Hospital General Universitario Gregorio Marañón

CÁNCER DE PRÓSTATA *LOCALIZADO* DE *ALTO RIESGO*: CIRUGÍA VS RADIOTERAPIA

APALUTAMIDA NEOADYUVANTE

I REUNIÓN MULTIDISCIPLINAR EN URO – ONCOLOGÍA PARA RESIDENTES

Hospital Clínico San Carlos, 21 de noviembre de 2023

CRISTINA MORÓN JIMÉNEZ

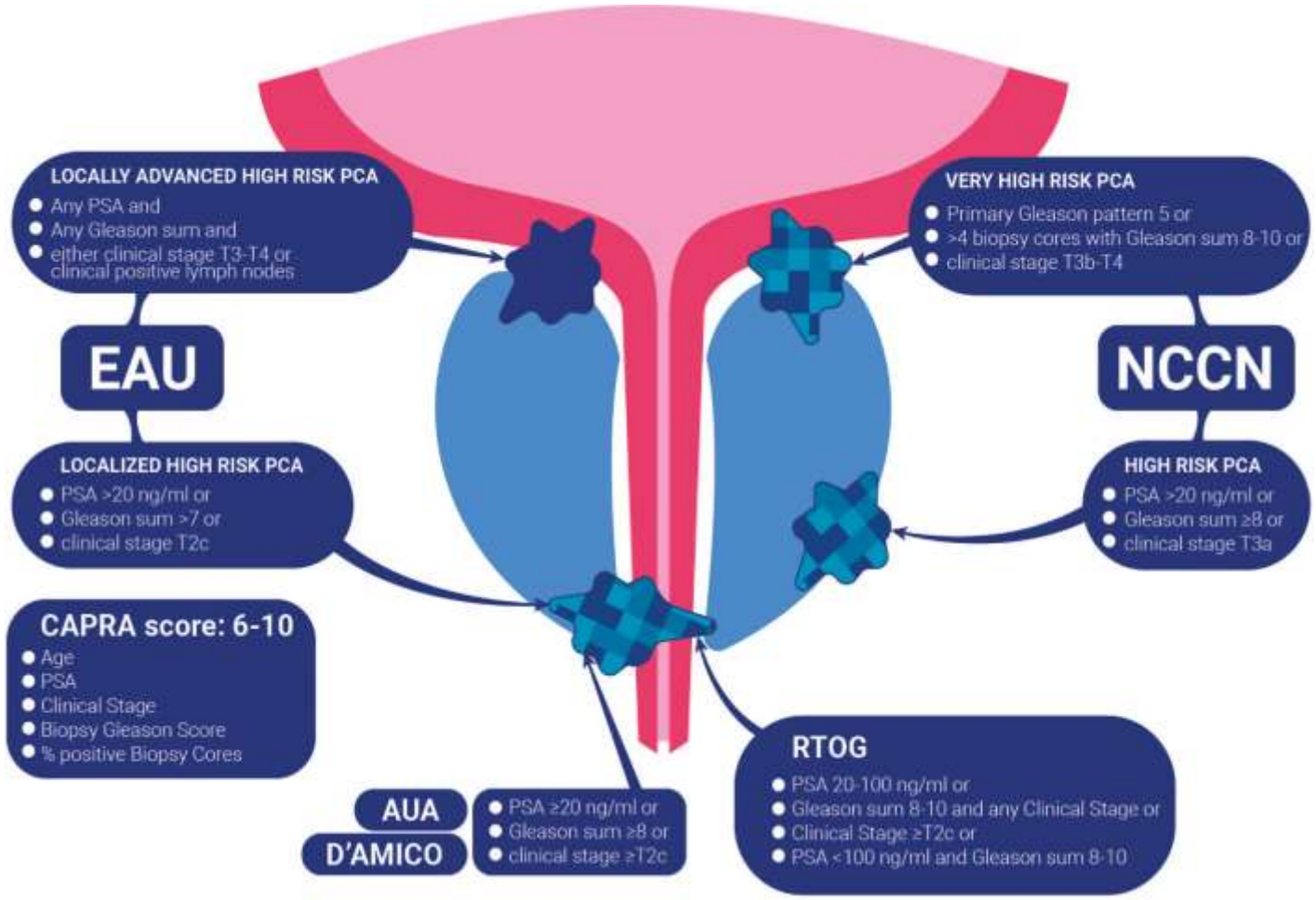
MIR III ONCOLOGÍA RADIOTERÁPICA, HOSPITAL GENERAL UNIVERSITARIO GREGORIO MARAÑÓN, MADRID

A PROPÓSITO DE UN CASO

- Varón de **55 años** de edad (2017).
- NRAMc. HTA (Micardil-Plus). DL (Provastatina). Hiperuricemia (Alopurinol).
- Dic 2017. Control rutinario por su MAP → Elevación del **PSA: 6,3 ng/ml.**
- 23/01/2018 ECO-TR: Próstata 30 cc, **nódulos** en **ambos** lóbulos, ecograma **capsular irregular**, **VVSS alteradas**.
- Bx (x8): ADENOCARCINOMA **GLEASON 7 (3 + 4)** que ocupa el 70% de las tomas del LPD y **GLEASON 8 (4 + 4)** que afecta al **90% de las tomas del LPI con afectación capsular y del espacio perineural**.
- TAC (14-02-18): Sin evidencia de afectación ganglionar ni de metástasis a distancia.
- GGO (09-03-18): Sin alteraciones.

