



II SIMPÓSIO INTERNACIONAL

GU - REVIEW 2018 - LACOG

23 E 24 | NOVEMBRO 2018 | HOTEL INTERCONTINENTAL | SÃO PAULO

Caso 1

Câncer de Próstata Metastático Castração Sensível

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UNICAMP

Caso 1

- Masculino, **52 anos** ao diagnóstico, natural e procedente de São Paulo, casado, perito criminal.
- *Male, 52 years at diagnosis, born and living in São Paulo, married, criminal expert.*
- Comorbidades e antecedentes : **Obesidade** (IMC-37kg/m²) **HAS** (Enalapril 20mg 12/12hs + Anlodipina 5mg/d), alergia a clorexidina, Tio Paterno Leucemia (80 anos)
- *Comorbidities and family history: Obesity (BMI-37kg / m²) Hypertension (Enalapril 20mg BID + Anlodipine 5mg/d), drug allergies - chlorhexidine, paternal uncle: Leukemia (80 years)*
- Jan/2016: **Dor lombar** associado a **perda ponderal** (10 Kg /6 meses)
- Jan/2016: Lumbar spine pain associated with weight loss (10 kg/6 months)

Caso 1

JUN/16: RNM coluna lombar / Lumbar spine MRI

- Formação expansiva na **asa sacral esquerda de S1 e S2** ($5,5 \times 4,3 \times 5,8$ cm) associado a múltiplas **linfonodomegalias (cadeias paraórtica e ilíacas comuns,** medindo 5,4 cm à direita e 6,3cm à esquerda).
- Expansive formation in the left sacroiliac (SI) joint, S1 and S2 vertebrae ($5.5 \times 4.3 \times 5.8$ cm) associated with multiple lymph node enlargement (common aortic and iliac chains, measuring 5.4 cm on the right and 6.3 cm on the left).*

JUL/16: TC tórax / Torax, pelvic and abdominal CT

- Linfonodomegalia mediastinal** em cadeia paraórtica D de 1,1cm no menor eixo. Volumosa formação expansiva sólida infiltrativa ($7 \times 5 \times 4$ cm) com epicentro no **9º arco costal E** associado a fratura do mesmo. Infiltra o forame intervertebral causando compressão extrínseca da medula nos níveis de **T8 e T9.**

- Lymph node mediastinal enlargement in the right aortic chain of 1.1 cm on the smallest axis. Voluminous solid infiltrative formation ($7 \times 5 \times 4$ cm) with epicenter in the 9th left costal arch associated with fracture. Infiltrates the intervertebral foramina causing extrinsic compression of the spinal cord in the levels of T8 and T9*

- Linfonodos** aumentados em cadeia **paraórtica esquerda** com 1,8 cm no menor eixo.

- Lymph nodes enlargement the left paraaortic chain with 1.8 cm on the smallest axis.*

Caso 1 - Imagens



Caso 1

- JUL/16: PSA 373
- AUG/16 : Cintilografia Óssea- hiperconcentração em **osso occipital** à esquerda; **T8, T9, 9º arco costal** posterior à esquerda e S1/S2 à esquerda (com extensão para a articulação sacroilíaca) e **crista ilíaca** anterior à direita.
- *Bone scans - hyperconcentration in **left occipital bone**; **T8, T9, 9th costal arch posterior** to the left and **S1 / S2** to the left (with extension to the sacroiliac joint) and **iliac crest** anterior to the right.*
- JUL/16: Biópsia de próstata / *Prostate biopsy*
- - Adenocarcinoma de próstata ; **Gleason 9 (4+5) = grupo 5** , comprometendo 6 de 12 fragmentos
- *- Adenocarcinoma of the prostate; Gleason 9 (4 + 5) = group 5, compromising 6 of 12 frags*
- IHQ: Tumor de próstata **sem** a expressão de marcadores neuroendócrinos.
- *IHC: Prostate tumor **without** expression of neuroendocrine markers*

