



ASTELLAS ONCOLOGY
FORUM 2018





Non Metastatic Prostate Cancer Clinical cases

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Case 1: Mr. Smith
Prostate Cancer Patient Aged 63
Years With Rising PSA

History of disease

- 6 years ago underwent radical prostatectomy (RP) for Gleason 4+4, iPSA 7.9 ng/mL
- Metastatic evaluation s/p RP NED with BS/CT abdomen/pelvis
- 16 months post-RP, detectable, rising PSA

Treatment

- Salvage RT administered (PSA 0.49 ng/mL)
- PSA 6 months post-RT 0.86 ng/mL

Clinical progression

- Started on ADT, when PSA 1.09 ng/mL, 3 months later
- PSA nadirs to undetectable level, over the past year PSA values every 3 months: 0.04, 0.15, 0.23, 0.45 ng/mL (testosterone at last visit: 15 ng/dL)

History of disease

- 6 years ago underwent radical prostatectomy (RP) for Gleason 4+4, iPSA 7.9
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Would you have started Mr. Smith on ADT post-salvage RT?

1. Yes
2. No
3. Not then but likely later

What would you recommend to Mr. Smith at this time?

1. Fluciclovine or PSMA Ga PET/CT
2. Abdomen/pelvis and bone scan
3. No imaging, repeat PSA 3 months
4. Enzalutamide
5. Something else



Case 1: Mr. Smith ALTERNATE UNIVERSE

History of disease

- 6 years ago underwent radical prostatectomy (RP) for Gleason **3+3**, iPSA 7.9
- Metastatic evaluation s/p RP NED BS/CT abd/pelvis
- 16 months post-RP, detectable, rising PSA

Treatment

- Salvage RT administered (PSA 0.49)
- PSA 6 months post-RT 0.86

Clinical progression

- Started on ADT, when PSA 1.09, 3 months later
- PSA nadirs to undetectable level, over the past year PSA values every 3 months: 0.04, 0.15, 0.23, 0.45 (testosterone at last visit: 15 ng/dL)

Would you have started Mr. Smith on ADT post-salvage RT?

1. Yes
2. No
3. No, and by the way NEVER (unless he develops mets)
4. Not then but likely later

What would you recommend to Mr. Smith at this time?

1. Fluciclovine or PSMA Ga PET/CT
2. Abdomen/pelvis and bone scan
3. No imaging, repeat PSA 3 months
4. Enzalutamide
5. Something else



Case 2: Mr. L
Another Prostate Cancer Patient
Aged 65 Years With Rising PSA

History of disease

- 6 years ago underwent radical prostatectomy (RP) for Gleason 4+4, iPSA 7.9 ng/mL
- Metastatic evaluation s/p RP NED BS/CT abd/pelvis
- 16 months post-RP, detectable, rising PSA

Treatment

- Salvage RT administered (PSA 0.46 ng/mL)
- PSA 6 months post-RT 0.75 ng/mL

Clinical progression

- Started on ADT
3 months later PSA 1.09 ng/mL
- PSA nadirs to undetectable level, over the past year PSA values every 3 months: 0.04, 0.8, 1.23, 2.45 ng/mL (testosterone at last visit 15 ng/dL)

History of disease

- 6 years ago underwent radical prostatectomy (RP) for Gleason 4+4, iPSA 7.9
- Metastatic evaluation s/p RP NED BS/CT abd/pelvis
- 16 months post-RP, detectable, rising PSA

Treatment

- Salvage RT administered (PSA 0.46)
- PSA 6 months post-RT 0.75

Clinical progression

- Started on ADT
- 3 months later PSA 1.09
- PSA nadirs to undetectable level, over the past year PSA values every 3 months: **0.04, 0.8, 1.23, 2.45** (testosterone at last visit 15 ng/dL)

What would you recommend to Mr. L at this time?

1. Fluciclovine or PSMAGa PET/CT
2. Abdomen/pelvis and bone scan
3. No imaging, repeat PSA 3 months
4. Enzalutamide
5. Something else

Case 2: Mr. L (Cont'd)

- Bone scan mild degenerative joint disease
- CT abdomen/ pelvis



What would you recommend to Mr. L at this time?

