

## LOCAL TREATMENT OF PROSTATE CANCER IN METASTATIC SETTING

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## DISCLOSURES

- Consultant for Bayer, Janssen, AstraZeneca, Astellas
- Receiving grants from Bayer, Janssen and Ipsen
- PI (potential, Translate, Propel, Lomp1, Lomp2, Vespar, Poirot trial)
- Member of EAU panel trauma and urethra

## RATIONALE: ANALOGY WITH OTHER TUMORS

- Breast
- CRC
- Testis
- Renal

Table 1 Phase III trials of IFN-α with neoadjuvant

Trial	No. patients	Median survival (months)			Response to therapy (%)			Usable to receive post-surgery radiotherapy n (%)	Operative mortality (%)
		IFN alone	Surgery + IFN	P	IFN alone	Surgery + IFN	P		
SWOG 8949*	241	8.1	11.1	0.05	3.3	3.4	NS	NR	1 (0.8)
EORTC 30957*	85	7	17	0.03	12	19	0.38	NR	1 (2.4)
Combined analysis*	331	7.8	13.5	0.002	5.7	6.9	0.40	9 (8.8)	2 (1.4)

EORTC, European Organization for the Research and Treatment of Cancer; IFN, interferon; NS, not significant; SWOG, Southwest Oncology Group.

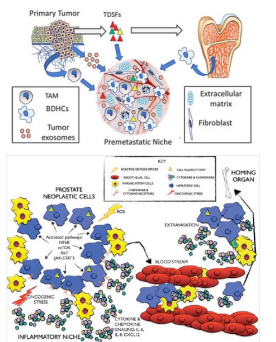
## RATIONALE: ANALOGY WITH N1 PC

- M1
- R1

Study	Year	Score	Number of patients	Study outcome	Design	Treatment	Median FU	Treatment detail	Survival	Study outcome
Reisen et al. [16]	2007	NL3B	587	All cause mortality	Observational	RT + ADT vs LT	48 and 87	RT and RT	78.8% (95% CI: 74.1-83.5) vs 80.4% (95% CI: 75.4-85.4) for RT	HR = 0.16, 95% CI = 0.03-0.82
Jones et al. [15]	2008	Classed into 477	177	Factors: free survival, PSA levels, local relapse, distant relapse, failure to provide care, prostate cancer	Observational	RT + ADT vs ADT	1087 for RT	1087 for RT vs 1087 for ADT	HR = 0.32, 95% CI = 0.15-0.68	HR = 0.32, 95% CI = 0.15-0.68
Buchwalter et al. [10]	2014	SEER	796	Overall and cancer specific survival	Observational	RT vs no RT	5.2 yr	EBRT	71% for RT vs 53% for no RT	HR = 0.44, 95% CI = 0.21-0.90
Thord et al. [14]	2003	SEER	1000	Overall and cancer specific survival	Observational	RT vs no RT	90 mo	EBRT	71% for RT vs 53% for no RT	HR = 0.44, 95% CI = 0.21-0.90
Lin et al. [17]	2005	NL3B	3545, 676 after propensity score matching	All cause mortality	Observational	RT + ADT vs ADT	EBRT	73% vs 52% - 1 yr OS	HR = 0.44, 95% CI = 0.21-0.90	HR = 0.44, 95% CI = 0.21-0.90

## RATIONALE

- Primary tumor = mother of all evil
- Premetastatic niche
  - TDSF
  - Exosomes
- Maintenance of met's
  - Cytokines, chemokines



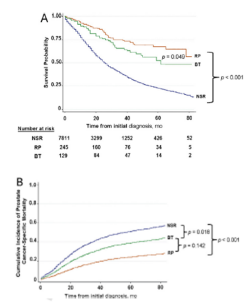
## LOCAL TREATMENT M1 PC: RETROSPECTIVE

- SEER database 2004-2010

	No LT	BT	RP
5y OS (%)	22.5	52.6	67.4
5y CSM (%)	51.3	38.7	24.2

- Selection bias present

- Age: No LT > BT > RP
- PSA: No LT > BT > RP





## LOMP-2

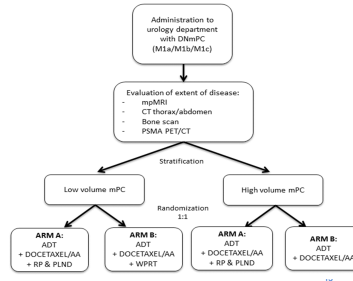
**Incl: eligible for LT** (<T4 on MRI)

**Primary endpoint:**

- Feasibility of randomization

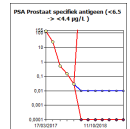
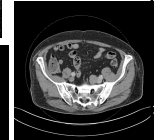
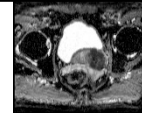
**Secondary endpoints:**

- CRPC free survival
- CSS
- OS
- Acute and late toxicity due to the local treatment:
- QoL
- Skeletal related event (SRE)
- Local event (LE)



## CAN WE CURE M1 PCA?

- 31-3-17: cT3b N1 M1a
  - WHO 5
  - iPSA 140
- 2-5-2017: RALP + PLND
- pT3b R1 N1
  - WHO 5
  - Postop PSA 24.2
- WPRT + RPRT + ADT (till 04/2019):
- 11/2019:
  - PSA < 0.01
  - No incontinence
  - Complete ED



## CONCLUSION

- Low volume disease: SOC includes RT
- Cytoreductive surgery: RCTs needed
- Combination LT + MDT: explore!



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