A PROPÓSITO DE UN CASO

- ESTADIFICACIÓN: c**T2c**
- GRUPO DE RIESGO: **ALTO**
- COMORBILIDAD: 0
- EXPECTATIVA DE VIDA > 15 AÑOS



DIAGNÓSTICO - DECISIÓN TERAPÉUTICA

¿PAPEL DE LA RM?

Utilidad en el diagnóstico:

- dirigir biopsias
- > que TR o biopsias a ciegas
- detección del cáncer en zona periférica

AJCC no ha modificado la estadificación por los hallazgos de la RMN

In selected patients with localized high-risk (and/or locally advanced) prostate cancer who are to be treated with radical surgery, the following criteria are recommended:

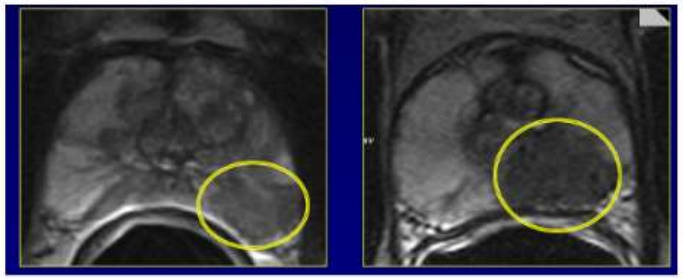
- cT3a with MRI resectability criteria;
- <50% of cylinders affected in the biopsy;
- age <75 years without major comorbidities according to Charlson model (life expectancy of more than 10 years); and
- patients with comorbidities who advise against RT (inflammatory bowel diseases) or refuse treatment with RT.

Clin Transl Oncol
DOI 10.1007/s12094-017-1726-y

RESEARCH ARTICLE

Consensus statement on definition, diagnosis, and management of high-risk prostate cancer patients on behalf of the Spanish Groups of Uro-Oncology Societies URONCOR, GUO, and SOGUG

I. Henríquez[1] · A. Rodríguez-Antolín[2] · J. Cassinello[3] · C. Gonzalez San Segundo[4] · M. Unda[5] · E. Gallardo[6] · J. López-Torrecilla[7] · A. Juarez[8] · J. Arranz[9]

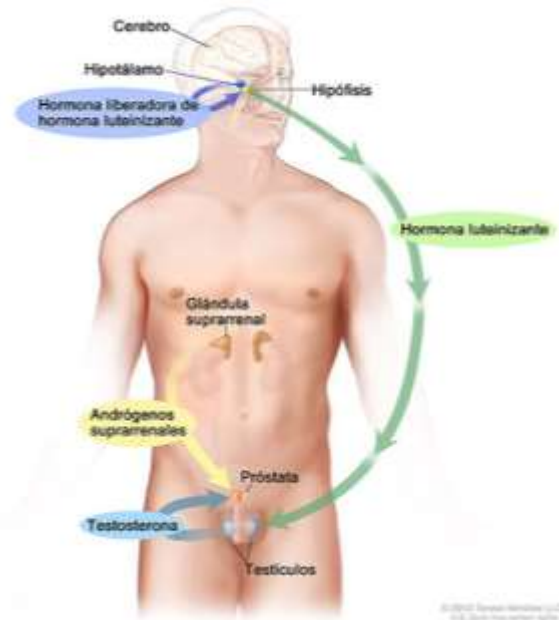


Henríquez I, Rodríguez-Antolín A, Cassinello J, Gonzalez San Segundo C, Unda M, Gallardo E, López-Torrecilla J, Juarez A, Arranz J. Consensus statement on definition, diagnosis, and management of high-risk prostate cancer patients on behalf of the Spanish Groups of Uro-Oncology Societies URONCOR, GUO, and SOGUG. Clin Transl Oncol. 2018 Mar;20(3):392-401. doi: 10.1007/s12094-017-1726-y. Epub 2017 Aug 7. PMID: 28785912.

