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The best treatment...?

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Breaking News

LIVE war against prostate cancer gets serious

TVN
EXCLUSIVE



Linac-based or robotic image-guided stereotactic radiotherapy for isolated lymph node recurrent prostate cancer.

Jereczek-Fossa BA1, Fariselli L, Beltramo G, Catalano G, Serafini F et al

Radiother Oncol. 2009 Oct;93(1):14-7.

Abstract

We report on 14 patients treated with linac- or robotic image-guided stereotactic radiotherapy for isolated lymph node recurrence from prostate cancer, up to the mean dose of 30Gy/3 fractions. At the mean follow-up of 18.6months, five patients experienced clinical out-field progression. Toxicity was minimal. Further investigation is warranted in order to identify the patients that benefit most from this treatment modality and to define the optimal association of such local approach with androgen deprivation. Hopefully, effective local therapy might reduce the burden of systemic therapies given to the recurrent/metastatic prostate cancer patients.



Salvage stereotactic body radiotherapy for patients with limited prostate cancer metastases: deferring androgen deprivation therapy.

Berkovic P1, De Meerleer G, Delrue L, Lambert B, Fonteyne V et al.

Clin Genitourin Cancer. 2013 Mar;11(1):27-32

CONCLUSION:

Repeated salvage SBRT is feasible, well tolerated and defers palliative ADT with a median of 38 months in patients with limited bone or lymph node PCa metastases.

available at www.sciencedirect.com
journal homepage: www.europeanurology.com



Platinum Priority – Prostate Cancer
Editorial by Arnulf Stenzl on pp. 944–945 of this issue

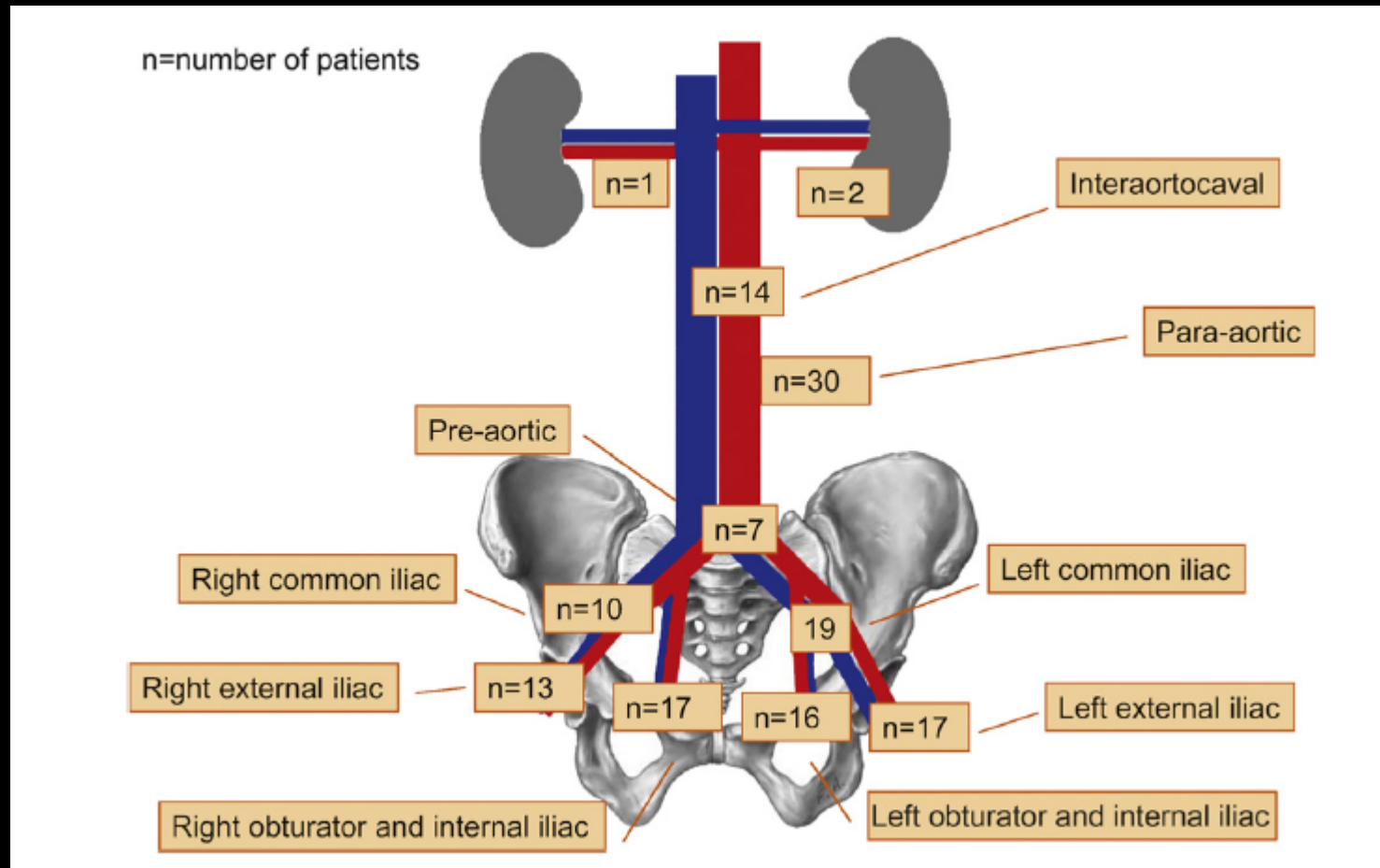
Pelvic/Retroperitoneal Salvage Lymph Node Dissection for Patients Treated With Radical Prostatectomy With Biochemical Recurrence and Nodal Recurrence Detected by [11C]Choline Positron Emission Tomography/Computed Tomography

