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Therapie des fortgeschrittenen Prostatakarzinoms

27.10.2023 | **Prof. Dr. David Pfister**

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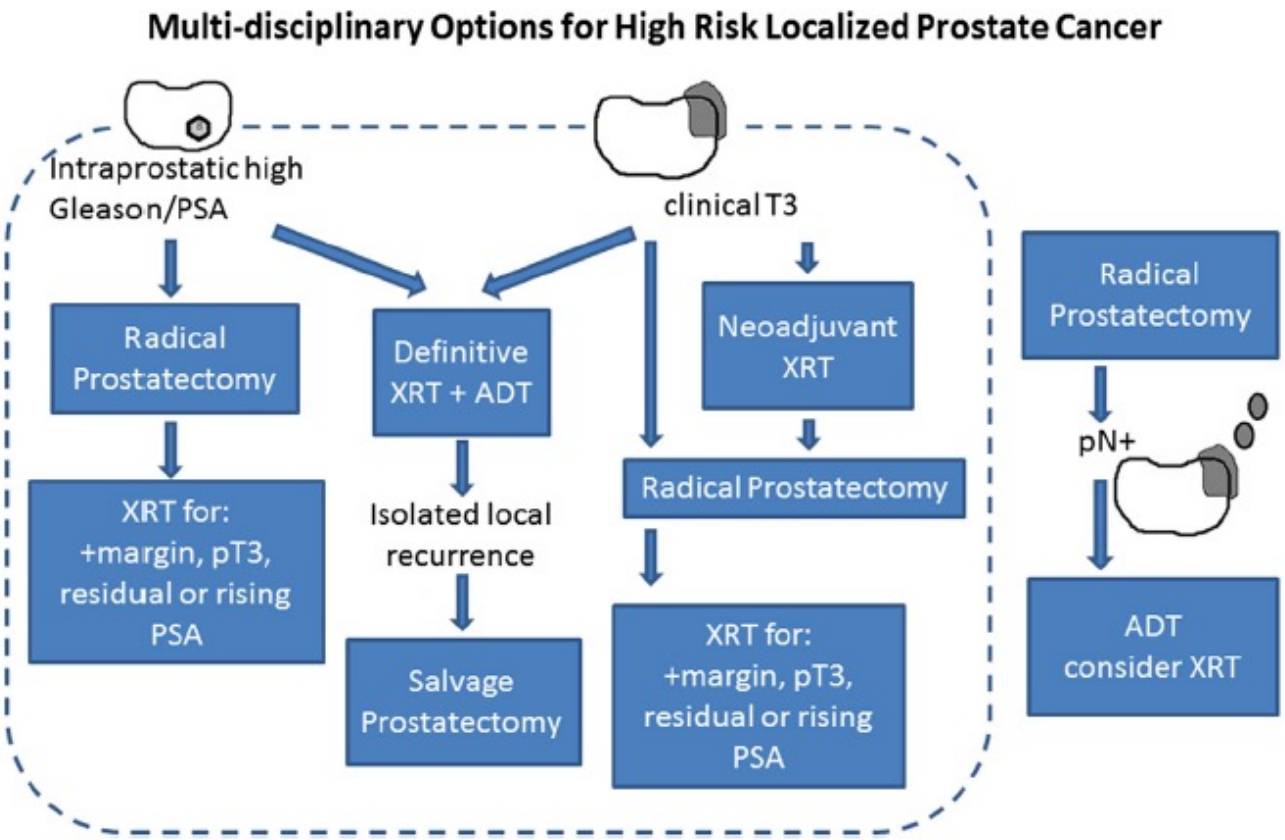
Optionen beim fortgeschrittenen PCA



Perez et al. Urologic Oncology 2015

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Therapieoptionen

In patients with high-risk localised PCa and a life expectancy of > 10 years, RP should be offered in a multimodality setting.	2a	A
In selected patients with locally advanced (cT3a) PCa, and a life expectancy > 10 years, RP may be offered in a multimodality setting.	2b	B
In highly selected patients with locally advanced PCa (cT3b-T4 N0 or any T N1), RP may be offered in a multimodality setting.	3	C

In patients with high-risk localised PCa, a total dose of 76-78 Gy in combination with long-term ADT (2-3 yr) is recommended.	1b	A
In patients with locally advanced cN0 PCa, radiotherapy must be given in combination with long-term ADT (2-3 yr).	1a	A
IMRT is the recommended modality for definitive treatment of PCa by EBRT.	2a	A
In patients with cN+ PCa, pelvic external irradiation can be given in combination with immediate long-term ADT.	2b	B

6.60	Evidenzbasierte Empfehlung	neu 2021
Empfehlungsgrad **A**	Patienten mit lokal fortgeschrittenem Prostatakarzinom sollen keine fokale Therapie – egal mit welcher Technologie - erhalten.	