Caso 1



ANTERIOR
01/08/2016



POSTERIOR
01/08/2016

Caso 1

- 52 a, HAS, Obeso, adenocarcinoma de próstata gleason 9 (4+5) = grau 5, ECOG 1, sintomático (dor + perda de peso), PSA 373, M1b:
- *52 ys, Hypertension, obese, prostate adenocarcinoma gleason 9 (4 + 5) = grade 5, ECOG 1, symptomatic (pain + weight loss), PSA 373, M1b:*
 - Metástases ósseas coluna (S1-S2; T8-T9), ilíaco D, occipital E e 9º ACE
 - Metástases linfonodais: para-aórticos (18mm) , iliacos comuns D (54mm) e E (63mm), mediastinais (para-aórticos 11mm)
 - Bone metastases column (S1-S2; T8-T9), iliac D, occipital E and 9º Left Costal Arch
 - Lymph node metastases: para-aortic (18mm), common iliac D (54mm) and E (63mm), mediastinal (para-aortic 11mm)

Caso 1

52 a, HAS, Obeso, adenocarcinoma de próstata gleason 9 (4+5) = grau 5, ECOG 1, sintomático (dor + perda de peso), PSA 373, M1b (ossos e linfonodos)

52 ys, *Hypertension, obese, prostate adenocarcinoma gleason 9 (4 + 5) = grade 5, ECOG 1, symptomatic (pain + weight loss), PSA 373, M1b (bone and Lympho node)*

- Qual tratamento proporia? *What treatment would you propose?*
 1. Castração somente/ *Only Castration*
 2. Castração + Bloqueador Androgênico Periférico
(bicalutamida) / *Castration + peripheral androgen blockade (bicalutamide)*
 3. Castração + Docetaxel / *Castration + Docetaxel*
 4. Castração + Abiraterona / *Castration + Abiraterone*

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Clinical case 02

Fernando Nunes

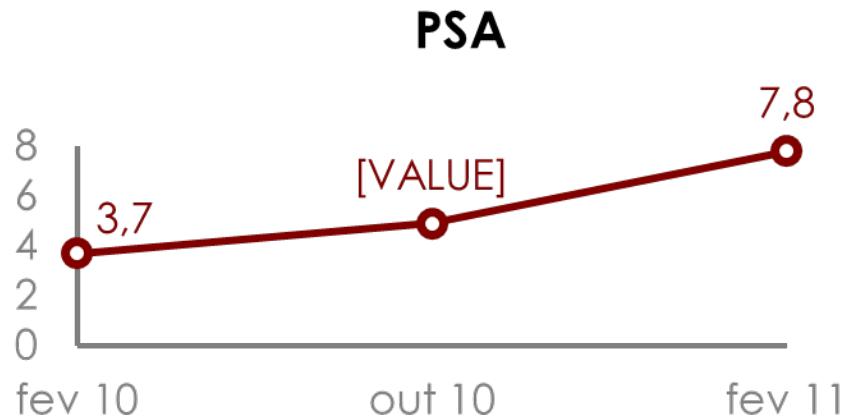
Oncologista Clínico CLION/Grupo CAM

Presidente SBOC/Ba

Membro LACOG GU

Male, 70yo

- ✓ Asymptomatic, worried after PSA raised
- ✓ PSA: 7,8 ng/mL
- ✓ DRE: Prostate with 30g and right base palpable nodule



