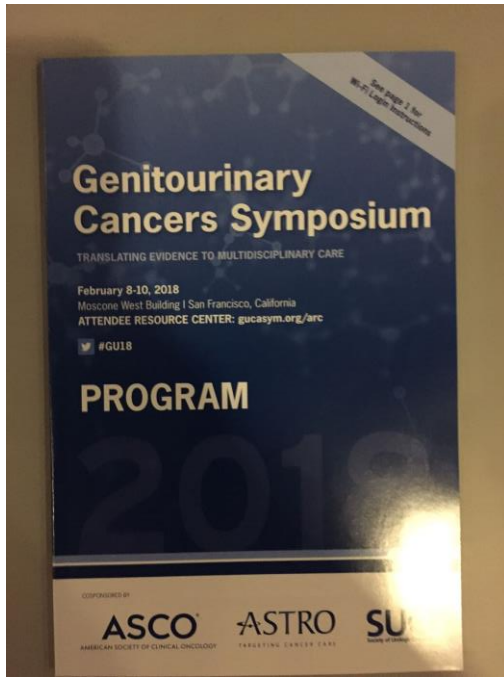


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Università Vita-Salute San Raffaele, Milano



4300 partecipanti

PROGRAMME

11.00 - 12.30 Prostate Cancer
A. Briganti, O. Caffo, A. Lapini, F. Nolè,
F. Porpiglia

11.00
ONCOLOGY
The role of early hormonal manipulation and
immunotherapy in CRPC
O. Caffo
DISCUSSANT **A. Lapini**

11.20
RADIOTHERAPY
Advances in radiation therapy for prostate
cancer
A. Bossi
DISCUSSANT **O. Caffo**

11.40
UROLOGY
Combination treatments and imaging
guided surgery
F. Porpiglia
DISCUSSANT **A. Briganti**

12.00
Case presentation, discussion on hot topics
A. Briganti, O. Caffo, A. Lapini, F. Nolè,
F. Porpiglia



WHATSAPP GROUP (>300
MESSAGGI)

CAMPAGNA TWITTER

RICERCA SLIDE ON SITE

1 INCONTRO A ROMA

3 TEL CALLS

57 EMAIL

PRESENTAZIONE CASI CLINICI

A dire il vero neanche per questa presentazione ho lavorato così tanto...
L'anno prossimo magari ci penso un po' su...



Clinical case 1

- ✓ 54 y.o.
- ✓ **November 2011:** RARP with ePLND
- ✓ pT3a pN0 R0, Gleason 4+3
- ✓ 22 nodes removed
- ✓ Postoperative PSA: <0.001 ng/ml
- ✓ **January 2014:** PSA 0.4 ng/ml
- ✓ **May 2014:** PSA 0.7 ng/ml



Treatment Options

- ✓ Observation and repeat PSA in 3 months
- ✓ PSMA/Choline PET/CT scan
- ✓ Salvage radiotherapy
- ✓ Salvage radiotherapy + ADT