Patrizio Rigatti^a, Nazareno Suardi^{a,}, Alberto Briganti^a, Luigi F. Da Pozzo^b, Manuela Tutolo^a, Luca Villa^a, Andrea Gallina^a, Umberto Capitanio^a, Firas Abdollah^a, Vincenzo Scattoni^a, Renzo Colombo^a, Massimo Freschi^c, Maria Picchio^d, Cristina Messa^d, Giorgio Guazzoni^a, Francesco Montorsi^a*

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77 chorych ze wznową biochemiczna po leczeniu
radykalnym z wykrytymi pojedynczymi przerzutami do
ww. chłonnych w PET/CtTz choliną



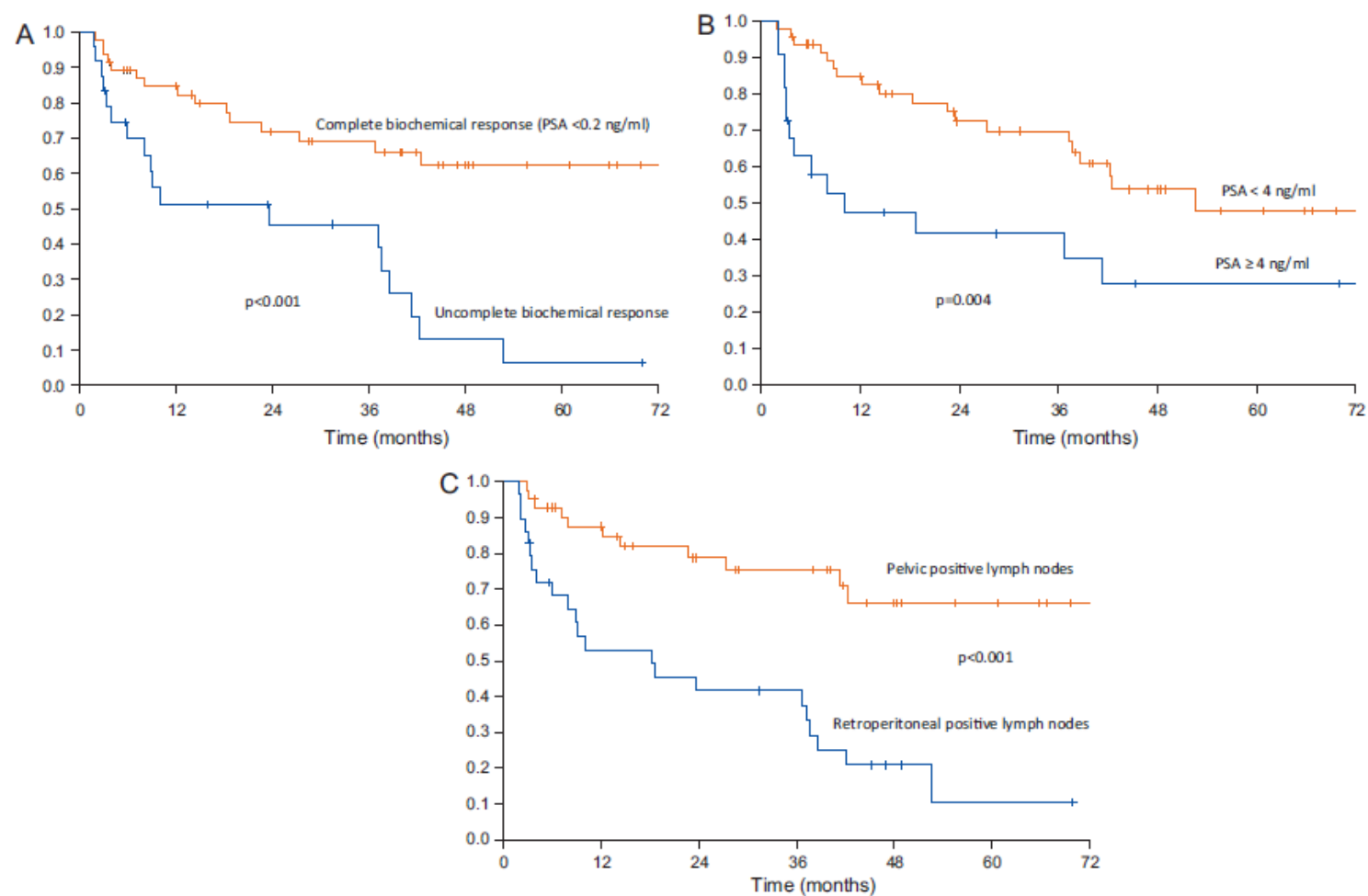
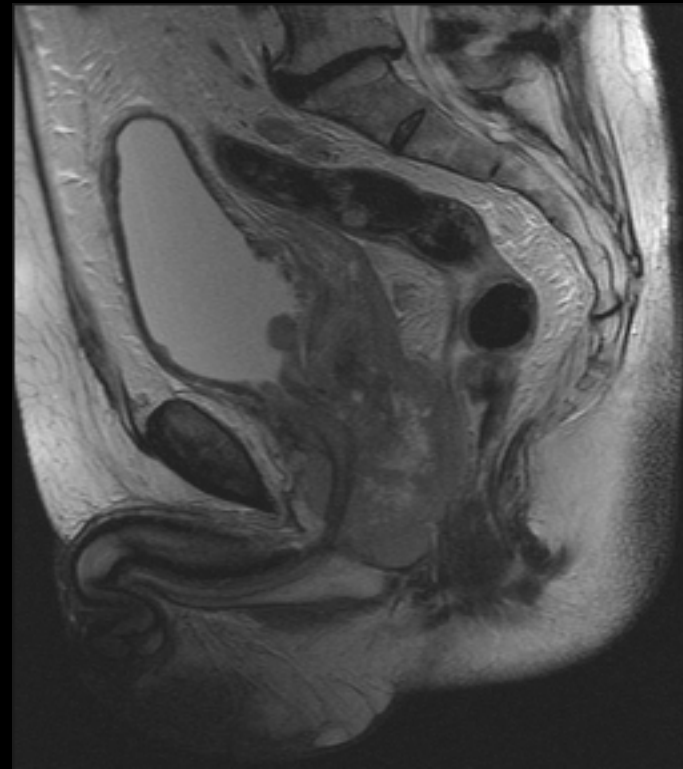
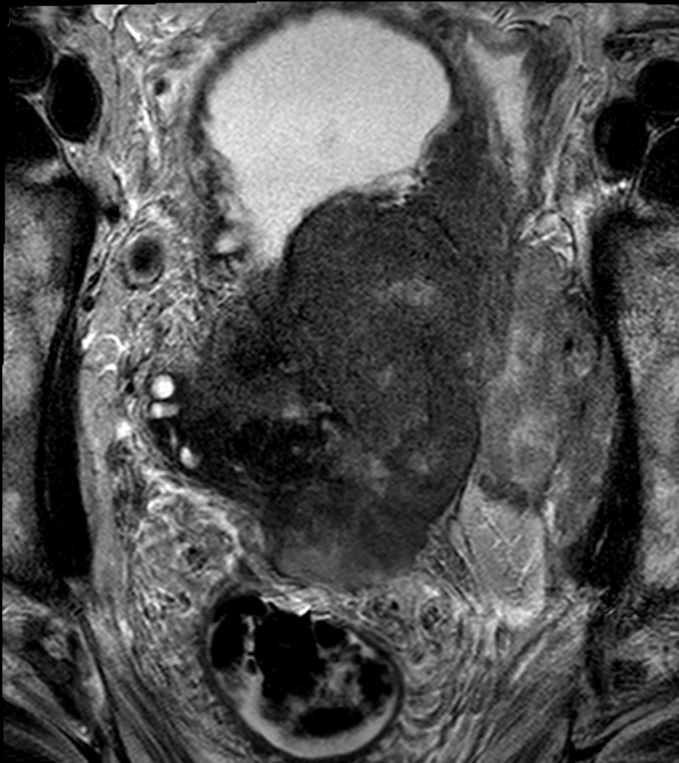