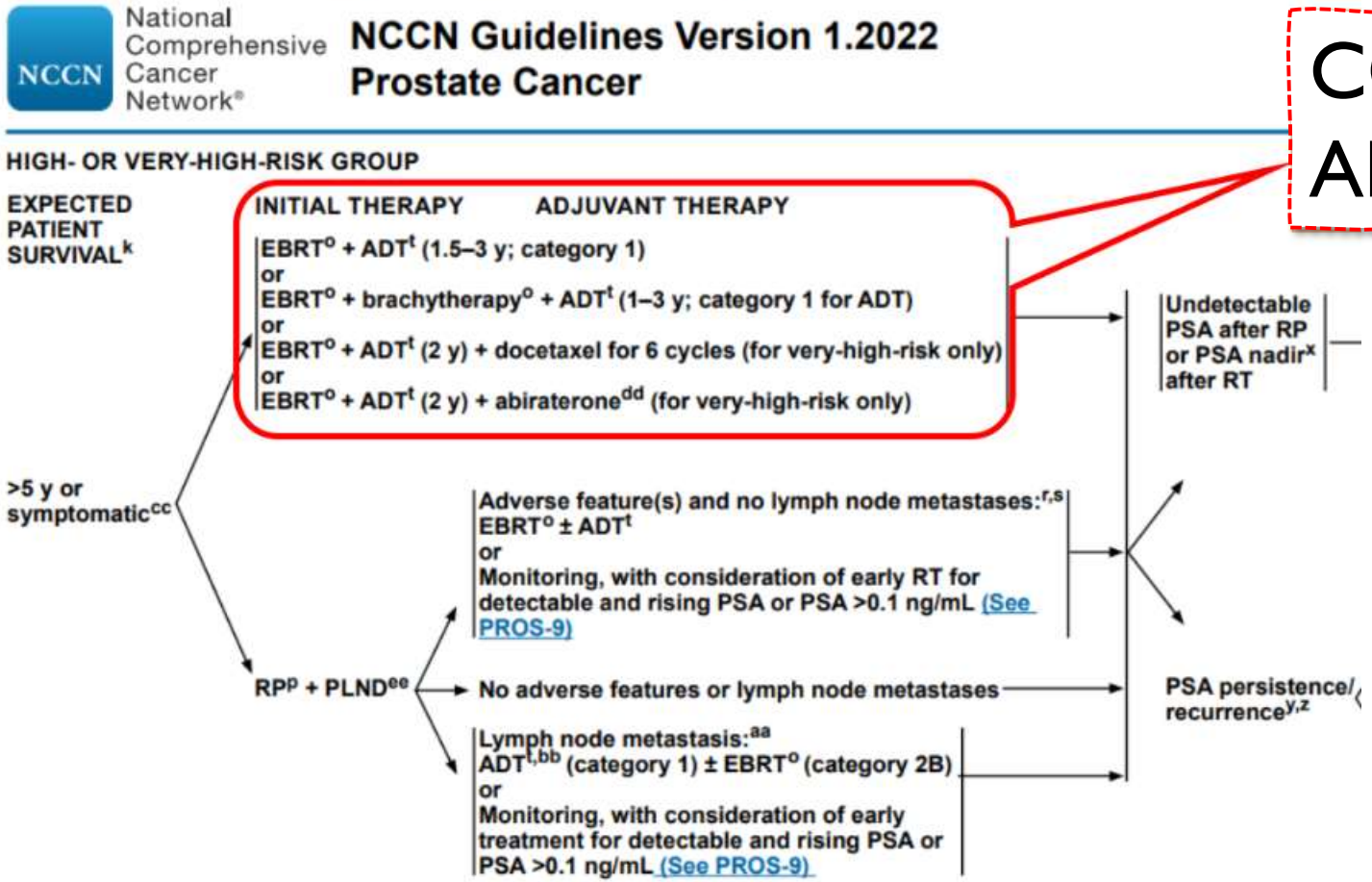
DIAGNÓSTICO - DECISIÓN TERAPÉUTICA

In this context, there are several treatment options that are described below:

1. External radiotherapy (RTE-3Dc/IMRT) and androgen deprivation (level of evidence 1),
2. Radical prostatectomy with extended lymphadenectomy (level of evidence 2),
3. External radiotherapy plus brachytherapy (level of evidence 2),
4. Hormone therapy (level of evidence 4),
5. Observation (level of evidence 4), and
6. Chemotherapy (research treatment).