EAU Leitlinie 2021
S-3-Leitlinie 2021

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Präoperative Bildgebung: PSMA-PET

Ref	Author	LNM (%)	Sens (%)	Spec (%)	PPV (%)	NPV (%)	Comparative index tests
1	Budaus et al. [16]	40	33	100	100	69	None
2	Herlemann et al. [17]	NR	91	67	83	80	None
3	Maurer et al. [18]	32	66 (44)	99 (85)	96 (58)	86 (77)	CT
4	Van Leeuwen et al. [19]	37	64	95	88	82	None
5	Uprimny et al. [20]	37	61	94	85	81	None
6	Gupta et al. [21]	58	100 (57)	80 (80)	88 (80)	100 (57)	MRI
7	Obek et al., [22]	29	53 (25)	86 (76)	61.5 (NR)	81 (NR)	MRI/CT
8	Zhang et al. [23]	36	93 (96)	96 (96)	93 (88)	96 (100)	mpMRI
9	Park et al. [24]	9	100	87	43	100	None
10	Van Leeuwen et al. [25]	36	53 (14)	88 (99)	71 (81)	76 (67)	DW-MRI
11	Gorin et al. [26]	28	71	89	71	89	None
12	Cantiello et al. [27]	35	88	100	100	94	None
13	Thalgott et al. [28][a]	34	60	100	100	83	None
14	Berger et al. [29]	4	50 (NR)	92 (NR)	20 (NR)	98 (NR)	mpMRI
15	Gupta et al. [30]	39	78	93	88	87	None
16	Yaxley et al. [31]	26	38	93	68	81	None
17	Yilmaz et al. [32]	20	100 (100)	100 (38)	100 (29)	100 (29)	mpMRI
18	Petersen et al. [33][b]	65	23–39 (8;37)	100 (100;83)	100 (100;80)	41–47 (37;42)	CT/MRI; DW-MRI

Petersen et al. 2020 Cancer Imaging

MRT versus PSMA-PET

Variable	All men (n = 233)	LNM present on PLND (n = 58)	No LNM on PLND (n = 175)
Age, years, median (range)	68 (48–81)	69 (52–80)	68 (48–81)
RP ISUP Grade, median (range)	5 (1–5)	5 (2–5)	5 (1–5)
Tumour volume, mL, median (range)	2.9 (0.04–25)	4.4 (1.15–12.96)	2.4 (0.04–25.0)
Median (range)	0 (0–22)	2 (1–22)	
Diameter of positive node, mm			
Histologically, median (range)	4.0 (0.1–40.0)	4.0 (0.1–40.0)	–
mpMRI detected, median (range)	11.7 (2.2–20)	11.7 (2.2–20)	–
PSMA detected, median (range)	7.0 (0.5–40.0)	7.0 (0.5–40.0)	–
mpMRI PI-RADS score, median (range)	5 (2–5)	5 (3–5)	4 (2–5)
ADC_{min}, median (range)	626 (226–1368)	587 (226–923)	639 (316–1368)
Clinical stage, median (range)	T2 (T1c–T4)	T2 (T2–T4)	T2 (T1c–T4)
T1c, n (%)	10 (4.3)	0 (0)	10 (5.7)
T2, n (%)	145 (62.2)	26 (44.8)	119 (68.0)
T3a, n (%)	38 (16.3)	14 (24.1)	24 (13.7)
T3b, n (%)	39 (16.7)	18 (31.0)	21 (12.0)
T4, n (%)	1 (0.4)	0 (0)	1 (0.6)
mpMRI detected nodes			
% positive	12.0	29.3	6.2
Total number of nodes, n			
Number of men	22	13	9
Total nodes	56	42	14
Median (range) per positive man	1 (1–7)	2 (1–7)	1 (1–2)
Prostate biopsy, n			
Total cores, median (range)	15 (2–51)	12 (2–36)	16 (2–51)
Percentage positive cores, median (range)	64 (8–100)	75 (23–100)	58 (8–100)