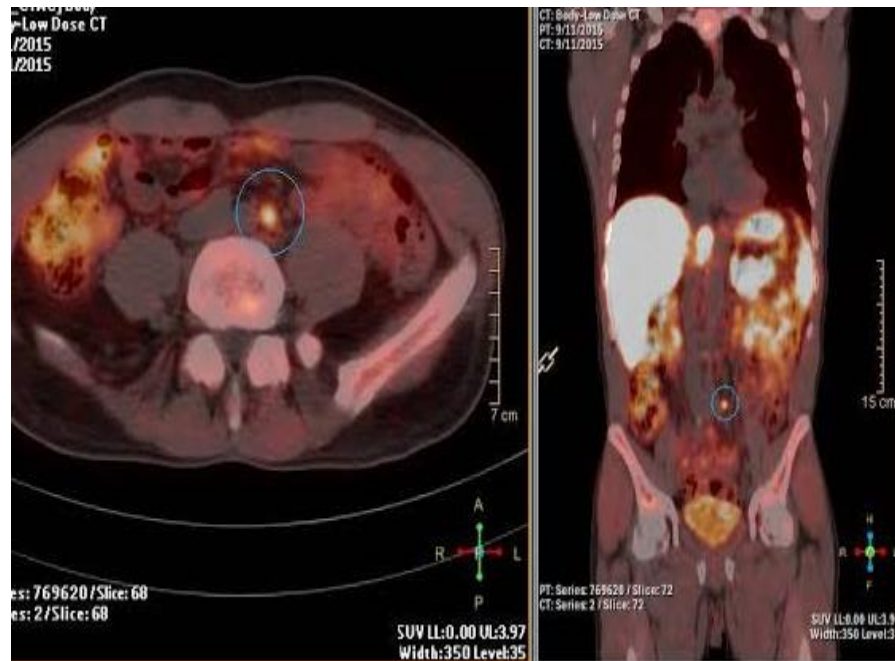


Clinical case 1

Prostate-specific antigen (PSA) recurrence after radical prostatectomy	LE	Strength rating
Perform imaging only if the outcome will influence subsequent treatment decisions.		Strong
If the PSA level is ≥ 1 ng/mL, perform a prostate-specific membrane antigen positron emission tomography computed tomography (PSMA PET/CT), if available, or a choline PET/CT imaging otherwise.	2b	Weak

Clinical case 1

- ✓ PSA: 0.7 ng/ml
- ✓ 1 positive spots at PSMA PET/CT scan



Treatment Options

- ✓ Observation
- ✓ ADT
- ✓ ADT + chemotherapy
- ✓ Stereotactic RT (+/- ADT)
- ✓ Salvage lymph node dissection



6.3.6 *Salvage lymph node dissection*

Novel imaging modalities improve the early detection of nodal metastases [702]. The surgical management of (recurrent) nodal metastases in the pelvis has been the topic of several retrospective analyses [410, 702, 703]. The majority of treated patients showed BCR but clinical recurrence-free and CSS ten-year survival over 70% has been reported [410, 704]. Neither the template nor the real value of nodal salvage dissection is available. It must, however, be remembered that the imaging modalities under-evaluate the real nodal involvement. Biochemical recurrence rates were found to be dependent on PSA at surgery and location and number of positive nodes [705]. Addition of RT to the lymphatic template after salvage LND may improve the BCR rate [706]. The real efficacy of this salvage procedure remains unproven, as is its impact on survival [707].

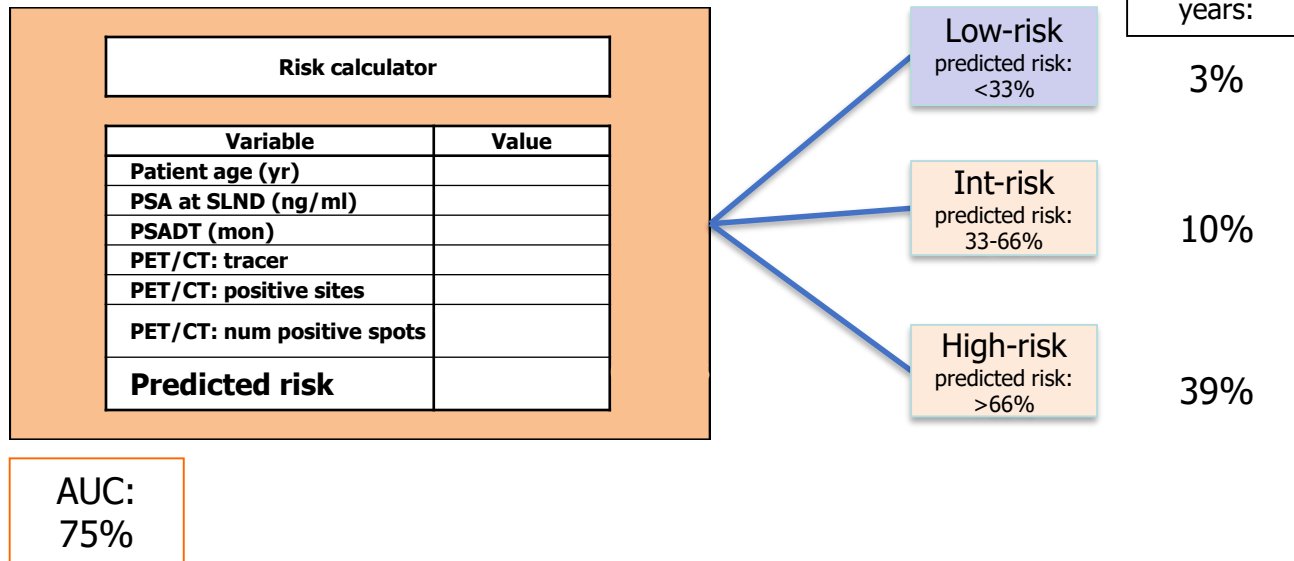
Recommendations for systemic salvage treatment	
Do not offer androgen deprivation therapy to M0 patients with a PSA-DT > twelve months.	Strong

