PROSTATE CANCER

EARLY DETECTION ACTION PLAN BASED ON DRE/PSA

DRE DRE+ TRUS/BX regardless of PSA
PSA PSA 0-4 Yearly followup
PSA 4-10 Get free PSA

>20 = Follow
<20 = TRUS/BX

PSA > 10 TRUS/BX

ARGUMENTS AGAINST/FOR TREATMENT OF EARLY PROSTATE CANCER

1. The cancer may be “insignificant”. 1. All palpable cancer is significant and most impalpable cancers with elevated PSA are >.5cc in volume and therefore considered significant
2. Prostate cancer grows slowly 2. Growth is not linear; small lesions become large with time
3. Rx impacts QOL adversely 3. Lack of Rx impacts QOL adversely
4. Cost of Rx is high 4. Cost of not treating is often higher, esp. toward end of life due to bone mets, ureteral obstruction, and bleeding.

CLINICAL STAGING BY DRE

Localized  T1- non palpable
T1a <5% of gland involved
T2b >5% of gland involved
T1c Elevated PSA only

T2- palpable
T2a Nodule <1/2 lobe
T2b Nodule > ½ lobe
T2c Bilateral palpable disease

Non-localized  T3- extension beyond gland
T4- invades contiguous organs or is fixed

TREATMENT OPTIONS FOR LOCALIZED DISEASE

1. Watchful Waiting Especially appropriate with:
   - Well differentiated cancer
   - Over 75 years of age
   - Over age 80 often Rx of choice in asymptomatic men
   - Life expectancy <5-10 years

2. Curative intent

   Radical prostatectomy <70 yrs old, life expectancy 10 years or more
   - 90+% 10 yr disease specific survival
   - Incontinence +/- 2% severe, 20-25% mild stress
   - Impotence 50-90%, depending on nerve sparing

   External beam XRT >70 yrs old, life expectancy < 10 years
   - Incontinence rare, Impotence 50%
   - Rectal/bladder problems 10%
   - 65-75% 10 year survival

   Brachytherapy Same criteria as external beam
   - Impotence 25%, rectal/bladder problems < 5%
   - Survival ?- probably similar to external beam

   Cryotherapy Same criteria as radiation
   - Complications similar to surgery + fistula
   - Results ?
   - Rx of choice for radiation failures
3. Palliative Intent

Androgen Deprivation Therapy (ADT)

**Surgical castration**
- Effective, cheap, permanent

**Medical castration**
- LHRH agonists
  - Non-invasive, very expensive
  - Burns no bridges
  - Can be used intermittently

**Anti-androgens**
- Total androgen blockade (with castration)
  - Monotherapy?
  - Can become agonist

**Estrogens**
- As effective as castration
- DVT/cardiac risk limits use

Side effects of ADT:
- Hot flashes
- Loss of libido, potency, male self image
- Decreased vitality, sense of well being
- Gynecomastia

Early vs late treatment

**EARLY**
- Psychological benefit of active Rx
- Delays metastatic disease
- May prolong life

**LATE**
- Avoid side effects
- Saves effective Rx for mets or hormone resistance
- Avoids high cost of Rx