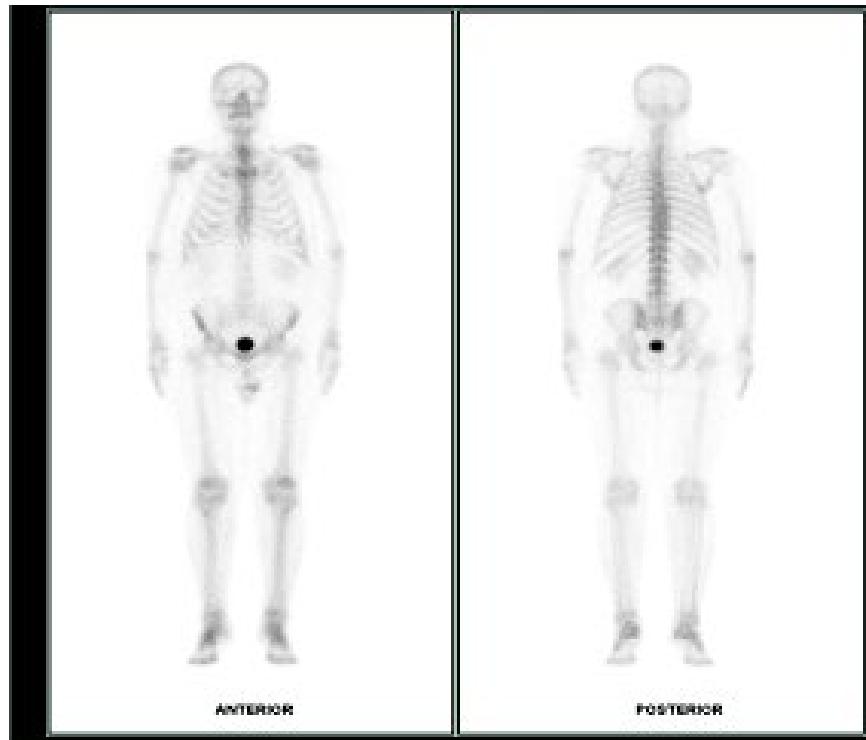
Investigation

- Prostate biopsy (March 22th 2011):
- BASAL RIGHT: Adenocarcinoma GLEASON 8 (4 + 4);
- APICAL LEFT: Adenocarcinoma GLEASON 8 (4 + 4)
- MEDAL LEFT: Adenocarcinoma GLEASON 9 (4 + 5)
- LEFT BASAL: Adenocarcinoma GLEASON 8 (4 + 4)