DIAGNÓSTICO - DECISIÓN TERAPÉUTICA

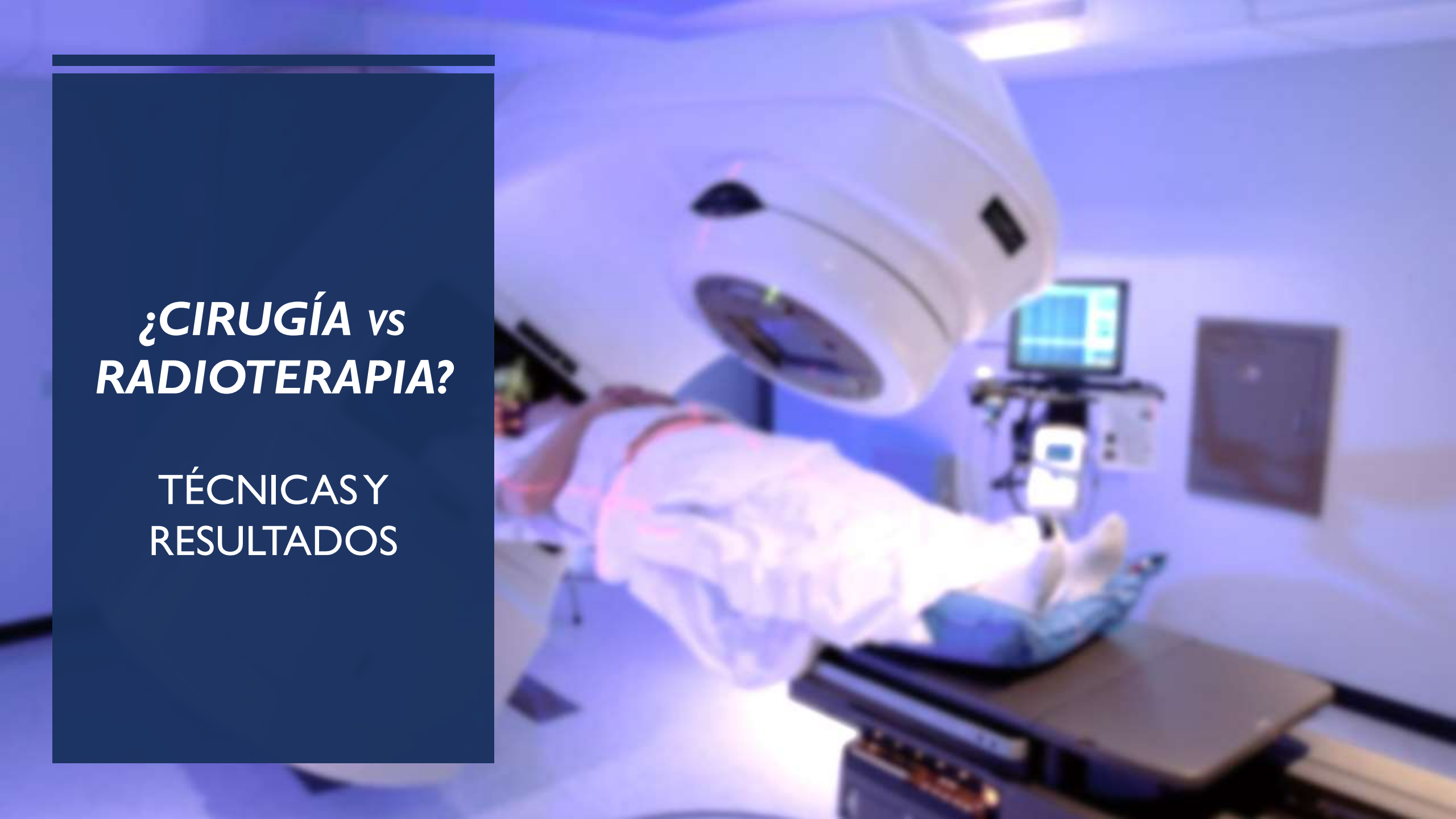


CON **RT**, SIEMPRE ADYUVANCIA **HT**

"SBRT (radioterapia corporal estereotáxica) + con ADT si EBRT representa un problema médico o dificultades sociales"

¿CIRUGÍA vs RADIOTERAPIA?

TÉCNICAS Y RESULTADOS



EVIDENCIA CIENTÍFICA

RADIOTERAPIA VS CIRUGÍA COMO MANEJO INICIAL EN GRUPO DE ALTO RIESGO LOCALIZADO

Published in final edited form as:
Prostate. 2021 March ; 81(4): 223–230. doi:10.1002/pros.24089.

Oncologic Outcome of Radical Prostatectomy versus Radiotherapy as Primary Treatment for High and Very High Risk Localized Prostate Cancer

Ahmed Emam, MD PhD[1,2], Gregory Hermann, MD, MPH[3], Kristopher Attwood, MA, MS, PhD[4], Wenyan Ji, MA[4], Gaybrielle James[1], Michael Kuettel, MD, PhD, MBA[3], James L. Mohler, MD[1]

335 pacientes con CaP alto riesgo

cT1-3N0M0

2 años de seguimiento

- 291 **RP** + PLND (22 ADT preQx)