1. Enzalutamide
2. Node pluck
3. SRS to the node
4. Abiraterone
5. Expectant management



Clinical cases PROSPER

Case 1

Age at Trial Entry: 73

Family Hx: none

**Medical Hx: CAD, hyperlipidemia,
hypercholesterolemia, basal cell carcinoma**

PCa Diagnosed: 9/4/1991

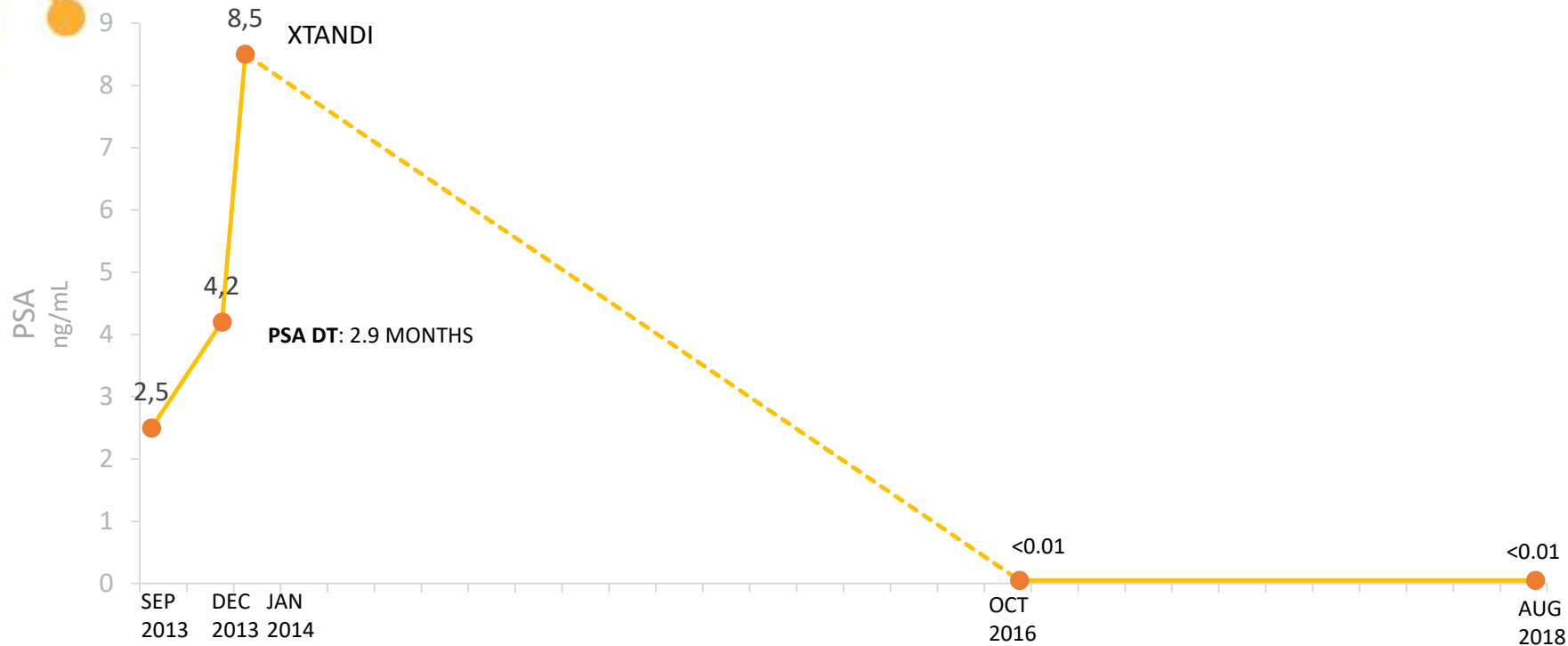
Prior treatment:

- prostatectomy 1991
- EBRT 1993(PSA relapse)
- 12 month histrelin (aLHRH) implant- 2004-current