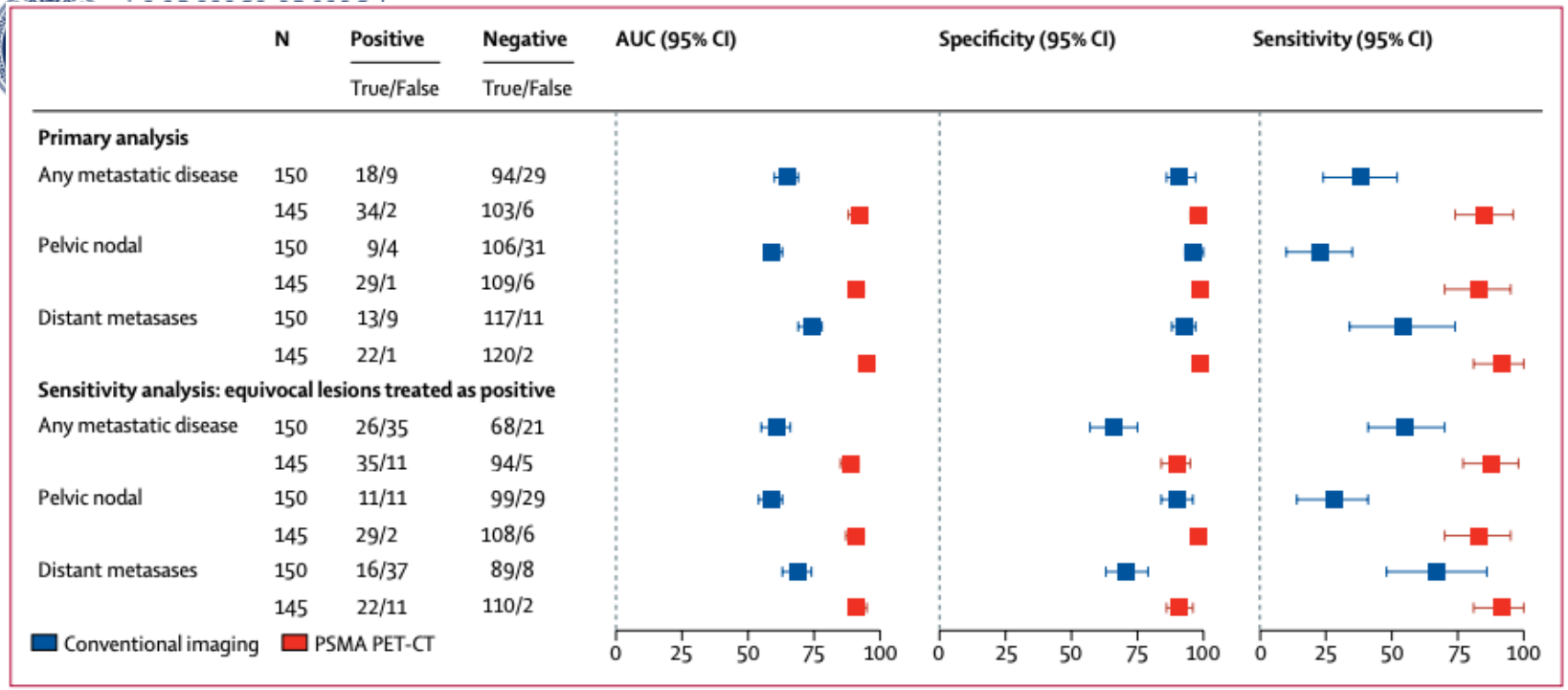
Imaging modality	Accuracy to detect pelvic LNM, %			
	Sensitivity	Specificity	PPV	NPV
mpMRI	22.4	94.9	59.1	78.7
^{68}Ga-PSMA PET/CT	48.3	92.0	66.7	84.3

Franklin et al. 2021 BJUI

Prostate-specific membrane antigen PET-CT in patients with high-risk prostate cancer before curative-intent surgery or radiotherapy (proPSMA): a prospective, randomised, multicentre study