- 44 **EBRT** (42 + ADT), +/- BT

EVIDENCIA CIENTÍFICA

RADIOTERAPIA VS CIRUGÍA COMO MANEJO INICIAL EN GRUPO DE ALTO RIESGO LOCALIZADO

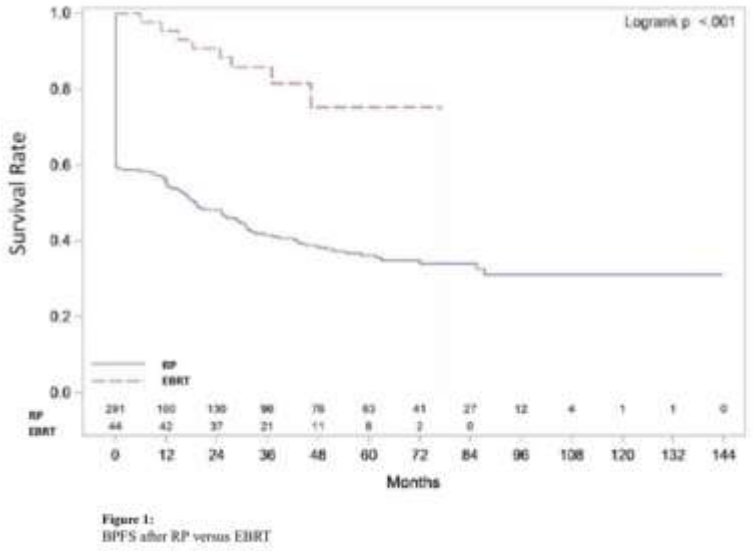


Figure 1:
BPFS after RP versus EBRT

BPFS 3y - 5y **RP**: 42 y 36 %
BPFS 3y - 5y **EBRT**: 86 y 75%

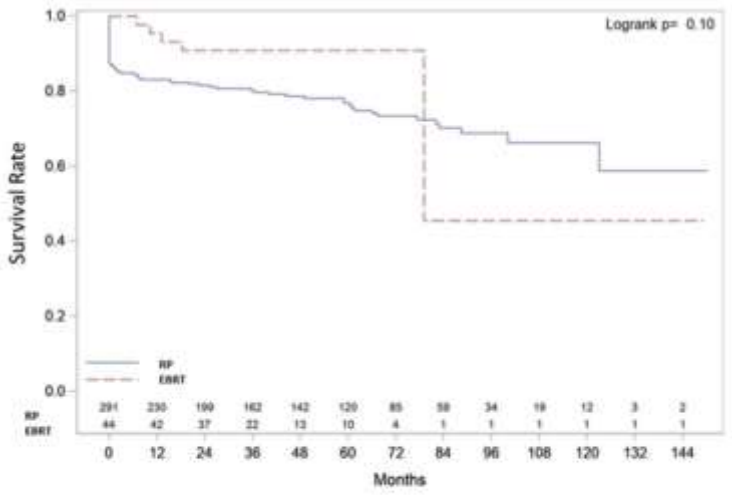


Figure 2:
MFS after RP versus EBRT

MFS 3y - 5y **RP**: 80 y 77%
MFS 3y - 5y **EBRT**: 91 y 90%

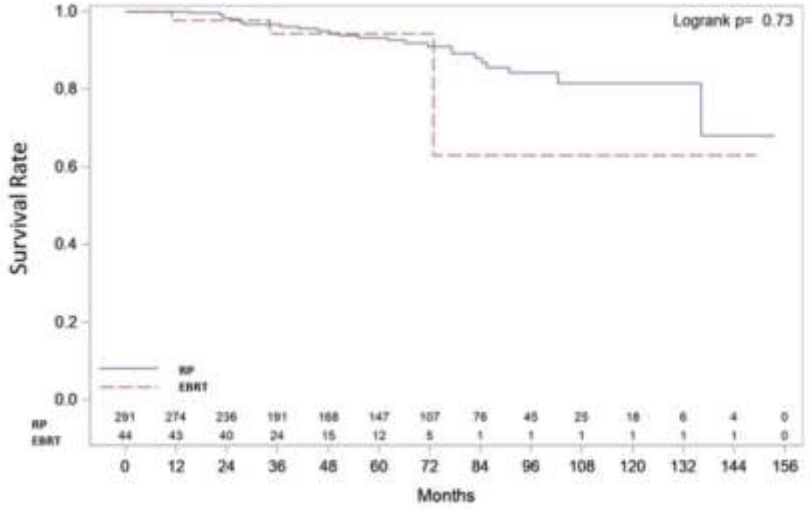


Figure 4:
OS after RP versus EBRT

OS **RP**: 98%
OS **EBRT**: 94%

EVIDENCIA CIENTÍFICA

RADIOTERAPIA VS CIRUGÍA COMO MANEJO INICIAL EN GRUPO DE ALTO RIESGO LOCALIZADO

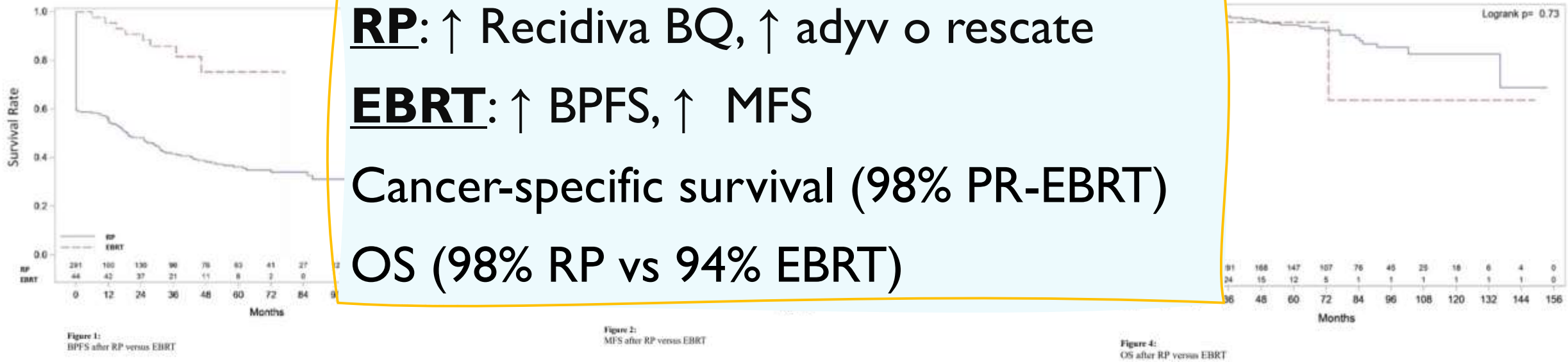


Figure 1:
BPFS after RP versus EBRT

Figure 2:
MFS after RP versus EBRT

Figure 4:
OS after RP versus EBRT

RP: ↑ Recidiva BQ, ↑ adyv o rescate

EBRT: ↑ BPFS, ↑ MFS

Cancer-specific survival (98% PR-EBRT)

OS (98% RP vs 94% EBRT)

BPFS 3y - 5y **RP**: 42 y 36 %
BPFS 3y - 5y **EBRT**: 86 y 75%

MFS 3y - 5y **RP**: 80 y 77%
MFS 3y - 5y **EBRT**: 91 y 90%

OS RP: 98%
OS EBRT: 94%

EVIDENCIA CIENTÍFICA

RADIOTERAPIA Y HORMONOTERAPIA

La dependencia de los andrógenos en el cáncer de próstata se descubrió en el año **1942**.

