



SCUOLA di **URONCOLOGIA**

TUMORE della **PROSTATA**

21-22 NOVEMBRE 2014

ROMA

HOTEL SHERATON GOLF
PARCO DE' MEDICI

Viale Rebecchini, 145



Ospedale
Sacro Cuore - Don Calabria
Negrar (Verona)

CASO CLINICO

Filippo Alongi

Direttore

Unità Operativa Complessa di Radioterapia
Oncologica



Paziente di anni 64



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- ✓ nessuna comorbidità in anamnesi

- ✓ 2010: PSA 21 ng/ml

- ✓ biopsia prostatica: E.I.: Adenocarcinoma GS 3+3 su tutti i prelievi e 1 focolaio 3+4

- ✓ Aprile 2011: esegue **HIFU**

- ✓ Novembre '11: PSA 0,13 ng/ml

- ✓ Aprile 2013: progressivo rialzo del PSA sino a 2 ng/ml

- ✓ Maggio 2013 PET-TC colina:
“captazione del radiofarmaco in loggia prostatica riferibile a recidiva della
nota malattia”

- ✓ settembre 2013 **RT-VMAT** su prostata e delle vescicole seminali (71.4/65.5 Gy in 28 frazioni)

- ✓ novembre 2013 PSA post-RT: 0,37 ng/ml

Paziente di anni 64



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✓ ...in circa 8 mesi, progressivo rialzo del **PSA** (**0,43** → **0,56** → **2.52** ng/ml)

✓ Luglio 2014 PET-TC colina:
“iperaccumulo patologico sul tratto D11-D12; debole captazione prostatica”

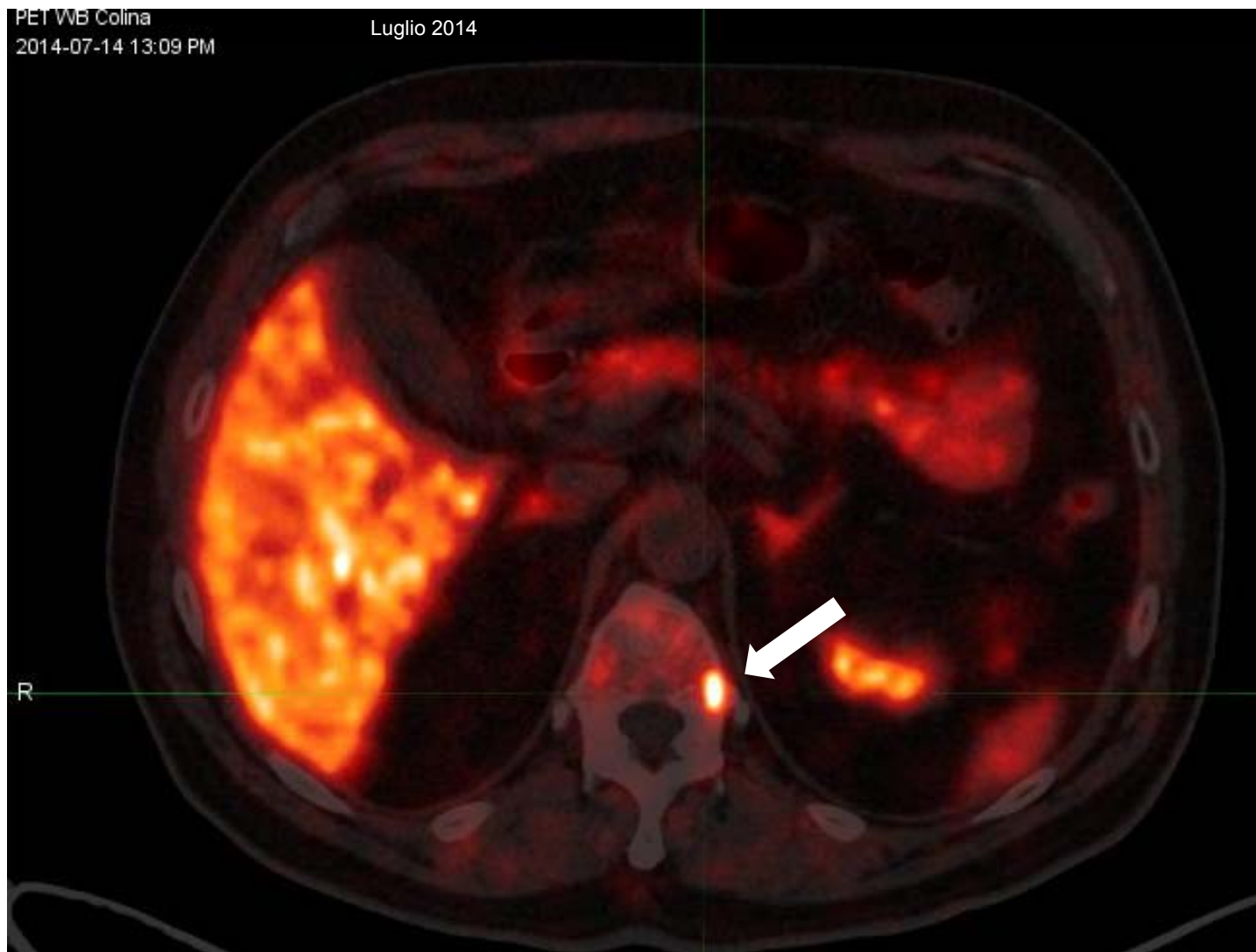
✓ E.O.: non dolore alla digito-pressione/percussione del rachide in toto