	All patients (n=300)	Conventional imaging (n=152)	PSMA PET-CT imaging (n=148)
Age, years			
Median (IQR)	69·0 (63·0–73·5)	68·0 (62·5–72·0)	70·0 (64·0–74·0)
PSA, ng/mL			
Mean (SD)	17·3 (36·6)	16·3 (17·7)	18·3 (49·0)
Median (IQR)	10·2 (6·6, 17·1)	10·5 (6·5, 20·0)	10·0 (6·9, 14·1)
≥20	65 (21·7%)	39 (25·7%)	26 (17·6%)
Clinical stage			
≥T3	82 (27%)	39 (26%)	43 (29%)
ISUP grade group			
1	1 (<1%)	1 (<1%)	0
2	6 (2%)	2 (1%)	4 (3%)
3	101 (34%)	47 (31%)	54 (36%)
4	61 (20%)	33 (22%)	28 (19%)
5	131 (44%)	69 (45%)	62 (42%)
ISUP grade group ≥3			
No	7 (2%)	3 (2%)	4 (3%)
Yes	293 (98%)	149 (98%)	144 (97%)

Hofman et al. 2020 Lancet



Sensitivity (95% confidence interval)	38% (24%-52%)	85% (74% - 96%)
Specificity (95% confidence interval)	91% (85%-97%)	98% (95% - 100%)
Accuracy (95% confidence interval)	75% (68%-82%)	94% (91%-98%)
AUC (90% confidence interval)	65% (61%-69%)	92% (89%-94%)
AUC (95% confidence interval)	65% (60%-69%)	92% (88% - 95%)

Hofman et al. 2020 Lancet

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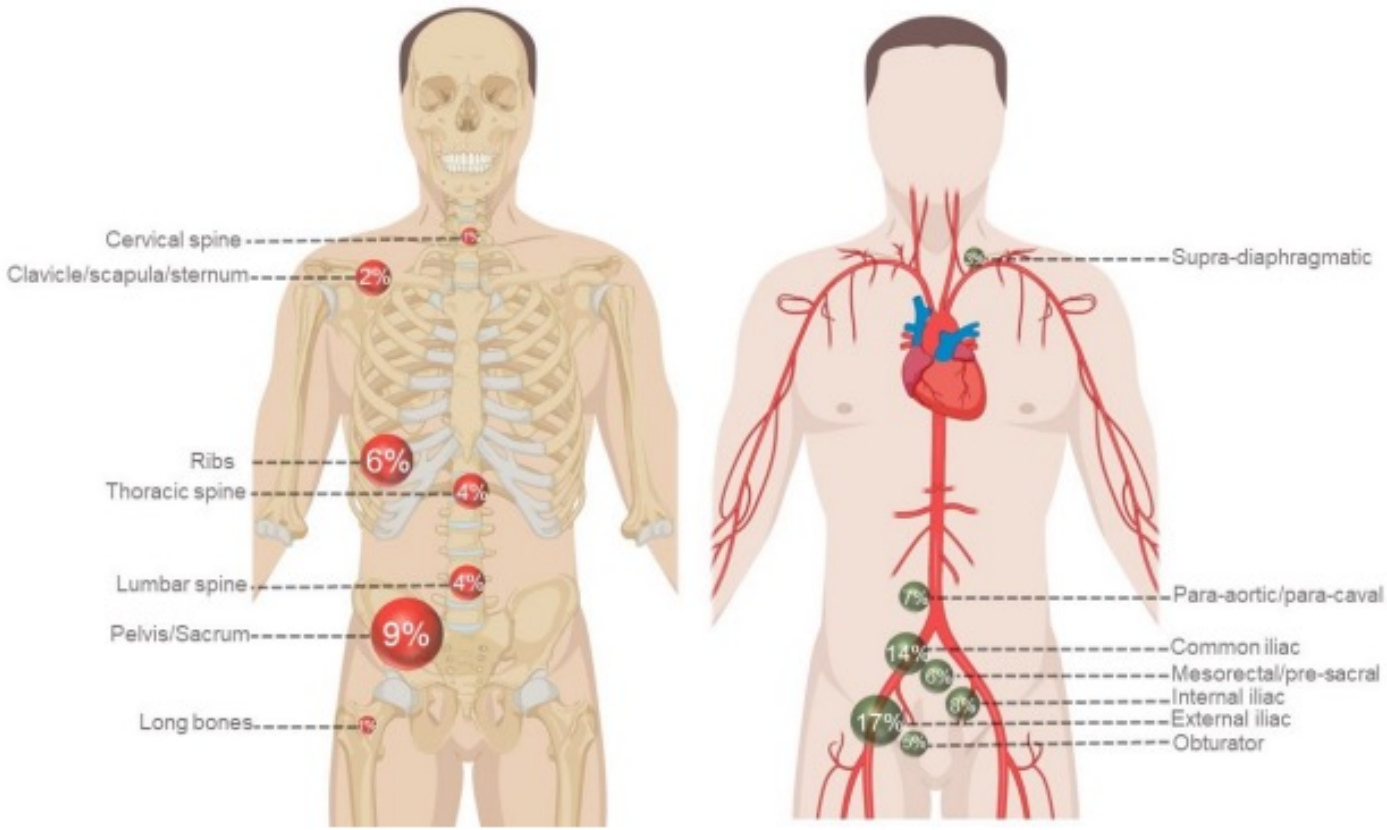
Wo finden wir Metastasen