CaPSURE (Cancer of the Prostate Strategic Urologic Research Endeavor): ↑ ↑ RT+HT.

TABLE 3

Randomized studies of combined radiotherapy ± androgen deprivation therapy

Study	Pat.	Arm A	Arm B	bNED (%) arm A/B	PCSM (%) arm B/B	OS (%) arm A/B	FU
PR3/PR07 (20, e15)	1205	RT + ADT lifelong	ADT	93.2/80	9/20	74/66	7 y
SPCG-7/SFUO-3 (21)	875	RT + ADT lifelong	ADT	74.1/25,3	11.9/23.9	69.4/60.6	7.6 y
DART01/05 GICOR (e16)	365	RT + 4 mth ADT	RT + 28 mth ADT	81/90	–	86/95	5.2 y
D'Amico (e17)	206	RT + 6 mth ADT	RT	81/46	3.9/13.4	74/61	8.2 y
Jones et al. (30)	1979	RT + 4 mth ADT	RT	59/74	4/8	62/57	9.1 y
RTOG 86–10 (e18)	471	RT + 4 mth ADT	RT	35/20	23/36	42.6/33.8	13.2 y
RTOG 85–31 (e19)	977	RT + ADT lifelong	RT	77/62	16/22	49/39	9.6 y
RTOG 92–02 (e20)	1554	RT + 24 mth	RT + 4 mth ADT	48.1/31.9	11.3/16.1	51.6/53.9	11.2 y
Bolla et al. (e21)	415	RT + 36 mth ADT	RT	47.7/22.7	10/30	58.1/39,8	9.1 y
Bolla et al. (38)	970	RT + 36 mth. ADT	RT + 6 mth ADT	78.3/58.9	3.2/4.7	84.8/81	6.4 y

Pat., number of patients; bNED, biochemically no evidence of disease (biochemical absence of recurrence);
PCSM, prostate cancer specific mortality; OS, overall survival; FU, follow-up;
Mth, months; y, years; RT, radiotherapy; ADT, androgen deprivation therapy
Fields with green borders represent significant differences. Fields containing red text show non-significant differences.

EVIDENCIA CIENTÍFICA

EORTC 22863

RADIOTERAPIA Y HORMONOTERAPIA

415 pacientes

- 91% alto riesgo, 9% riesgo intermedio
- RT sola vs **RT + TDA 36 meses**

Resultados

- OS 5y: 62% vs **78%**
- OS 10y: 40% vs **58%**

Clinical Trial > Lancet Oncol. 2010 Nov;11(11):1066-73. doi: 10.1016/S1470-2045(10)70223-0. Epub 2010 Oct 7.

External irradiation with or without long-term androgen suppression for prostate cancer with high metastatic risk: 10-year results of an EORTC randomised study

Michel Bolla [1], Geertjan Van Tienhoven, Padraig Warde, Jean Bernard Dubois, René-Olivier Mirimanoff, Guy Storme, Jacques Bernier, Abraham Kuten, Cora Sternberg, Ignace Billiet, José Lopez Torecilla, Raphael Pfeffer, Carmel Lino Cutajar, Theodore Van der Kwast, Laurence Collette

Affiliations + expand

PMID: 20933466 DOI: 10.1016/S1470-2045(10)70223-0

EVIDENCIA CIENTÍFICA

EORTC 22961

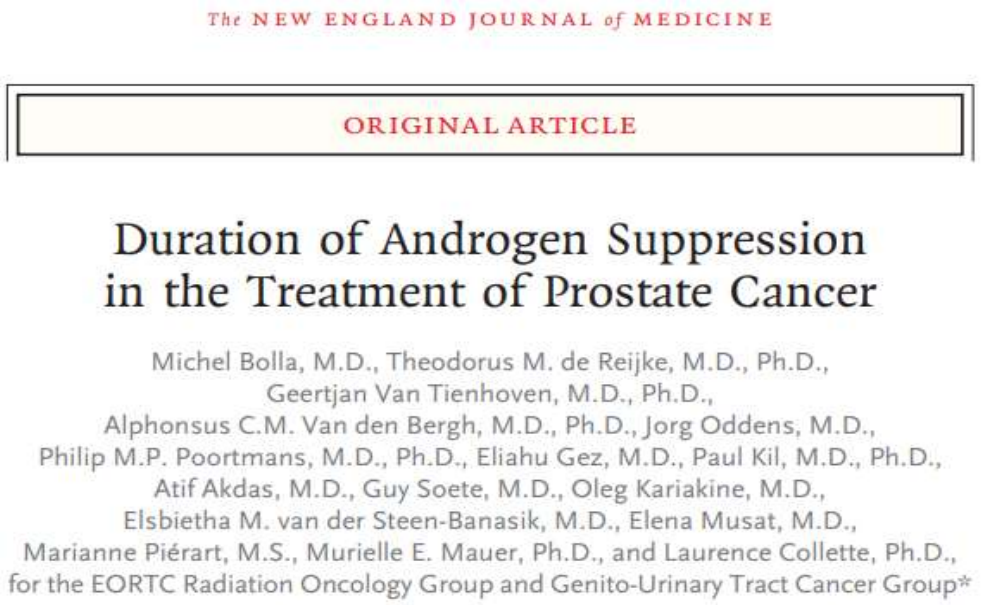
RADIOTERAPIA Y HORMONOTERAPIA

1113 pacientes

- 970 asignados al azar
- 483 **HT 6m** vs 487 **HT 36m**

Resultados

- OS 5y: 81% vs **85%**
- Ambos: Fatiga, sofocos, menor libido



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Duration of Androgen Suppression in the Treatment of Prostate Cancer