Fig. 4 – (A) Kaplan-Meier analysis depicting time to clinical progression according to biochemical response to surgery ($n = 72$); (B) Kaplan-Meier analysis depicting time to clinical progression according to preoperative prostate-specific antigen (PSA) value ($n = 72$); (C) Kaplan-Meier analysis depicting time to clinical progression according to positive lymph node location ($n = 72$).

Take Home Message

Salvage lymph node dissection represents a possible option for patients with biochemical recurrence and isolated pathologic lymph nodal uptake at [11C]choline positron emission tomography/computed tomography scan. A complete prostate-specific antigen response was observed in a consistent proportion of patients, but this response was not definitive in most cases. Further clinical progression was delayed in approximately 35% of patients at 5-yr follow-up.

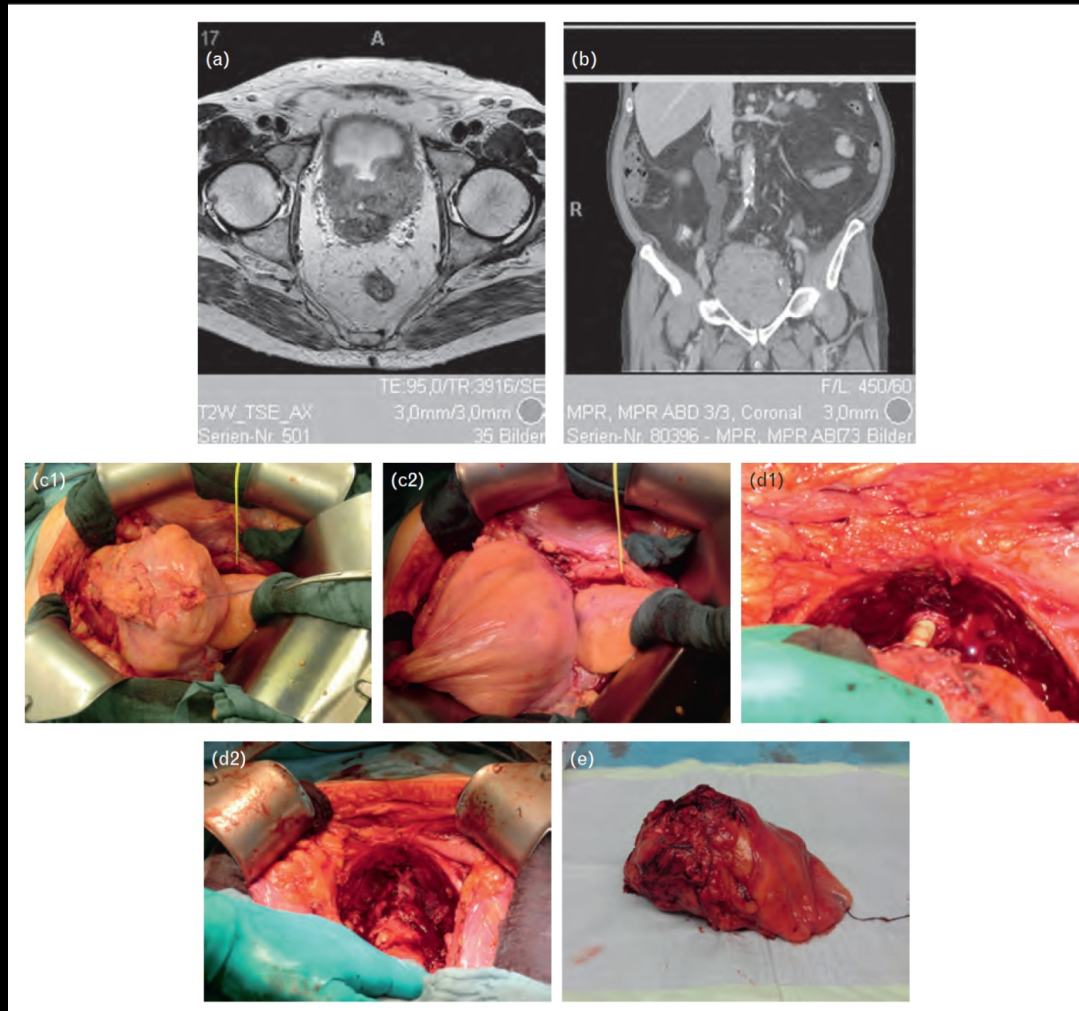
Palliative radical (cysto)prostatectomy in locally advanced castration-resistant prostate cancer



Pfister et al., Urologe 2011

The role of palliative surgery in castration-resistant prostate cancer

Charlotte Piper, Daniel Porres, David Pfister, and Axel Heidenreich



Indication

- (1) Eastern Cooperative Oncology Group (ECOG) performance status 0–1
- (2) Charlson comorbidity score 10 or lesser
- (3) ASA status 2 or lesser
- (4) Life expectancy more than 1 year
- (5) Absence of pelvic infiltration (MRI mandatory)
- (6) Recurrent gross hematuria with the need for repetitive blood transfusions
- (7) Recurrent bladder clotting
- (8) Persisting and significant pelvic pain not manageable by pain therapy

Patients & Methods

Periode	01/2004 – 12/2014	Radiotherapy	29/48 (60,4%)
Patients	n = 48	LN-Metastases	17/48 (35,2%)
Age	64 Jahre (47 – 78)	Visceral mets	11/48 (22,9%)

Surgery

Radical Cystoprostatectomy	35
Radical Prostatectomy	8
Exenteratio	4
Ureterocutaneostomy	1
+ protective ap	

Diversion

Ileal Conduit	29
Ileum Neobladder/	6
Continent Pouch	
Ureterocutaneostomie	5
Vesicostomy	4

Results

OP-time [min] 270 (120-570)
Blood loss [ml] 466 (200-1200)
Transfusion rate 4 (8%)

Postoperative complications Clavien/Dindo

II 12

III 2

IV 9 (in 7 patients)

Re-Surgery (N=6):

Wound dehiscence 1

Ileal anastomosis 2

Ileal laceration 1

Rectal fistula 1

Lymphocele 1

Hospitalisation [d] 16 (6-168)

Symptom reduction >6Mo 37/48 (77%)

Median symptom-free survival [m] 16.8 (1-47)

Progression-free survival (m) 8,3 (1-37)

Median survival [m] 17.7 (1-42)

Follow-up 22.5 (1-47)