Figure S3: Distribution of bone (left) and nodal metastases (right) on first-line PSMA-PET/CT findings



Hofman et al. 2020 Lancet

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Characteristic	All (n = 300)	First line: Conventional imaging (n=152)	First line: PSMA-PET/CT imaging (n=148)
Management Impact, n (% [95% CI])			
Missing	1		1
High Impact	42 (14.0% [10.3%-18.5%])	16 (10.5% [6.1%-16.5%])	26 (17.7% [11.9%-24.8%])
Medium Impact	22 (7.4% [4.7%-10.9%])	7 (4.6% [1.9%-9.3%])	15 (10.2% [5.8%-16.3%])
Low impact	227 (75.9% [70.7%-80.7%])	125 (82.2% [75.2%-88.0%])	102 (69.4% [61.3%-76.7%])
Potential impact ignored	8 (2.7% [1.1%-5.2%])	4 (2.6% [0.7%-6.6%])	4 (2.7% [0.8%-6.8%])
Altered plan Management intent, n (%)			
Palliative	32 (10.7%)	12 (7.9%)	20 (13.5%)
Altered Management plan for this patient after first line diagnostic imaging, n (%)			
Not reported	1	0	1
Androgen deprivation therapy (+/- chemotherapy, brachytherapy or other)	20 (6.7%)	9 (5.9%)	11 (7.4%)
Radiotherapy (+/- ADT or other or both)	24 (8.0%)	7 (4.6%)	17 (11.5%)
Radiotherapy to metastatic disease	2 (0.7%)	2 (1.3%)	
Surgery (+/- ADT or other or both)	11 (3.7%)	1 (0.7%)	10 (6.8%)
Surgery or radiotherapy (+/- ADT or other or both)	2 (0.7%)	1 (0.7%)	1 (0.7%)
Other only	3 (1.0%)	2 (1.4%)	1 (0.7%)

Hofman et al. 2020 Lancet

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Charakteristika des cT3/4 PCa.

- Prostatakarzinom mit einem hohen Risiko für…
  - extraprostatisches Wachstum
  - positive chirurgische Resektionsränder
  - lokoregionäre Lymphknotenmetastasen
- Lokaltherapie mit kurativer Intention (N1)
- Notwendigkeit eines multimodalen Therapieansatzes (M1)