Identifying the optimal candidate for SLND

Outcome: systemic progression after SLND

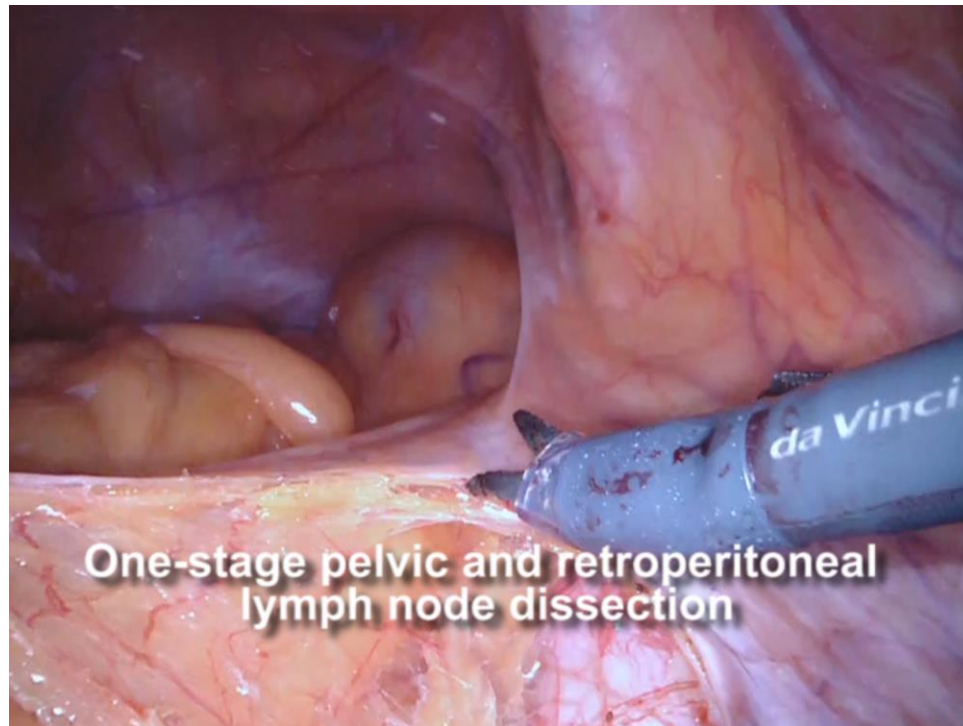
- bone metastasis (M1b)
- visceral metastasis (M1c)

Median follow-up after SLND: 44 months



Fossati et al , Eur urol, under review

Clinical case 1



November 2014: robot-assisted salvage lymph node dissection including the pelvic and retroperitoneal nodes – 5 positive nodes at final pathology out of 38 removed

Management Options

- ✓ Observation
- ✓ ADT /MAB
- ✓ ADT + chemotherapy
- ✓ Adjuvant RT (+/- ADT)



Clinical case 2

January 2015:

✓ PSA 0.3 ng/ml

April 2015:

✓ PSA 0.3 ng/ml

July 2015:

✓ PSA 0.36 ng/ml

October 2015:

✓ PSA 0.51 ng/ml

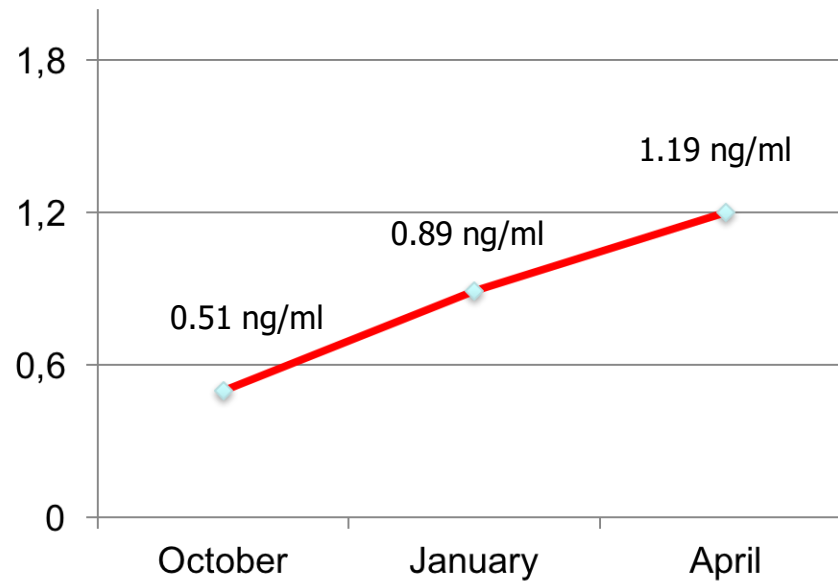
Management Options

- ✓ Observation
- ✓ ADT /MAB
- ✓ ADT + chemotherapy
- ✓ Adjuvant RT (+/- ADT)
- ✓ Re-staging with PET

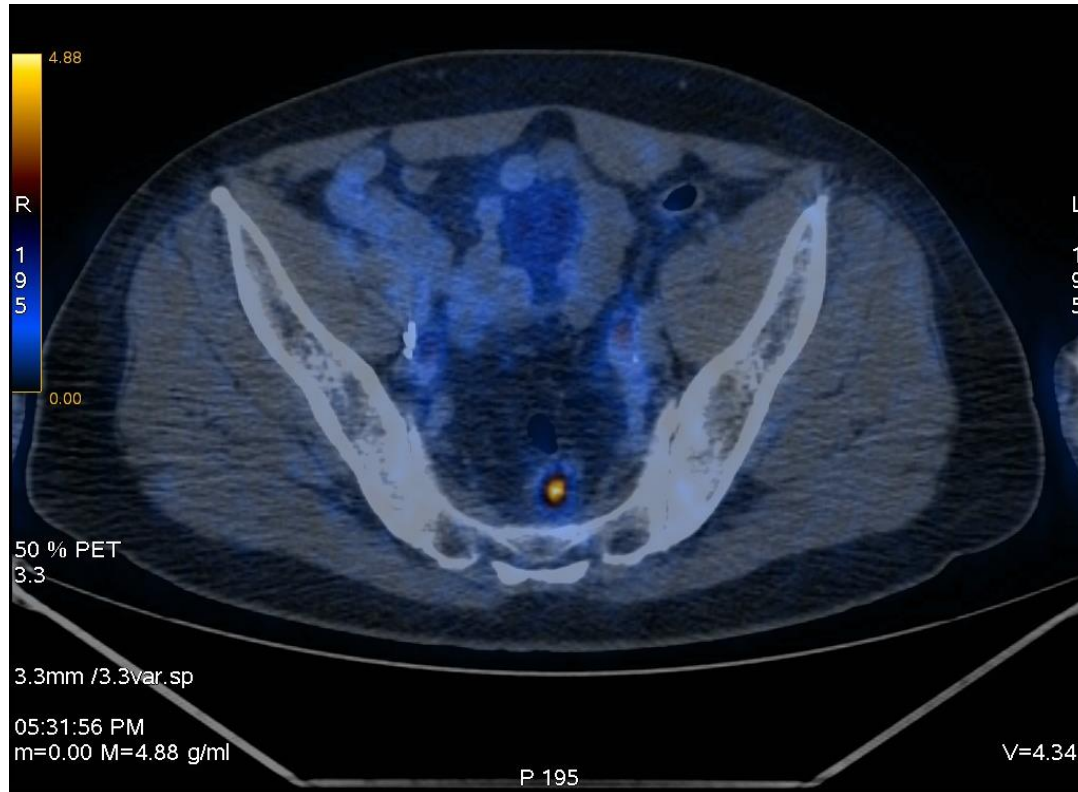


RE-STAGING WITH PSMA – PET

- ✓ No tracer uptake (Negative assessment)