Michel Bolla, M.D., Theodorus M. de Reijke, M.D., Ph.D., Geertjan Van Tienhoven, M.D., Ph.D., Alphonsus C.M. Van den Bergh, M.D., Ph.D., Jorg Oddens, M.D., Philip M.P. Poortmans, M.D., Ph.D., Eliahu Gez, M.D., Paul Kil, M.D., Ph.D., Atif Akdas, M.D., Guy Soete, M.D., Oleg Kariakine, M.D., Elsbietha M. van der Steen-Banasik, M.D., Elena Musat, M.D., Marianne Piérart, M.S., Murielle E. Mauer, Ph.D., and Laurence Collette, Ph.D., for the EORTC Radiation Oncology Group and Genito-Urinary Tract Cancer Group*

EVIDENCIA CIENTÍFICA

EORTC 22961

RADIOTERAPIA Y HORMONOTERAPIA

1113

- 970 a
- 483 I

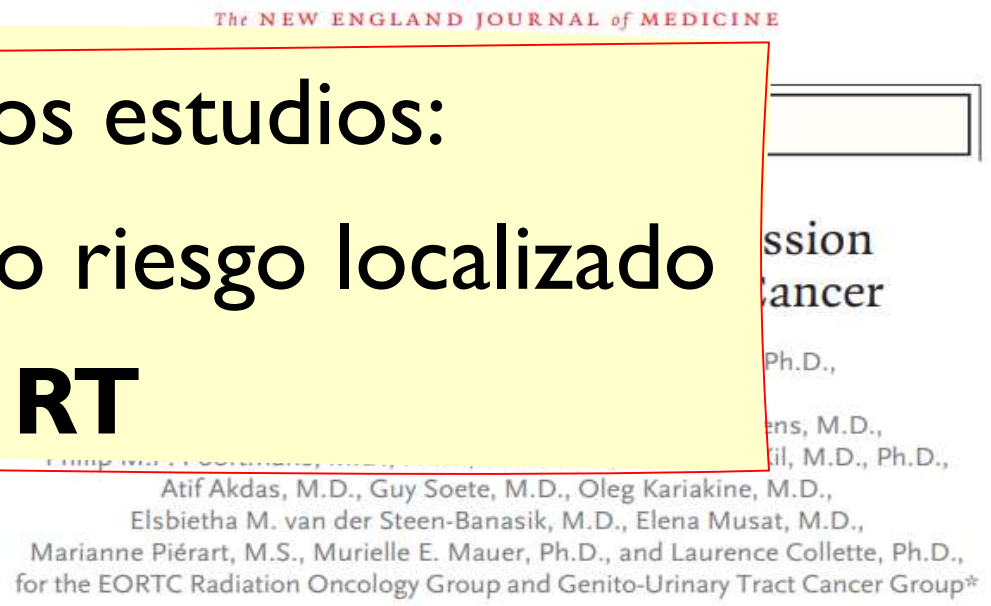
Resultados

- OS 5y: 81% vs **85%**
- Ambos: Fatiga, sofocos, menor libido

Resultados de ambos estudios:

estándar actual en CaP alto riesgo localizado

TDA 3y + RT


The NEW ENGLAND JOURNAL of MEDICINE

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for the EORTC Radiation Oncology Group and Genito-Urinary Tract Cancer Group*

EVIDENCIA CIENTÍFICA

RADIOTERAPIA Y HORMONOTERAPIA

Abiraterone acetate and prednisolone with or without enzalutamide for high-risk non-metastatic prostate cancer: a meta-analysis of primary results from two randomised controlled phase 3 trials of the STAMPEDE platform protocol

Gerhardt Attard, Laura Murphy, Noel W Clarke, William Cross, Robert J Jones, Christopher C Parker, Silke Gillessen, Adrian Cook, Chris Brawley, Claire L Amos, Nafisah Atako, Cheryl Pugh, Michelle Buckner, Simon Chowdhury, Zafar Malik, J Martin Russell, Clare Gilson, Hannah Rush, Jo Bowen, Anna Lydon, Ian Pedley, Joe M O'Sullivan, Alison Birtle, Joanna Gale, Narayanan Srihari, Carys Thomas, Jacob Tanguay, John Wagstaff, Prantik Das, Emma Gray, Mymoona Alzoueb, Omi Parikh, Angus Robinson, Isabel Syndikus, James Wylie, Anjali Zarkar, George Thalmann, Johann S de Bono, David P Dearnaley, Malcolm D Mason*, Duncan Gilbert, Ruth E Langley, Robin Millman, David Matheson, Matthew R Sydes†, Louise C Brown†, Mahesh K B Parmar†, Nicholas D James†, on behalf of the Systemic Therapy in Advancing or Metastatic Prostate cancer: Evaluation of Drug Efficacy (STAMPEDE) investigators‡*