N.B. paziente rifiuta Ormonoterapia

PET-colina pre-RT



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Surveillance or metastasis-directed Therapy for OligoMetastatic Prostate cancer recurrence (STOMP): study protocol for a randomized phase II trial

Karel Decaestecker¹, Gert De Meerleer², Filip Ameye³, Valerie Fonteyne², Bieke Lambert⁴, Steven Joniau⁵, Louke Delrue⁶, Ignace Billiet⁷, Wim Duthoy⁸, Sarah Junius⁹, Wouter Huysse⁶, Nicolaas Lumen¹ and Piet Ost^{2*}

Abstract

Background: Metastases-directed therapy (MDT) with surgery or stereotactic body radiotherapy (SBRT) is emerging as a new treatment option for prostate cancer (PCa) patients with a limited number of metastases (≤ 3) at recurrence – so called “oligometastases”. One of the goals of this approach is to delay the start of palliative androgen deprivation therapy (ADT), with its negative impact on quality of life. However, the lack of a control group, selection bias and the use of adjuvant androgen deprivation therapy prevent strong conclusions from published studies.

The aim of this multicenter randomized phase II trial is to assess the impact of MDT on the start of palliative ADT compared to patients undergoing active surveillance.

Methods/Design: Patients with an oligometastatic recurrence, diagnosed on choline PET/CT after local treatment with curative intent, will be randomised in a 1:1 ratio between arm A: active surveillance only and arm B: MDT followed by active surveillance. Patients will be stratified according to the location of metastasis (node vs. bone metastases) and PSA doubling time (≤ 3 vs. > 3 months). Both surgery and SBRT are allowed as MDT. Active surveillance means 3-monthly PSA testing and re-imaging at PSA progression. The primary endpoint is ADT-free survival. ADT will be started in both arms at time of polymetastatic disease (> 3 metastatic lesions), local progression or symptoms. The secondary endpoints include progression-free survival, quality of life, toxicity and prostate-cancer specific survival.

Discussion: This is the first randomized phase 2 trial assessing the possibility of deferring palliative ADT with MDT in oligometastatic PCa recurrence.

Trial registration: Clinicaltrials.gov identifier: NCT01558427

Keywords: Oligometastases, Prostate cancer, Salvage treatment, Stereotactic body radiotherapy, Salvage lymph node dissection, Active surveillance, Androgen deprivation therapy, Quality of life, Survival

