ASCO-GU: Câncer de próstata localizado e localmente avançado

cirurgia

Daher Chade

Instituto do Câncer do Estado de SP – ICESP
Doutor em Urologia pela Faculdade de Medicina da USP
Pós-Doutorado CAPES - Memorial Sloan-Kettering Cancer Center NY

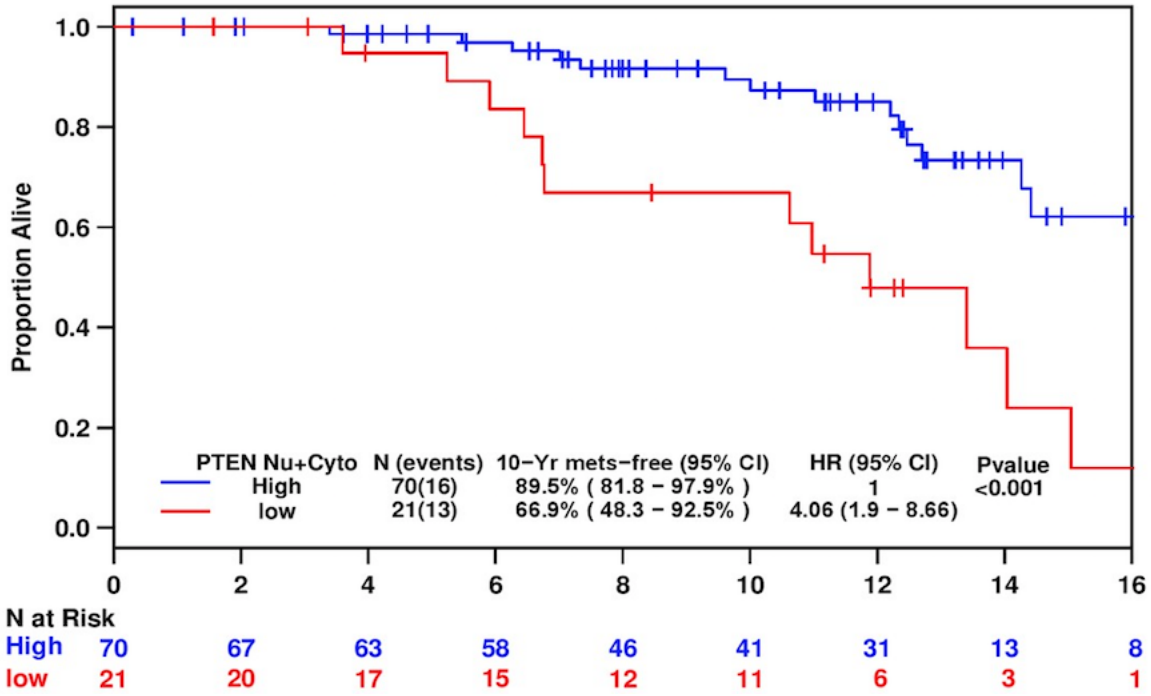
IX Congresso Internacional de Uro-Oncologia
IV SIMPÓSIO MULTIPROFISSIONAL DE UROONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL

Association of low PTEN expression by fluorescence immunohistochemistry (F-IHC) and lethal disease in men with surgically-treated prostate cancer (PrCa)

Hamid et al.; Dana-Farber Cancer Institute, Boston

N = 91 patients; FU = 12.4 years

PTEN low associated with lethal disease (HR 2.94, 95% CI 1.52-5.56)



IX Congresso Internacional de Uro-Oncologia
IV SIMPÓSIO MULTIPROFISSIONAL DE UROONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL

An analysis of multiple biomarkers to better predict prostate cancer metastasis and death after radical prostatectomy

Zhang et al., Australia

n=324; median FU 16 yrs

12 biomarkers: only AZGP1 and Ki67 associated with MFS and PCSS

Combined panel of AZGP1 + Ki67:

- predictor of MFS (HR 1.9, 95% CI, 1.1-3.2; P=0.01)
- predictor of PCSS (HR 3.3, 95% CI, 1.5-7.3; P=0.002)

Concordance index of Ki67+AZGP1 compared to the Gnanapragasam prognostic system (GPS)*

	Clinical Relapse		Prostate Cancer Death	
VARIABLE	AUC	95% CI	AUC	95% CI
GPS	0.516	0.328 - 0.704	0.620	0.447 - 0.795
AZGP1+Ki67	0.777	0.687 - 0.868	0.769	0.681 - 0.857

IV SIMPÓSIO MULTIPROFISSIONAL DE UROONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL

Impact of genomic risk scores on treatment decisions following radical prostatectomy in a prospective Medicare registry

Gore et al., *Dana-Farber Cancer Institute, Boston, MA; Johns Hopkins Medicine, Baltimore, MD*

n = 1,319 pts RP → considering ART or SRT prior to obtaining the Decipher RP test and again upon receiving test results.

Tx in 26% of adjuvant: change in 34% (95% CI 30-39%)

Tx in 19% of salvage: change in 28% (95% CI 19-38%)

Considering ART:

9% of Decipher low risk patients

45% of Decipher high-risk patients

BIOLOGICAL PATHWAY	PROSTATE-SPECIFIC BIOMARKERS
Androgen-Signaling	ANO7, PCAT-32, UBE2C
Cell Cycle Progression	NFIB, NUSAP1, ZWILCH
Cell Proliferation, Differentiation	CAMK2N1, MYBPC1, PBX1, THBS2, UBE2C
Cell Structure, Adhesion, Motility	ANO7, EPPK1, IQGAP3, LASP1, MYBPC1, PCDH7, RABGAP1
Immune System Modulation	GLYATL1P4, S1PR4, TNFRSF19, TSBP

Impact of genomic risk scores on treatment decisions following radical prostatectomy in a prospective Medicare registry

Treatment	Adjuvant
Overall	N=517
Changed Post-Decipher	177 (34%)
Observation	N=382
Stayed Observation	299 (78%)
Changed to RT	50 (13%)
Changed to RT+ADT	29 (8%)
Changed to ADT	4 (1%)
Any Treatment	N=135
Stayed Same Treatment	41 (30%)
RT	N=109
Changed to Observation	64 (59%)
Changed to RT+ADT	7 (6%)
Changed to ADT	4 (4%)
RT+ADT	N=23
Changed to Observation	10 (43%)
Changed to RT	5 (22%)
Changed to ADT	1 (4%)
ADT	N=3
Changed to Observation	1 (33%)
Changed to RT	2 (67%)

- Pre-Decipher, observation was recommended for 74% of adjuvant. Post-Decipher, 34% (95% CI 30-39%) of treatment recommendations changed in the adjuvant.

Gore et al.

IX Congresso Internacional de Uro-Oncologia
1 a 3 de Março de 2018

National trends in the management of patients with positive surgical margins at the time of radical prostatectomy

Ghabili et al.; Yale School of Medicine, New Haven

N = 44,523 patients w/ PSM

National Cancer Database (NCDB) from 2010 to 2014 w/ PSM at RP

Adjuvant RT (+/- ADT) = 5,179 pts (11.6%)

- adjuvant RT with ADT: 1,380 pts (3%).

More likely to receive adjuvant RT:

- uninsured status (p = 0.003)
- Medicaid insurance (p = 0.001),
- non-academic facilities (p < 0.001)

IX Congresso Internacional de Uro-Oncologia
IV SIMPÓSIO MULTIPROFISSIONAL DE URO-ONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL

National trends in the management of patients with positive surgical margins at the time of radical prostatectomy

Ghabili et al.; Yale School of Medicine, New Haven

Adjuvant RT was associated:

- higher pre-treatment PSA ($p < 0.001$)
- pathologic stage ($p < 0.001$)
- Gleason grade group ($p < 0.001$)
- decreasing distance from the treatment center ($p < 0.001$)
- shorter duration between diagnosis and RP ($p < 0.001$).