Re-staging with PET



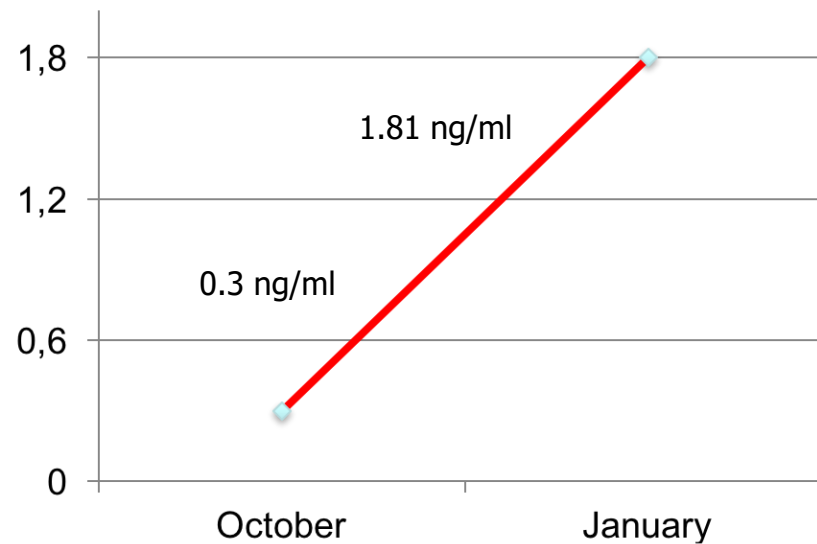
Management Options

- ✓ Observation
- ✓ ADT /ADT
- ✓ ADT + chemotherapy
- ✓ Re-do salvage LND
- ✓ Salvage RT on the node +/- ADT
- ✓ Whole pelvis RT with boost on the node+ ADT

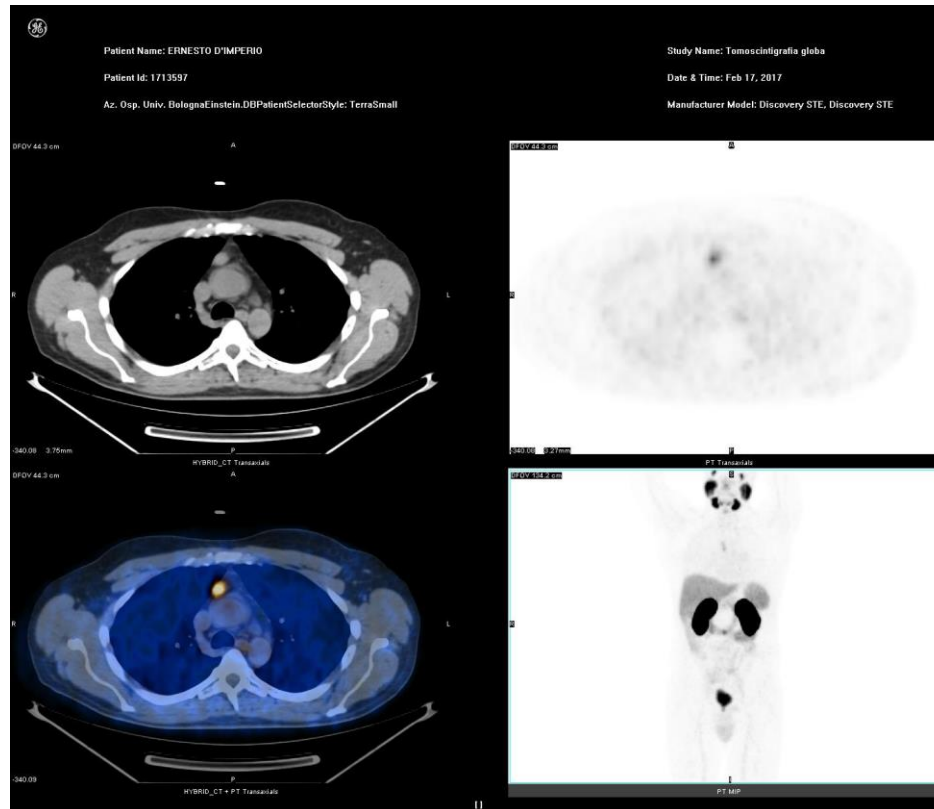


After MDT consultation, the patient received Whole pelvis RT + boost to the node and 6 months of ADT

6 MONTHS AFTER...



Re-staging with PET



Management Options

- ✓ Observation
- ✓ ADT/MAB
- ✓ ADT + chemotherapy
- ✓ RT to the lesion
- ✓ Surgical resection



Nodule resection (Thoracoscopy)

Poorly differentiated adenocarcinoma of prostatic origin

No post-operative complications



PSA 40 days after resection: 0.11 ng/ml

The patient decided for adjuvant ADT.. Still on ADT..