Staging

Bone scan

Feb 12th 2011: normal

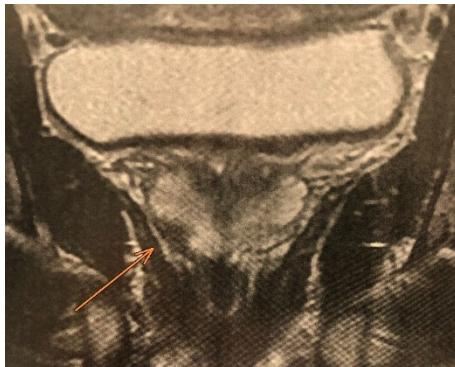


Abdominal CT Scan

Feb 01st 2011: normal

Prostate MRI

March 15th 2011

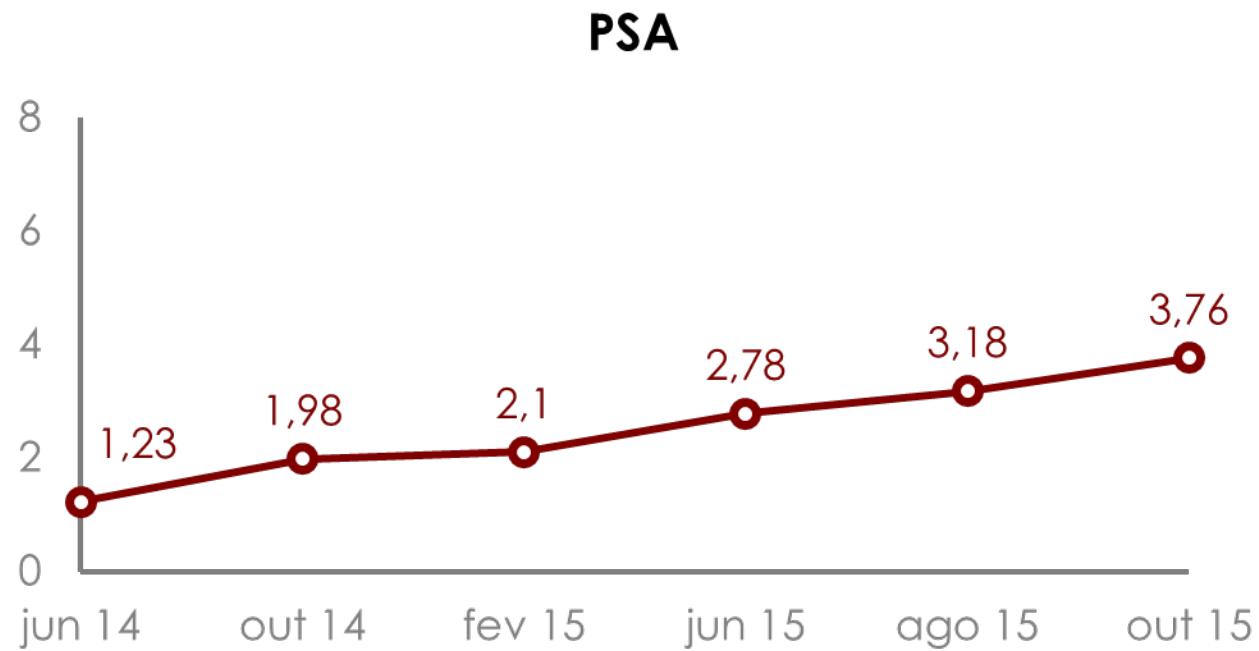


Treatment

✓ External Radiotherapy(May 25th –Aug 18th 2011) + Goserrelina (May 25th – Feb 20th 2014)

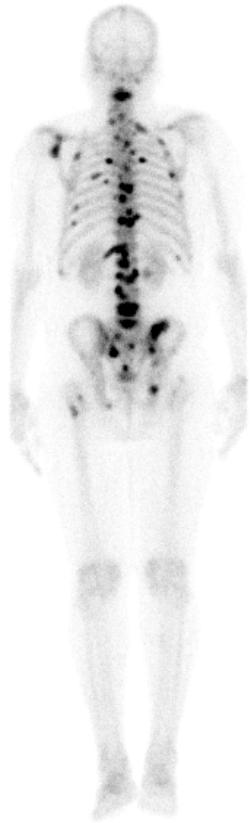


PSA surveillance



Evaluation

- Jan 04th 2018 – Diffuse bone pain(morphine use)
- PSA: 49,12ng/mL



Next step?

- a) Abiraterone + ADT
- b) Docetaxel + ADT
- c) ADT only
- d) SBRT to metastatic lesions

Caso 1

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Caso 1

52 anos, HAS, Obeso, adenocarcinoma de próstata gleason 9 (4+5) = grau 5, ECOG 1, sintomático (dor + perda de peso), PSA 373, M1b (alto volume/ risco)

52 ys, Hypertension, obese, prostate adenocarcinoma gleason 9 (4 + 5) = grade 5, ECOG 1, symptomatic (pain + weight loss), PSA 373, M1b (high volume/risk)

- 09/JUL/16: PSA 373
- 08/AUG/16: D1 C1 Docetaxel
- 29/AUG/16: D1 C2 Docetaxel
- 12/SEP/16 a 23/SEP/16: RT 3D 30Gy (10x300cGy - T8/T9 e S1/S2)
- 26/SEP/16: D1 C3 Docetaxel
- 03/OCT/16: PSA 0.44
- 17/OCT/16: D1 C4 Docetaxel
- 07/NOV/16: D1 C5 Docetaxel
- 28/NOV/16: D1 C6 Docetaxel

Caso 1

- 19/DEC/16: Pós C6 Docetaxel PSA 0.15 , CTs com PR / TCs PR
- 14/FEB/17: PSA 0.14
- 24/APR/17: PSA 0.12 (nadir)
- 01/AUG/17: PSA 0.20
- 13/NOV/17: PSA 0.35
- 16/FEB/18: PSA 1.00
- 14/MAY/18: PSA 1.90
- 13/AUG/18: PSA 4.1, mas imagens mantendo DE em CTs e CO , assintomatico, mantido somente com goserelina e acido zoledrônico trimestrais

PSA 4.1, but images SD in CTs and Bones Scan, asymptomatic, maintained only with goserelin and zoledronic acid quarterly

CASO 2

Next step?

- a) Abiraterone + ADT
- b) Docetaxel + ADT
- c) ADT only
- d) SBRT to metastatic lesions

Treatment

- Jan 24th 2018 – ADT only – waiting for health insurance approval to Abiraterone(Latitude trial)
- Important pain symptoms relief –no more opioids
- Feb 25th 2018: PSA 25ng/mL

Next step?

- a) Include abiraterone as soon as possible
- b) Change prescription to Docetaxel
- c) Continue with ADT only

Evaluation

- After 8 months of Abiraterone:

