

29-30 NOVEMBER 2019  
KURSAAL OOSTENDE

**BAU2019**  
19th ANNUAL CONGRES  
OOSTENDE

## ESRU.be session

Advanced prostate cancer – case discussions

Panel members  
Siska Van Bruwaene, AZ Groeninge, Kortrijk  
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Thierry Roumequere, ULB Erasme, Brussels

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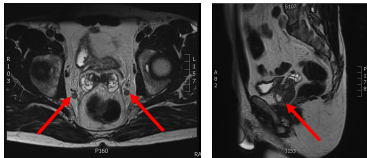
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## 48 yr ♂

Case 1/4

by Gaëtan Devos

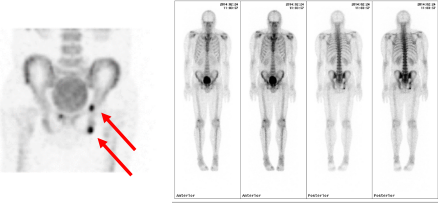
48 yr ♂ – iPSA 18.9 – cT3bN1 – GS 4+5  
*History:* Celiac disease. LUTS. Prostatitis. No familial history of PCa.



02/2014: iPSA 18.9 ng/ml (2010: 2.2) – PPA cT3 – MRI cT3bN1: bilateral internal and external iliac and left obturator N+ – Targeted biopsies GS 4+5

48 yr ♂ – iPSA 18.9 – GS 4+5 – cT3bN1 – cM1b

**Bone scan**  
Two bone M+: right acetabulum and right ischiopubic bone.



48 yr ♂ – iPSA 18.9 – GS 4+5 – cT3bN1 – cM1b

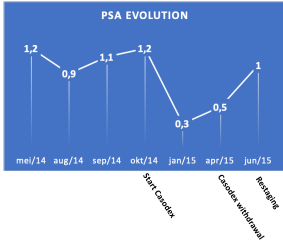
**Management**

1. Start ADT + abiraterone
2. Start ADT + docetaxel
3. Start ADT + locoregional therapy (radiotherapy/surgery)
4. Start ADT + abiraterone/docetaxel + locoregional therapy
5. Start ADT + abiraterone/docetaxel + locoregional therapy + SBRT 2 bone metastases.
6. First PSMA PET/CT

48 yr ♂ – iPSA 18.9 – GS 4+5 – cT3bN1M1b – R/ ADT

**Management strategy:**  
Start LHRH-antagonist (Firmagon)

**PSA evolution**



**Restaging:** CT scan – bone scan and PSMA PET/CT: only PSMA uptake in prostate – negative

**Management?**

50 yr ♂ – iPSA 18.9 – GS 4+5 – cT3bN1M1b  
– rising PSA under ADT – restaging negative

**Management strategy:**

RT prostate + pelvis and SBRT bone M+  
+ LHRH agonist (Decapeptyl) instead of LHRH antagonist (Firmagon)

Prostate and bone M+ 77 Gy (35x 2.2 Gy)  
Pelvic region 56 Gy (35x 1.6 Gy) Rapid Arc technique

02/2016: First PSA: 0.064 ng/ml

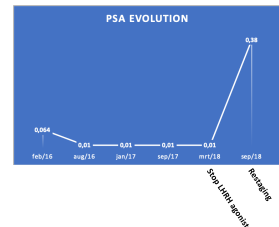
52 yr ♂ – iPSA 18.9 – GS 4+5 – cT3bN1M1b  
– RT prostate + pelvis and SBRT bone M+

**PSMA PET/CT + MRI whole body:**  
Diffuse bone M+

**Management strategy?**

*Chosen strategy:*  
Restart ADT

PSA currently undetectable



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50 yr ♂  
Case 2/4

by Gaëtan Devos

50 yr ♂ – iPSA 1.2

*History:* LUTS. No familial history PCa. Suspicious DRE by the GP.  
iPSA 1.2 ng/ml – PPA cT2b – MRI cT2N0 – ARB: GS 4+3 – Staging cNOMO

12-2014: RARP + eLND: pT3aN1 (3/25) – GS 4+5 – R0  
02-2015: First PSA 0.02 ng/mL

**Management:**

1. Adjuvant radiotherapy (+/- ADT)
2. Early salvage radiotherapy (+/- ADT)  
+ extent of radiotherapy? Prostate fossa +/- pelvic lymph nodes

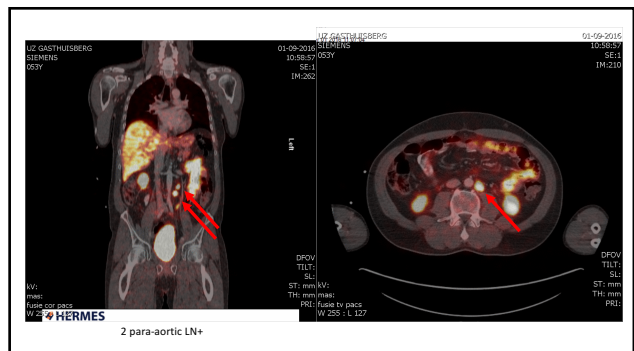
50 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2

03-2015 Early salvage radiotherapy  
prostate + pelvis: 66/52.8 Gy (33x of 2/1.6 Gy)  
+ 6 months ADT (Decapeptyl)

**PSA evolution** 04-2016: 0.02  
08-2016: 0.17 (testosteron unknown)

**Management:**

1. Re-staging with PSMA PET/CT
2. Re-staging with CT-scan + bone scan
3. Wait until PSA 0.2 ng/ml or 0.4 ng/ml; and then ask PSMA PET/CT
4. No re-staging indicated (also not if PSA >0.2-0.4 ng/ml)



52 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2 – sRT prostate + pelvis – PSMA: 2 LN+  
 PSMA PET/CT: **Two para-aortic LN metastases**



**Management:**

1. Retroperitoneal RT (+/- ADT) + boost on positive nodes
2. SBRT positive nodes (+/- ADT)
3. 'Full monty': Salvage retroperitoneal lymphadenectomy (+/- adjuvant retroperitoneal RT +/- ADT)
4. Watchfull waiting
5. Start palliative ADT

52 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2 – sRT prostate + pelvis – sLND + aRT planned

**Management strategy:** "full monty"  
 salvage LND + adjuvant RT planned

10/2016: **selective sLND: pM1a** – extracapsular extension – R1

12/2016: **adjuvant RT planning:** CT scan: novel retroperitoneal LN+  
 MDT: No adjuvant RT, only ADT: start LHRH agonist (Decapeptyl)

53 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2 – sRT prostate + pelvis – sLND pM1a – R/ ADT

12/2016 Start palliative ADT

03/2017 PSA 0.25 ng/ml – *testosteron castration level*

04/2017 PSA 2.1 ng/ml + lower back pain

**Urgent MRI:**

Bone metastases L1, L2 and L3  
 with bone marrow invasion.  
 CT scan abdomen/thorax for further staging



53 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2 – sRT prostate + pelvis – sLND pM1a – R/ ADT

05/2017 CT abdomen/thorax: **poly M+ disease**

LN+, lung M+, bone M+, liver M+

Low PSA (2.1 ng/ml) + aggressiveness: NSE + Chromogranine normal

**Management strategy?**

*Chosen strategy:*

Start Taxotere (5 cycli, stopped because of oedema) + antalgic RT lumbal spine

54 yr ♂ – pT3aN1 – GS 4+5 – R0 – iPSA 1.2 – sRT prostate + pelvis – sLND pM1a – poly M+

01/2018 re-staging w/ CT-scan thorax/abdomen:

Clinical progression: LN+, liver M+

**Management strategy?**

*Chosen strategy:*  
 Start Abiraterone.

Clinical progression; patient dies 08/2018 (54 y/o).

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67 yr ♂  
 Case 3/4  
 by Tim Muilwijk

67 yr ♂ – iPSA 10

iPSA 10 ng/ml – PPA cT2c – MRI cT3aN0 w/ invasion of NVB bilateral – ARB GS 3+4 (2/10) and 3+3 (8/10); all cores invaded – MSKCC 15% N+

RARP + eLND: pT3aN0 (N: 0/18) – GS 4+3 – R1

**Management:**

1. Adjuvant radiotherapy
2. Early salvage radiotherapy

67 yr ♂ – pT3aN0 – GS 4+3 – R1 – iPSA 10  
PSA slowly rising

**Management strategy:** early salvage RT

0.05 (nadir) post-RP  
0.09 postop 4 months

**Imaging?**

1. MRI-scan (local staging)
2. CT-scan + bone scan (re-staging)
3. PSMA-scan (re-staging)
4. No imaging necessary – start sRT

68 yr ♂ – pT3aN0 – GS 4+3 – R1 – iPSA 10  
sRT prostate bed – PSA undetectable

Pre-RT: CT-scan and MRI-scan negative: cT0N0.