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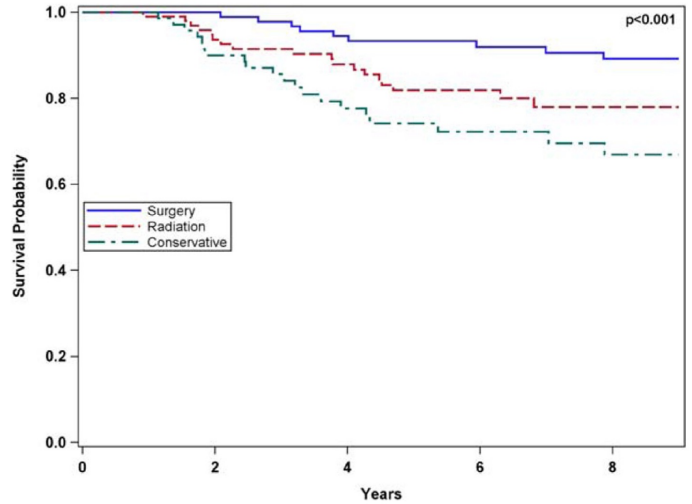
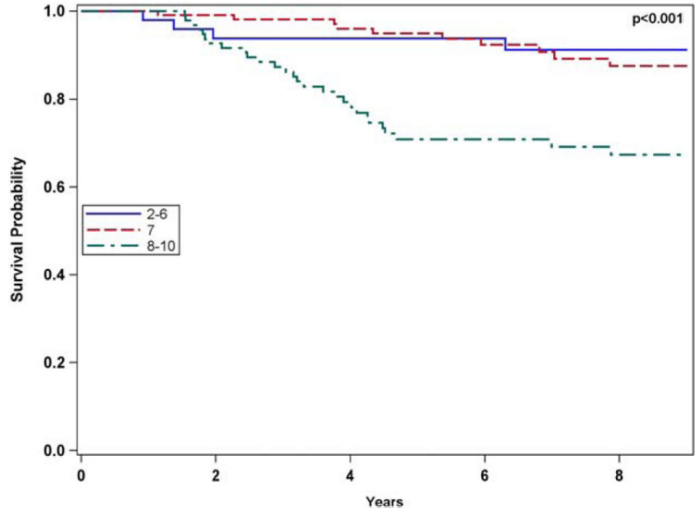
Nine-Year Prostate Cancer Survival Differences Between Aggressive Versus Conservative Therapy in Men With Advanced and Metastatic Prostate Cancer

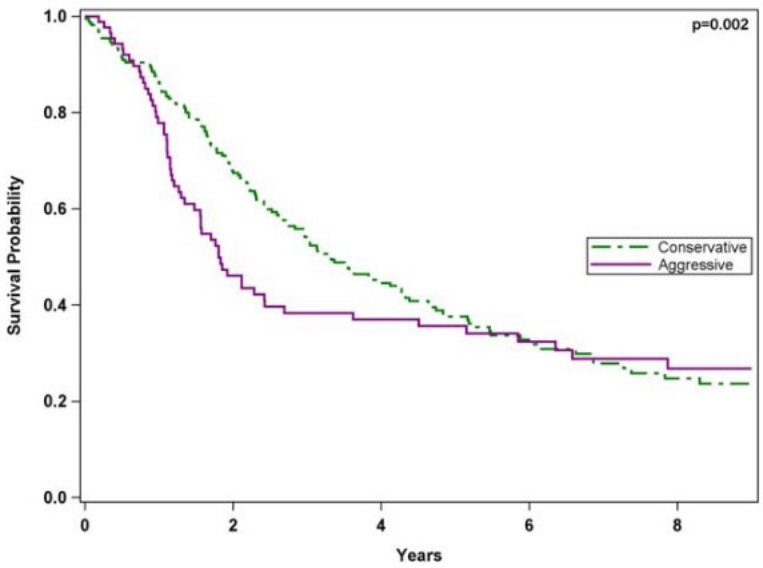
Variable	Locally Advanced No. (%)	Metastatic No. (%)	*P*
PSA, ng/mL			<.001
≤10	98 (37.0)	39 (13.4)	
>10	165 (63.0)	262 (86.6)	
Gleason score			<.001
2–6	50 (20.0)	25 (9.4)	
7	114 (39.6)	75 (26.3)	
8–10	102 (40.4)	179 (64.3)	
Treatment group			<.001
Conservative	74 (25.5)	222 (69.7)	
Surgery	97 (31.3)	14 (4.2)	
Radiotherapy	101 (43.1)	78 (26.1)	
T and N categories			.001
Tx-T0N0	0	26 (10.0)	
T1N0	0	61 (20.7)	
T2N0	0	107 (34.0)	
T3N0	207 (74.9)	23 (5.4)	
T4N0	30 (12.3)	44 (11.8)	
Tx-T0N1	1 (0.2)	8 (4.5)	
T1N1	12 (3.5)	4 (1.6)	
T2N1	9 (3.9)	13 (4.9)	
T3N1	11 (4.7)	9 (2.2)	
T4N1	2 (0.4)	19 (4.9)	