Clinical case 2

- ✓ 73 y.o. (now)
- ✓ **No significant comorbidities**
- ✓ **November 2007:** RARP with ePLND
- ✓ pT3a, R1 pN0, Gleason 4+3
- ✓ 19 nodes removed
- ✓ Postoperative PSA: not available
- ✓ **Adjuvant RT (prostatic fossa): 72 Gy**



POST-OPERATIVE FOLLOW- UP NEGATIVE (TILL JUNE 2017)

- ✓ JUNE 2017: 0.06 ng/ml
- ✓ JANUARY 2018: 0.25 ng/ml
- ✓ FEBRUARY 2018: 0.36 ng/ml



In addition, mild edema of the right leg

Staging with PSMA - PET

Multiple uptakes in the lymph nodes and bones:

- 1. Lymph nodes:** multiple adenopathies at the level of the obturator area (5*3 cm), common iliac area, pre-sacral, aortic bifurcation, paraaortic left (renal hyluym)
- 2. Bones:** 3 focalities of uptake (right iliac bone, L1, D8)

Treatment Options

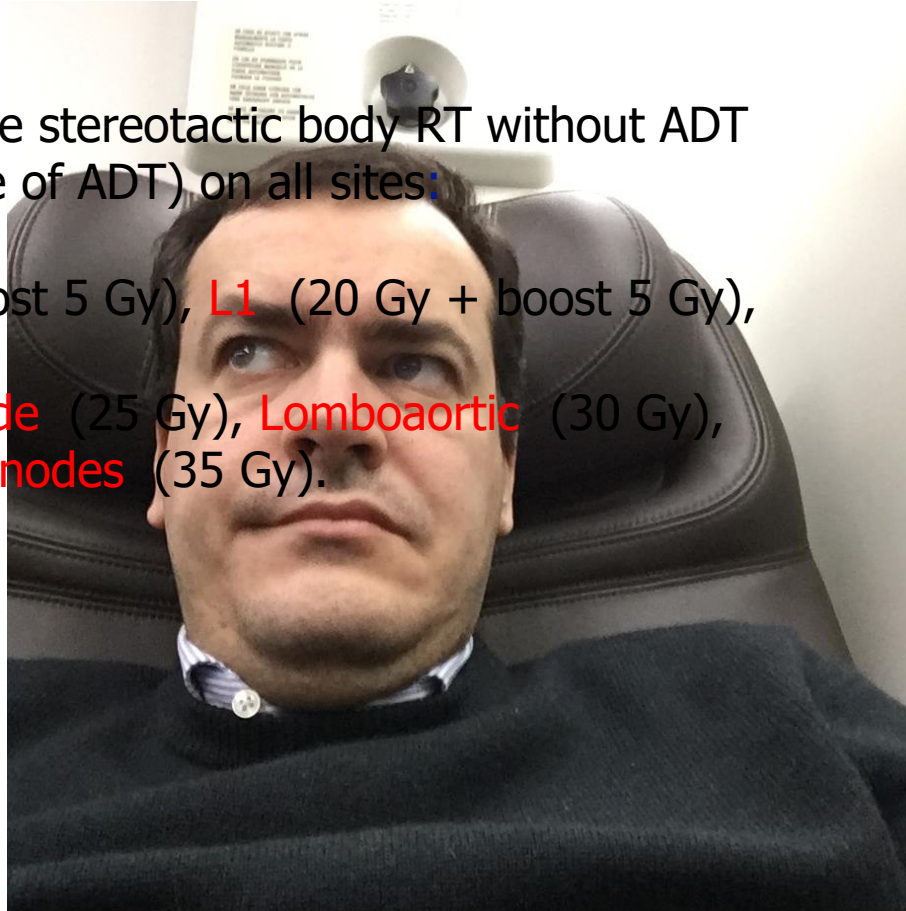
- ✓ Observation and repeat PSA in 3 months
- ✓ Additional imaging/biomarkers
- ✓ Salvage stereotactic body RT +/-ADT
- ✓ ADT
- ✓ ADT + Chemotherapy
- ✓ Biopsy of the biggest obturator node and evaluate tumor differentiation



Treatment Given

March 2018: Salvage stereotactic body RT without ADT (aim: post-pone use of ADT) on all sites:

1. **D8** (20 Gy + boost 5 Gy), **L1** (20 Gy + boost 5 Gy),
2. **Common iliac node** (25 Gy), **Lomboartical** (30 Gy), and **right obturator nodes** (35 Gy).



POST-OPERATIVE FOLLOW- UP NEGATIVE (TILL JUNE 2017)

- ✓ MAY 2018: 0.28 ng/ml (0.34 NG/ML before treatment)



PSMA PET: reduction in intensity of all treated lesions except likely due to initial response to RT, except for for a new lesion in the right iliac bone

Treatment Options

- ✓ Observation and repeat PSA in 3 months
- ✓ Additional imaging/biomarkers
- ✓ Salvage stereotactic body RT +/-ADT on the iliac lesion
- ✓ ADT
- ✓ ADT + Chemotherapy