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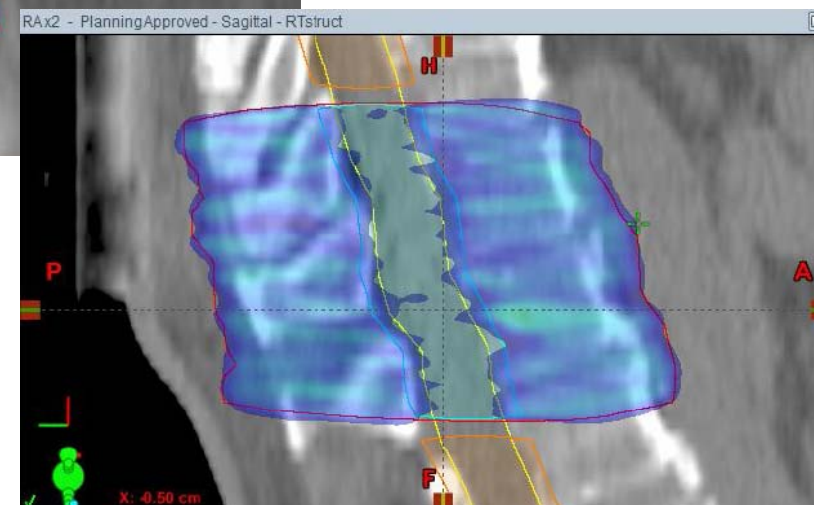
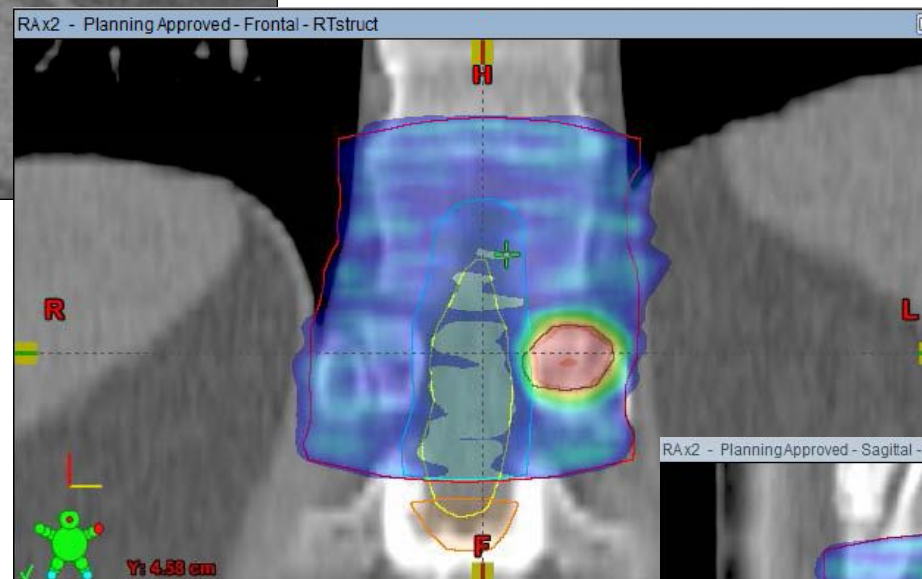
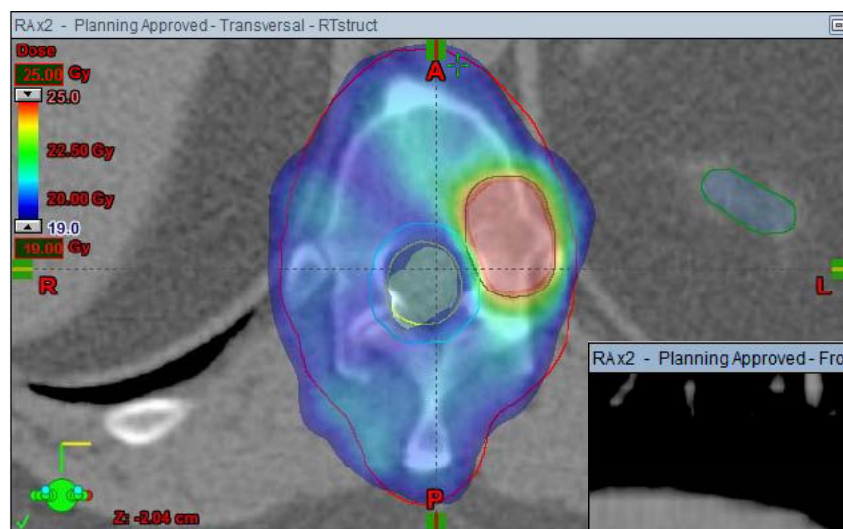


Platinum Priority – Review – Prostate Cancer
Editorial by XXX on pp. x–y of this issue

Metastasis-directed Therapy of Regional and Distant Recurrences After Curative Treatment of Prostate Cancer: A Systematic Review of the Literature

Piet Ost^{a,}, Alberto Bossi^b, Karel Decaestecker^c, Gert De Meerleer^a, Gianluca Giannarini^d, R. Jeffrey Karnes^e, Mack Roach III^f, Alberto Briganti^g*

