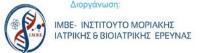
2021



Αθήνα

ΗΜΕΡΙΔΑ Σύγχρονοι Ουρολογικοί Προβληματισμοί Ξενοδοχείο Σεπτεμβρίου Crowne Plaza

τοπικά προχωρημένος και υψηλού κινδύνου καρκίνος του προστάτη – η Ακτινοθεραπεία αποτελεί τη βασική θεραπεία

Ιωάννης Γεωργακόπουλος Επίκουρος Καθηγητής Ακτινοθεραπευτικής Ογκολογίας ΕΚΠΑ

high risk & locally advanced PCa

high risk localized prostate cancer

- PSA> 20 ng/ml
- $Gr 4-5 (GS \ge 8)$
- clinical T stage ≥ T2c

locally advanced

any PSA, cT3-4 or cN+, any ISUP grade/GS

established role of radiotherapy

The NEW ENGLAND OUR NAT - MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

ORIGINAL ARTICLE

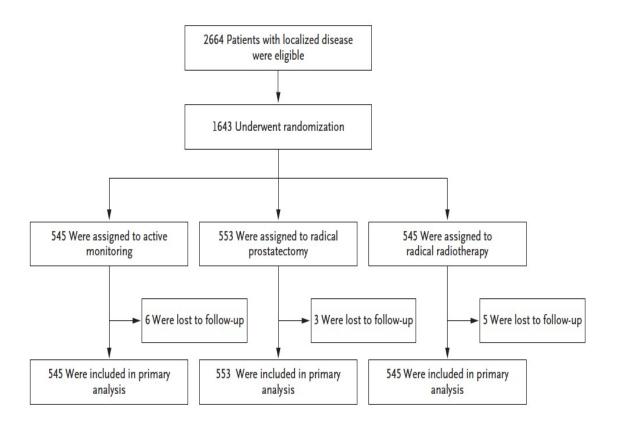
10-Year Outcomε

F.C. Hamdy, J.L. Donovan, J R.M. Martin, J. Oxley, M. Rot R. Kockelbergh, H. Kyn

Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer

J.L. Donovan, F.C. Hamdy, J.A. Lane, M. Mason, C. Metcalfe, E. Walsh, J.M. Blazeby, T.J. Peters, P. Holding, S. Bonnington, T. Lennon, L. Bradshaw, D. Cooper, P. Herbert, J. Howson, A. Jones, N. Lyons, E. Salter, P. Thompson, S. Tidball, J. Blaikie, C. Gray, P. Bollina, J. Catto, A. Doble, A. Doherty, D. Gillatt, R. Kockelbergh, H. Kynaston, A. Paul, P. Powell, S. Prescott, D.J. Rosario, E. Rowe, M. Davis, E.L. Turner, R.M. Martin, and D.E. Neal, for the ProtecT Study Group*

ProtecT



| | Active monitoring (n=545) | Radiotherapy (n=545) | Radical prostatectomy (n=553) |
|---------------------------|---------------------------|-------------------------|----------------------------------|
| Age at invitation (years) | | | |
| 49-54 | 58 (11%) | 62 (11%) | 69 (12%) |
| 55-59 | 140 (26%) | 141 (26%) | 137 (25%) |
| 60-64 | 184 (34%) | 176 (32%) | 172 (31%) |
| 65-69 | 163 (30%) | 166 (30%) | 175 (32%) |
| Median age (range) | 62 (50-69) | 62 (49-69)* | 62 (50-69) |
| PSA (μg/L) | | | |
| 3.0-5.9 | 373 (68%) | 373 (68%) | 371 (67%) |
| 6.0-9.9 | 116 (21%) | 121 (22%) | 123 (22%) |
| ≥10.0 | 56 (10%) | 51 (9%) | 59 (11%) |
| Median PSA (range; μg/L) | 4.6 (3.0-20.9)† | 4.6 (3.0-18.8) | 4-7 (3-0-18-4) |
| Gleason score | | | |
| 6 | 421 (77%) | 423 (78%) | 422 (76%) |
| 7 | 111 (20%) | 108 (20%) | 120 (22%) |
| 8-10 | 13 (2%) | 14 (3%) | 10 (2%) |
| Missing | 0 | 0 | 1(<1%) |
| Clinical stage | | | |
| T1c | 410 (75%) | 429 (79%) | 410 (74%) |
| T2 | 135 (25%) | 116 (21%) | 143 (26%) |

ProtecT

- 545 active monitoring
 - PSA q3 m x 1y, q6 m thereafter, rise of 50% in 12 m: consider biopsy
- 553 radical prostatectomy
- 545 radical radiotherapy
 - RT: 3DCRT 74 Gy (37 fr) + NAD (3-6 m)
- 10 y follow up
- Disease Progression, Cancer Specific Survival, Overall Survival, Metastasis
- Toxicity
- Quality of Life
 - baseline, 6 m, 12m and annually thereafter

