostate cancer

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