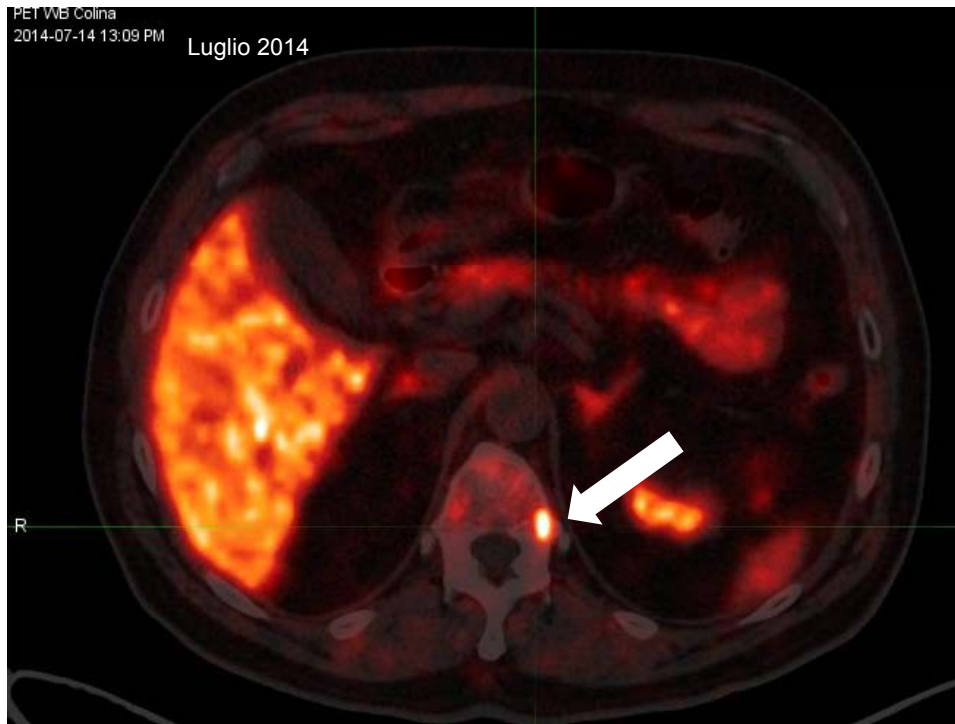
Context: The introduction of novel imaging modalities has increased the detection of oligo-metastatic prostate cancer (PCa) recurrence, potentially justifying the use of a metastasis-directed therapy (MDT) with surgery or radiotherapy (RT) rather than a systemic approach.



- Dosi: 25 Gy su D11-D12 in 5 frazioni
30 Gy sulla lesione con Boost Simultaneo

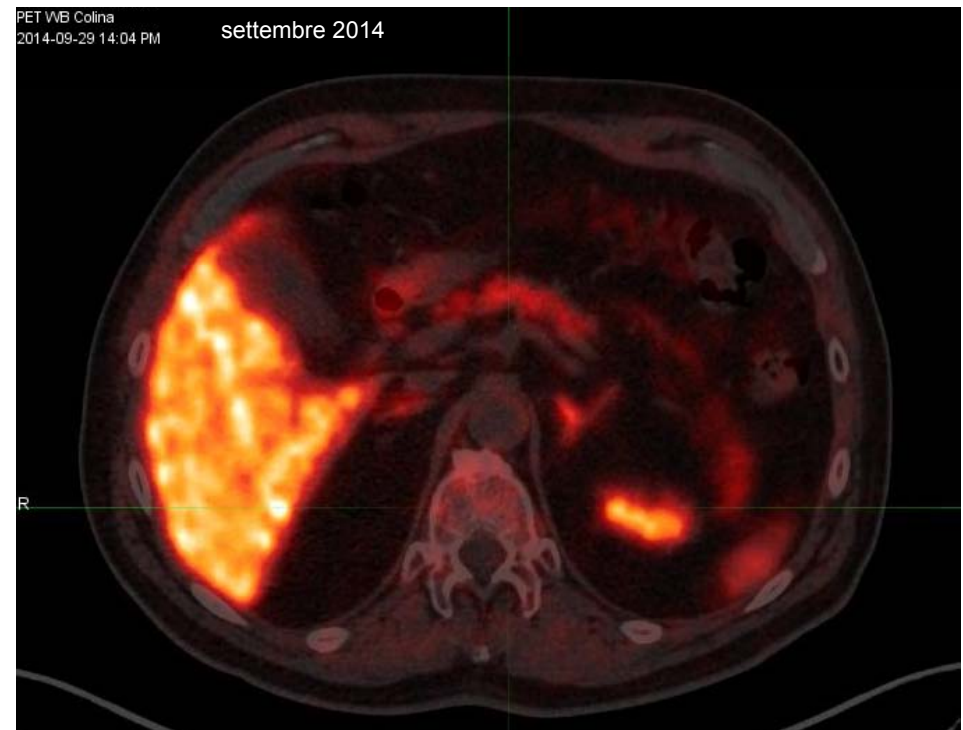


PET-colina pre-RT



PSA: 2.52 ng/ml

PET-colina post-RT



PSA: 1.49 ng/ml