ICIQ: International Consultation of Incontinence Questionnaire

EPIC: Expanded Prostate Cancer Index Composite

ICSmaleSF: International Continence Society male Short Form

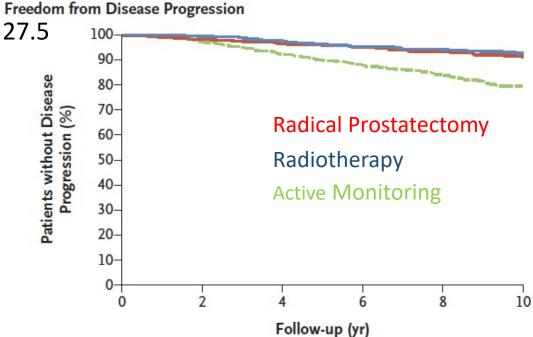
SF12: Medical Outcomes Study 12

HADS: Hospital Anxiety and Depression Scale

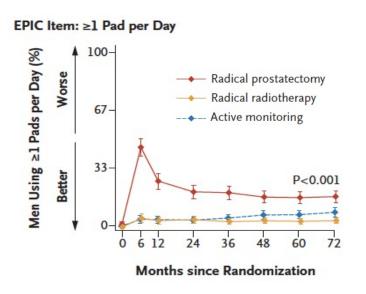
EORTC- QLQ C30

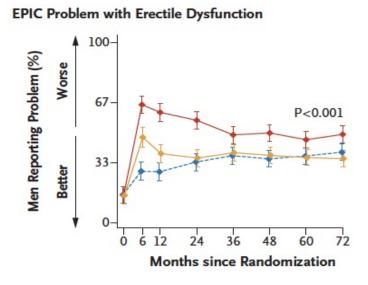
ProtecT oncological results

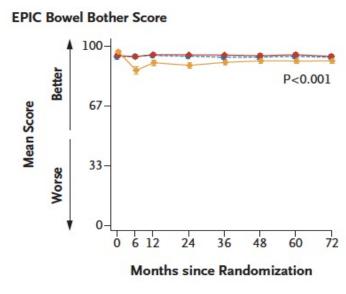
- Disease Progression
 - AM 112 men; 22.9 per 1000 person-years; 95% CI, 19.0 to 27.5
 - RP 46 men; 8.9 per 1000 person-years; 95% CI, 6.7 to 11.9
 - RT 46 men; 9.0 per 1000 person-years; 95% CI, 6.7 to 12.0 *p*<0.001
- Metastasis
 - AM 33 men; 6.3 per 1000 person-years; 95% CI, 4.5 to 8.8
 - RP 13 men; 2.4 per 1000 person-years; 95% CI, 1.4 to 4.2
 - RT 16 men; 3.0 per 1000 person-years; 95% CI, 1.9 to 4.9 p=0.004
- Prostate Cancer Specific Survival no significant difference



ProtecT toxicity

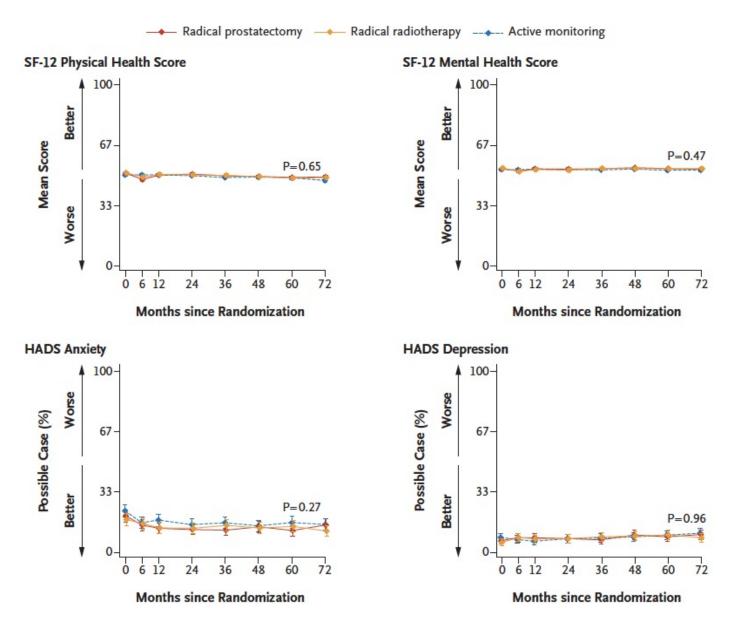






- prostatectomy greatest negative effect on urinary continence at 6 months; the effect of urinary incontinence on QoL worse in the prostatectomy group for 2 years, but then similar to that reported in the other groups
- nocturia increased in all groups; the increase particularly in the radiotherapy group at 6 months
- at baseline 67% of men reported **erections** firm enough for intercourse, but by 6 months this rate fell to 52% in the active-monitoring group, to 22% in the radiotherapy group, and to 12% in the prostatectomy group
- **bowel function** worse in the radiotherapy group than in other groups. However, there was then considerable recovery in the radiotherapy group for these measures, apart from more frequent **bloody stools**

ProtecT QoL



high risk & locally advanced optimal treatment?