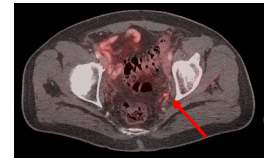
R/ start sRT with 6 mo LHRH (70 Gy – 35 x 2 Gy) prostatic region

After sRT: PSA undetectable.

70 yr ♂ – pT3aN0 – GS 4+3 – R1 – iPSA 10  
sRT prostate – PSA slowly rising again

PSA (ng/ml)  
0.24 3 yr after sRT / 3.5 yr after RP  
0.32 3 months later (PSA-DT 6.5 mo)

PSMA scan: 1 malignant node – left obturator



**Management:**

1. Start ADT
2. Salvage LND
3. Salvage pelvic RT (suboptimal due to sRT)
4. SBRT node-only
5. Wait and see

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67 yr ♂

Case 4/4

by Tim Muilwijk

42 yr ♂ – iPSA 9.6

iPSA 9.6 ng/ml – PPA cT2a – MRI cT3aN0 – CT-scan/bone scan cN0M0  
– ARB GS 3+3 (4 cores) – MSKCC 7% N+

RARP + eLND: pT2cN1 (N: 2+/30) – GS 4+3 – R1

**Management:**

1. Adjuvant radiotherapy
2. Early salvage radiotherapy

42 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT prostate/pelvis – PSA undetectable

**Management strategy:** adjuvant RT  
0.07 (nadir) post-RP

Pre-RT: CT-scan negative cNOMO

R/ start aRT with 6 mo LHRH (66 Gy – 33 x 2 Gy) prostatic region and pelvic nodal region (52.8 Gy – 33 x 1.6 Gy)

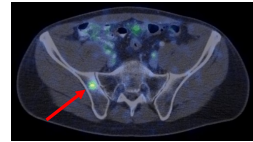
After aRT: PSA undetectable

44 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT prostate/pelvis – 2 yrs later: PSA rises fast

0.83 2 yr after aRT / 2.5 yr after RP  
1.00 1 wk later  
1.94 2 months later – PSA-DT 2 mo – **PSMA-scan planned**

**PSMA scan:** 1 right iliac bone M+ (confirmed on MRI). Asymptomatic.

- Management:**
1. Docetaxel
  2. Neo anti-androgen therapy
  3. SBRT lesion +/- LHRH
  4. Wait and see



Bone M+ iliac

44 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT prostate/pelvis – SBRT iliac bone M+



16.3 31 mo **PSMA** seminal vesicle recurrence + new lesions:  
1 LN inguinal left + 2 peritoneal M+ lesions

44 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT – SBRT bone – local and regional recurrence

**Management strategy:**

1. Docetaxel
2. Neo anti-androgens
3. Salvage surgery (if feasible)
4. Other...



N+ inguinal + peritoneal M+



Seminal vesicles

47 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT – SBRT bone – salvage surgery

**Salvage surgery (robot):** bilateral seminal vesical resection, inguinal N+ resection, and peritoneal suprpubic M+ resection.

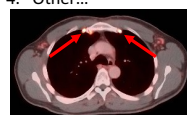
PSA at surgery 26.9 – one day postop 19.4

3 months postoperatively: PSMA PET: **disease progression**  
Multiple N+ parasternal and mediastinal.  
Multiple peritoneal N+/M+ lesions.

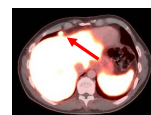
47 yr ♂ – pT2cN1 – GS 4+3 – R1 – iPSA 9.6  
aRT – SBRT bone – salvage surgery – poly M+

**Management strategy:**

1. Docetaxel
2. Neo anti-androgens
3. ADT R/ Palliative systematic therapy Bicalutamide (Casodex) 150 mg 1x/d
4. Other...



Parasternal N+



Peritoneal M+



Peritoneal M+