Prostate cancer 2012: New paradigms or old truths?

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Section of residents of the Czech urological society

- since 2003 (dr. Soukup, dr. Schmidt)
- dr. Pešl (ESRU Database Manager), dr. Král
- since 2009 dr. Čapoun, dr. Brisuda

- database 105 members
- benefits: congresses ČUS, SUS, EAU, ESOU, CEM
- written + oral exam EBU

- tasks: patients‘ web site, section‘s web site (www.cus.cz), original articles, case reports, reports from congresses
Aging population problem - not only action heroes
PSA and other markers

Identification of novel biomarkers panels in selected malignancies

- 2011-2014
- prostate, bladder, kidney, colorectal, pancreatic cancer
- target a total of 1150 patients
- diagnostic panels → multiplex array technology
Prostate biopsy

- still necessary to confirm PCa
- institutional databases
- low detection rate in reBx

PCa detection according to no. of previous Bx (10/2008-03/2011)

<table>
<thead>
<tr>
<th>Previous Bx</th>
<th>No.</th>
<th>Positive Bx</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>598</td>
<td>275</td>
<td>46,0</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>207</td>
<td>58</td>
<td>28,0</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>74</td>
<td>18</td>
<td>24,3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>23</td>
<td>4</td>
<td>17,4</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>1</td>
<td>12,5</td>
<td></td>
</tr>
<tr>
<td>≥ 5</td>
<td>7</td>
<td>1</td>
<td>14,3</td>
<td></td>
</tr>
</tbody>
</table>

148 saturation biopsies
median previous Bx - 2
detection rate 32,4 %

- standard → extended → saturation → template
We still have problems with PSA and biopsy

- since 2004, 59 years old, PSA 9.53 - 41.06
- a total of 104 cores so far
We still have problems with PSA and biopsy

85 years, PSA 3,71 ... 13,51 ... 340
1st biopsy at PSA 340 - cT4, GS 6 (3+3)
died 2 months after diagnosis
Conservative management - active surveillance

- lead time 3-12 years
- risk of overdiagnosis 25-84%
- AS adapted in EAU guidelines

- international program (Rotterdam)
- our department joined in 2010
- 50 patients enrolled, median FU 17.8 mo
- 74% still in protocol

- goal → to publish the results of radical treatment after a period of AS
Radical treatment - robots all over the world

- > 75% of all RP robot assisted
- ↓ transfusion rate + blood loss than RRP
- ↓ transfusion rate than LRP
- other parameters/complication rates similar

Novara, Eur Urol 2012

- ↑ costs: $5386 - 9258 vs. $4075 - 6296

Bolenz, Eur Urol 2012

- ↑ expectation → ↓ satisfaction

Schroeck, Eur Urol 2008

- issue of advertising
Predictive / prognostic parameters

- clinician’s / expert group estimation is in general worse

- risk groups / prediction tables
  
  D’Amico, J Urol 2001
  Makarov and Partin, Urology 2007

- nomograms, computer analysis

- on-line predictive tools

- internal validation is advisable

- use your own databases
Circulating tumour cells

- epithelial - mesenchymal transformation
- might be a surrogate marker of survival
- CellSearch® CTC Test - FDA approval 2008
- un- vs. favourable CTC count (in 7.5ml)

- IGA MZ ČR NT/12205-5 2011
- CTC detection, gene expression, cultivation
Castration-resistant prostate cancer - clinical trials

- zibotentan (ZD4054) - primary endpoint not met
- dasatinib - overall survival (active, not recruiting)
- degarelix - clinical safety, laboratory parameters (completed)
- orteronel (TAK-700) - PFS, OS (active, not recruiting)
- olaratumab (IMC-3G3) - PFS (active, not recruiting)
- abiraterone acetate (expanded access protocol) - safety, tolerability

de Bono, NEJM 2011
CRPC - Do we really help?

- born 1942, PSA 98.4 – 7.1 - 215
- a total of 58 study visits, survival 22 months after diagnosis
Conclusions

- perform the 1st PSA test with consideration
- perform the 1st biopsy earlier (with the risk of overdiagnosis)
  - develop a protocol for extended re-biopsy
  - use a proved protocol for active surveillance
  - validate the prediction tools on your own data
- collect your data prospectively in a database
  - check and publish your results regularly
    - use own data to inform the patients
  - offer a clinical trial whenever available
Final statement:

Use benefits from the Czech urological society!