## PROSTATE CANCER

<u>EARLY DETECTION</u> <u>ACTION PLAN BASED ON DRE/PSA</u>

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. <u>All</u> 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  $> \frac{1}{2}$  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 asyymptomatic 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

## PROSTATE CANCER

Page 2

## 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

<u>EARLY</u> <u>LATE</u> Psychchological benefit of active Rx Avoid side effects

Delays metastatic disease Saves effective Rx for mets or hormone resistance

May prolong life Avoids high cost of Rx