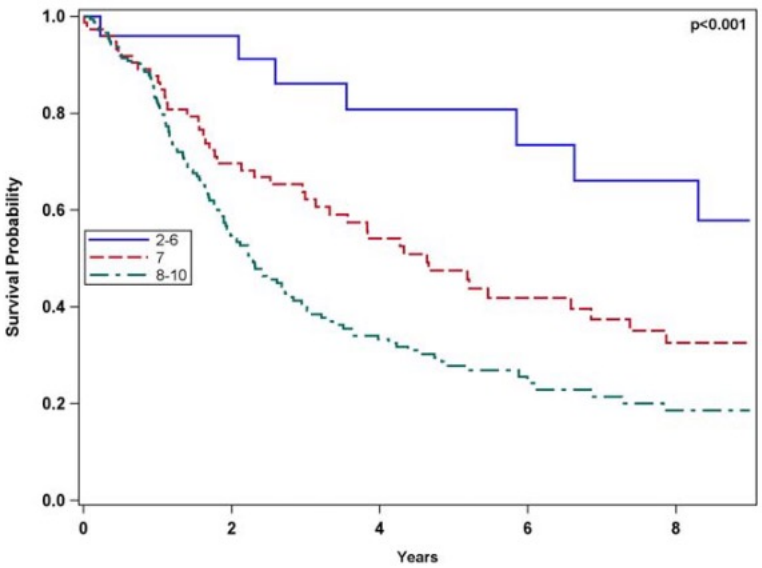




Dall'Era et al. Cancer 2018

Patienten mit metastasiertem PCA





Kein Überlebensvorteil in Bezug auf lokale Therapie

Dall'Era et al. Cancer 2018

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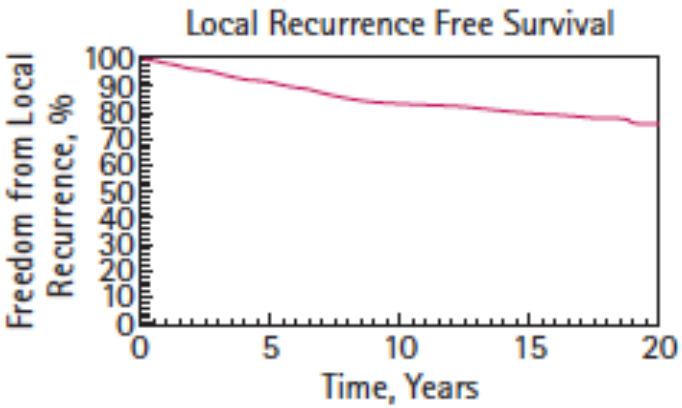
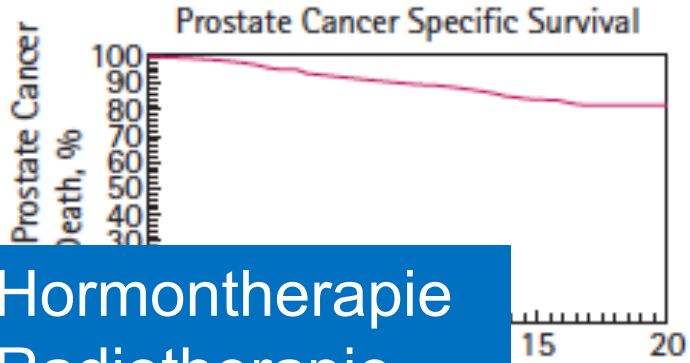
BJUI 20-year survival after radical prostatectomy as initial treatment for cT3 prostate cancer

Variable	Value
Median (IQR):	
Age at RP, years	65.0 (60–69)
Preoperative PSA level, ng/mL	10.2 (4.7–23.7)
Body mass index, kg/m²	27.2 (25.1–29.6)
N (%):	
Biopsy Gleason score:	
6	201 (45)
7	161 (36)
8–10	84 (19)
Receipt of neoadjuvant ADT	198 (24)
RP Gleason score:	
6	305 (41)
7	305 (41)
8–10	128 (17)
Pathological stage:	
T2N0	223 (26)
T3a	191 (22.7)
T3b	199 (23.6)
T4	3 (0.4)
TxN1	
Positive surgical margin	
Median (IQR) tumour volume, mL³	
Ploidy, n (%)	
Diploid	
Tetraploid	
Aneuploid	





40,8% adjuvante Hormontherapie
12,9% adjuvante Radiotherapie
42% ohne Kombinationstherapie
Downstaging in 25% der Patienten

Mitchell et al. BJUI 2012

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Radical Prostatectomy for Clinical T4 Prostate Cancer