IX Congresso Internacional de Uro-Oncologia
IV SIMPÓSIO MULTIPROFISSIONAL DE UROONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL

The impact of prostate cancer (PC) margin extent (ME) at radical prostatectomy (RP) on biochemical relapse-free survival (bRFS)

Seyedin et al., University of Iowa

N = 667 pts; FU = 102 months (13-184)

Robotic RP 141 cases (21%).

M+ = 210 (31%)

Recurrence = 149 patients (22%)

Estimated 8-year bRFS rates of 85%/56% for M-/+ patients ($p < 0.01$).

Low risk: Gleason; ME < 3mm

IX Congresso Internacional de Uro-Oncologia
1 a 3 de Março de 2018

The impact of prostate cancer (PC) margin extent (ME) at radical prostatectomy (RP) on biochemical relapse-free survival (bRFS)

Seyedin et al., University of Iowa

Gleason Score (RP)	n	Single Max ME (mm)	8-Year bRFS (95% CI)	n	Cumulative ME (mm)	8-Year bRFS (95% CI)
≤6	53	< 3	86% (67-95%)	27	< 3	92% (72-98%)
	23	≥3	71% (55-82%)	49	≥3	68% (52-79%)
7	75	< 6	52% (38-64%)	80	< 9	51% (38-63%)
	30	≥6	35% (18-53%)	25	≥9	32% (14-52%)
≥8	17	Any	0% (0%)	17	Any	0% (0%)

IX Congresso Internacional de Uro-Oncologia
1 a 3 de Março de 2018

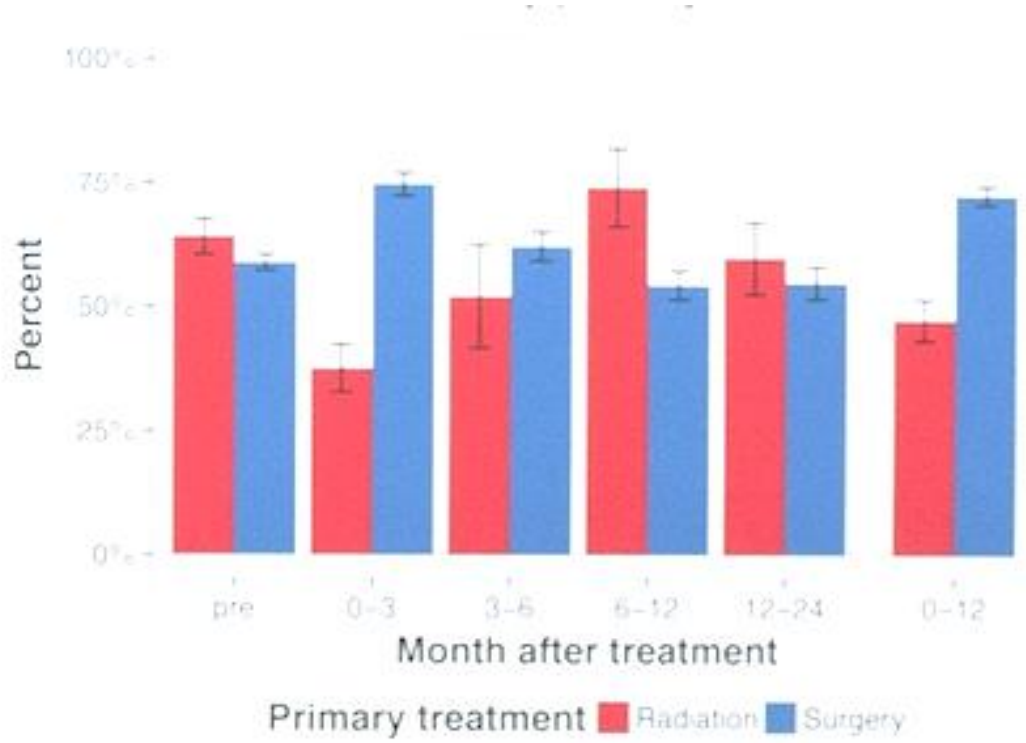
Practice-based evidence for factors associated with urinary incontinence following prostate cancer care