Clinical Case 1

PSA: (01/2014) 8.5 ng/mL
CT/Bone scan: negative

Clinical Case 1





Clinical cases PROSPER

Case 2

Age at Trial Entry: 82

Family Hx: Mother-colon cancer

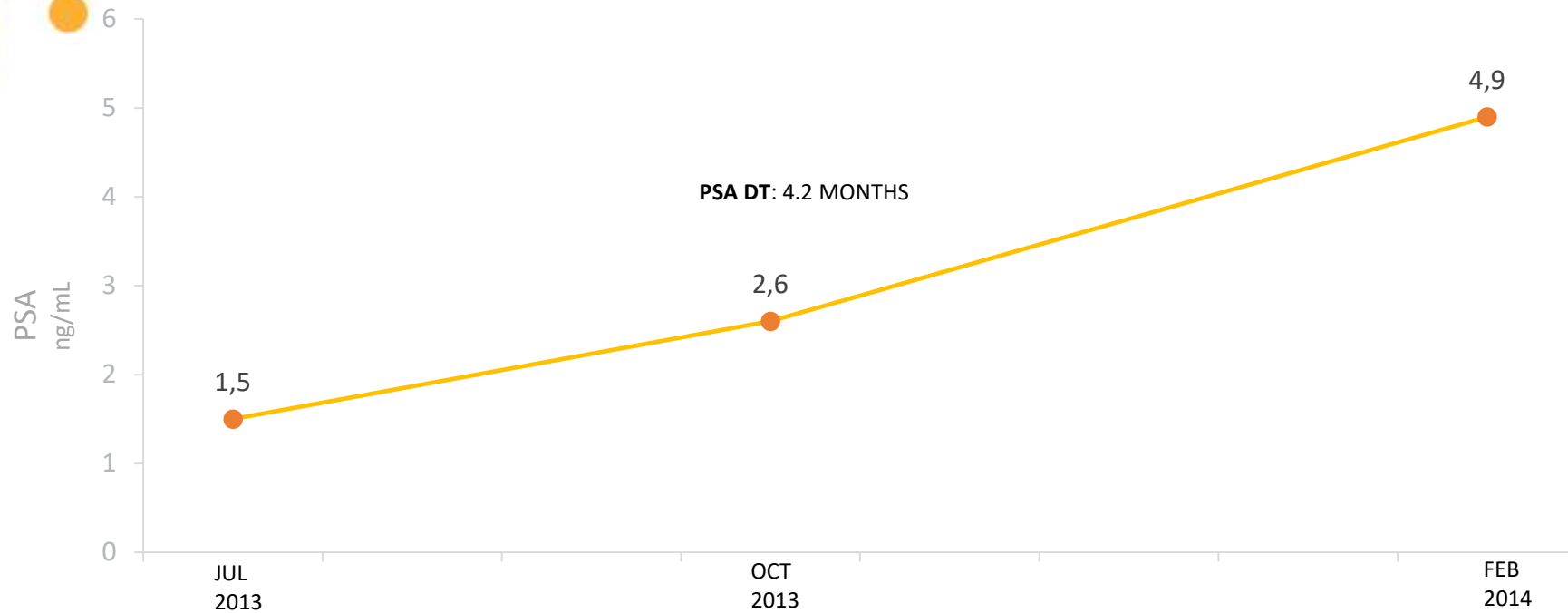
Medical Hx: A. Fib, Diabetes Mellitus, COPD, CABG,
Atrial Valve Replacement, HTN, Osteoporosis

PCa Diagnosed: 6/3/2002

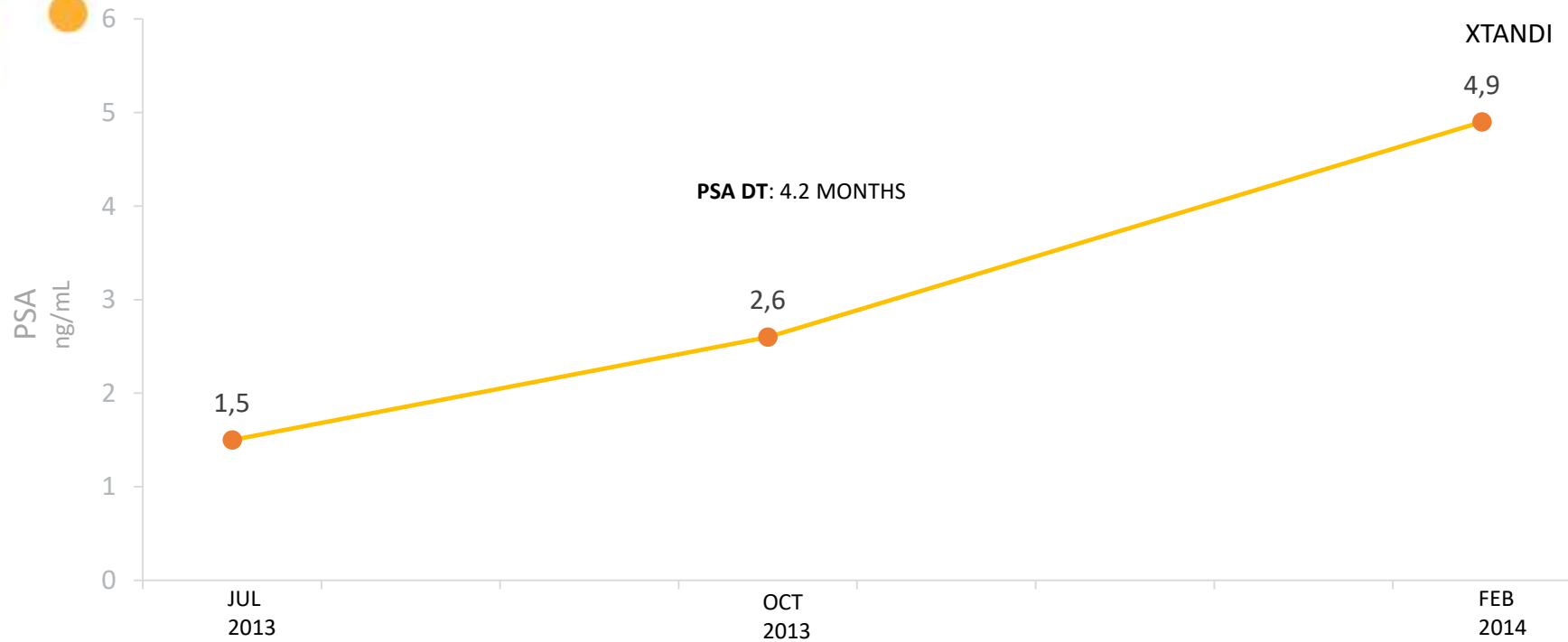
Prior tx:

- LHRH agonist q 3 month; 2011-current

Clinical Case 2



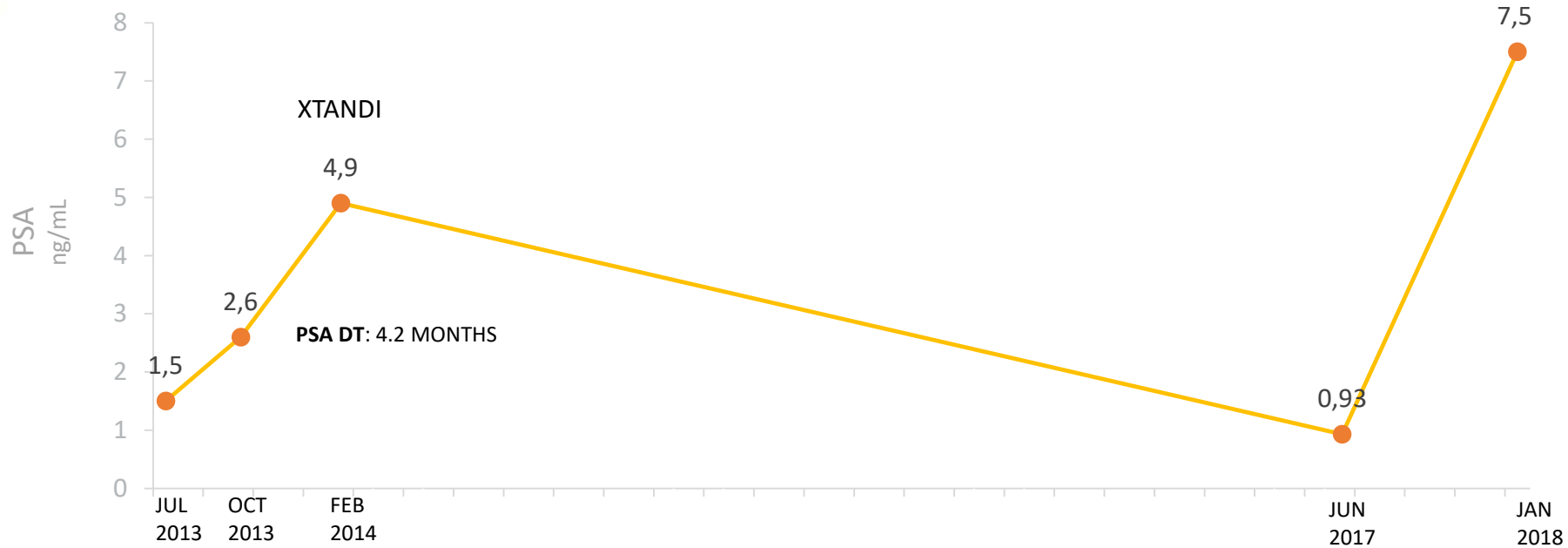
Clinical Case 2



Clinical Case 2



- CT: Stable,
- BS: New uptake 2 ribs and 2 vertebrae



Clinical Case 2