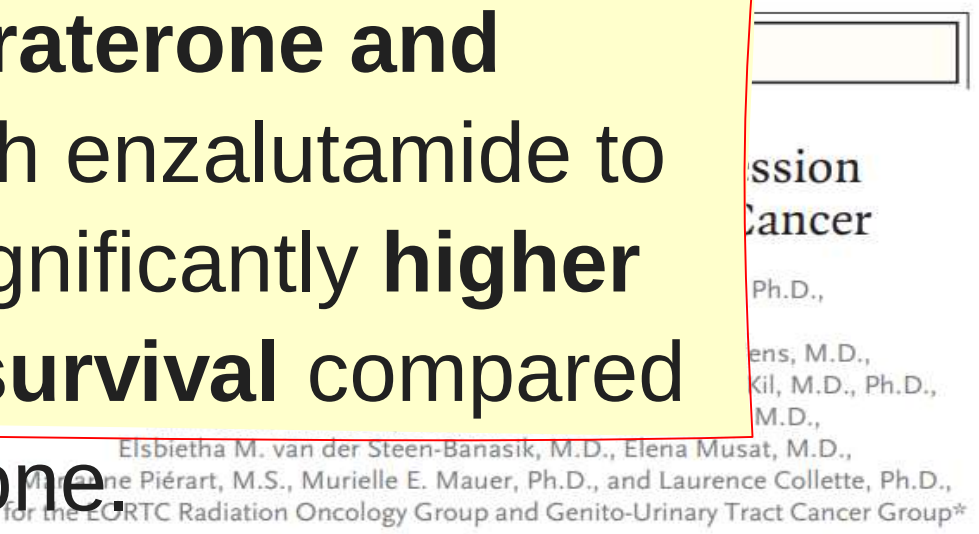
1113

- 970
- 483

Resultados

- OS 5y: 81% vs **85%**
- Ambos: Fatiga, sofocos, menor libido

STAMPEDE: Adding **abiraterone and prednisolone** alone or with enzalutamide to **ADT** is associated with significantly **higher rates of metastasis-free survival** compared with ADT alone.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NUESTRO PACIENTE…

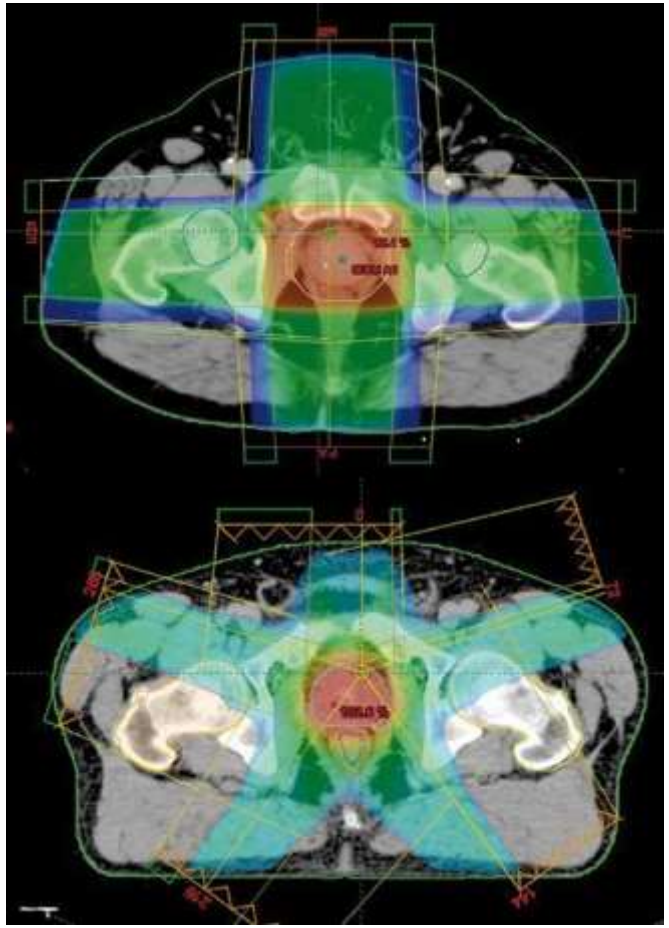
RT CONFORMADA 3D (fin junio 2018)

28 fx, DOSIS:

- PELVIS – ÁREAS GG: **50'4 Gy**, fx 1'8Gy
- VESÍCULAS SEMINALES: **56 Gy**, fx 2Gy
- PRÓSTATA: **70 Gy**, fx 2'5Gy

HORMONOTERAPIA

BICALUTAMIDA 50mg 1 diario (1 mes, 30 cp) +
TRIPTORELINA SEMESTRAL iny (2 años)



CONCLUSIONES

TAKE HOME MESSAGES

- **TDA+RT** > RT sola u HT
- TDA **36 meses… Terapia combinada**
- Elección **pacientes**: riesgo/beneficio
- **Técnicas** modernas RT: precisión

“El futuro depende de lo que hacemos en el presente” – Mahatma Gandhi

¡GRACIAS!