Li et al., Stanford University, Stanford, CA

N = 2783 men (69% surgery; 31% radiation)

UI surgery > RDT

Late UI (>12m): surgery = 278/434 pts (64%); RDT = 78/175 pts (45%)



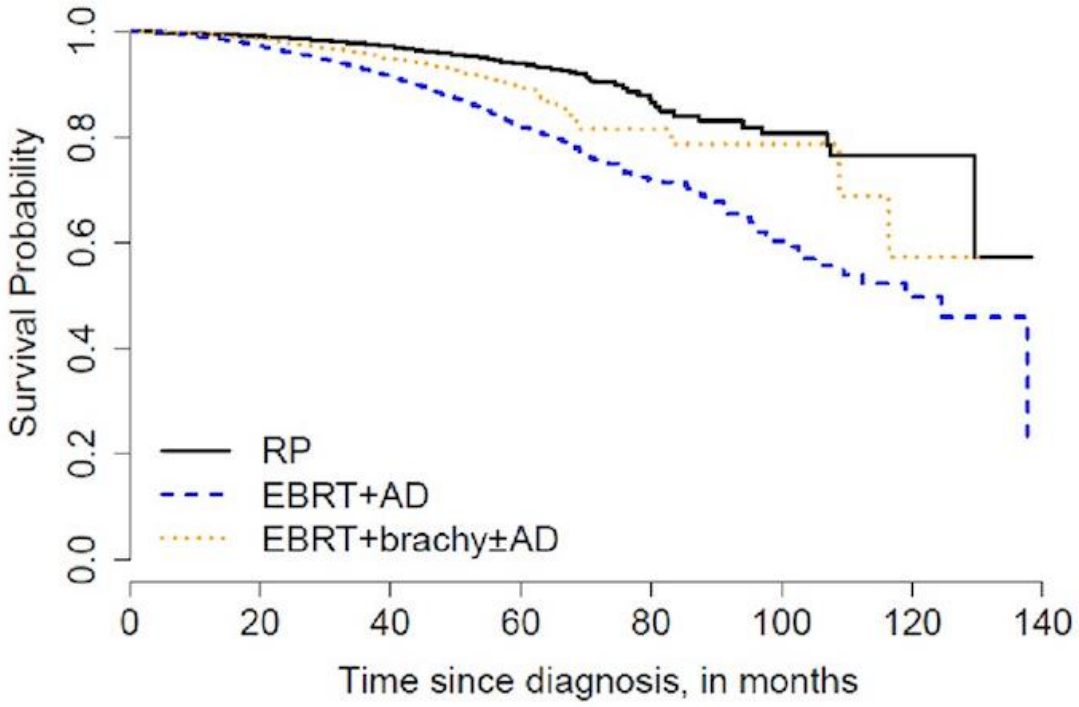
IX Congresso Internacional de Uro-Oncologia
1 a 3 de Março de 2018

Survival after surgical or radiotherapeutic treatment for high-risk localized prostate cancer: A National Cancer Database analysis with comprehensive treatment group imbalances adjustments

Ennis et al., Mount Sinai West Hospital, New York

N = 42,765 pts

- EBRT+AD higher mortality than RP (HR 1.53; 1.22, 1.92)
- RP vs EBRT+brachy±AD: no difference in survival (HR 1.17; 0.88, 1.55)



IX Congresso Internacional de Uro-Oncologia
1 a 3 de Março de 2018


IX Congresso Internacional de
Uro-Oncologia
IV SIMPÓSIO MULTIPROFISSIONAL DE URO-ONCOLOGIA
1 a 3 de Março de 2018
SHERATON SÃO PAULO WTC HOTEL