Observed and Relative Survival by Treatment Type

		1 Year (%)		3 Years (%)		5 Years (%)	
Treatment Type	No. of Patients*	OS	RS	OS	RS	OS	RS
RP	72	97.20	98.4†‡	87.20	95.6‡	72.60	87.50
RT alone	81	90.10	94.10	76.00	86.3‡	61.80	79.10
HT alone	395	87.60	94.4‡	57.70	72.90	41.50	62.20
RT and HT	257	98.10	99.9†‡	82.70	93.60	71.10	87.2‡
NT	278	75.00	82.50	52.20	70.20	39.80	64.3‡

Johnstone et al. American Cancer society 2006

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Therapiekonzept bei klinisch T4 durch DRU

Variables	Total n = 115
Age, yr, median (range)	66 (50–76)
PSA initial, ng/ml, median (range)	37.6 (18–61)
Gleason score (biopsy)	
≤ 7	42
> 7	60
Unknown	14
Inductive ADT duration months, median (range)	6 (2–20)
PSA preoperative, ng/ml, median (range)	0.69 (0.01–34.3)
TNM classification	
pT0-T2	22 (19.1%)
pT3	89 (77.4%)
pT4	4 (3.5%)
Positive SM	46 (40%)
LNI	38 (33%)
Positive SM and LNI	26 (22.6%)

Signifikantes Downsizing

Niklas et al. 2021 W J Urol

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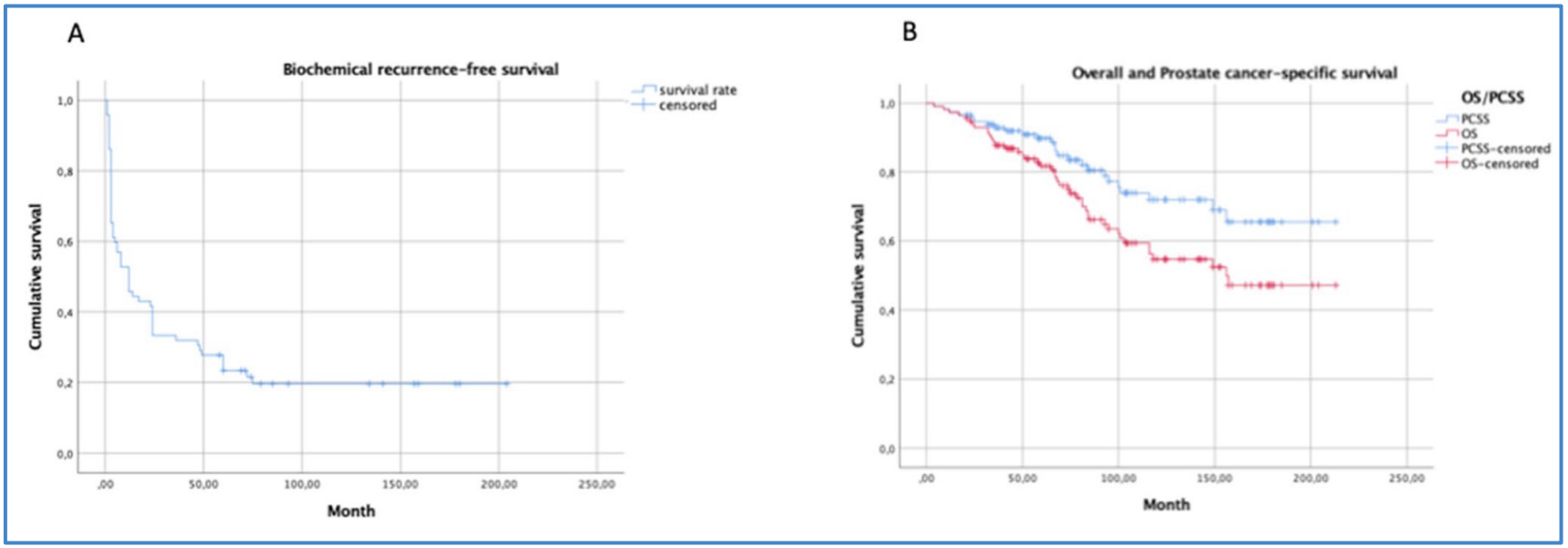

Langzeitresponder ohne biochemisches Rezidiv
sehr gutes PCA-spezifisches Überleben
Verlängerung der Hormonsensitivität?

Niklas et al. 2021 W J Urol

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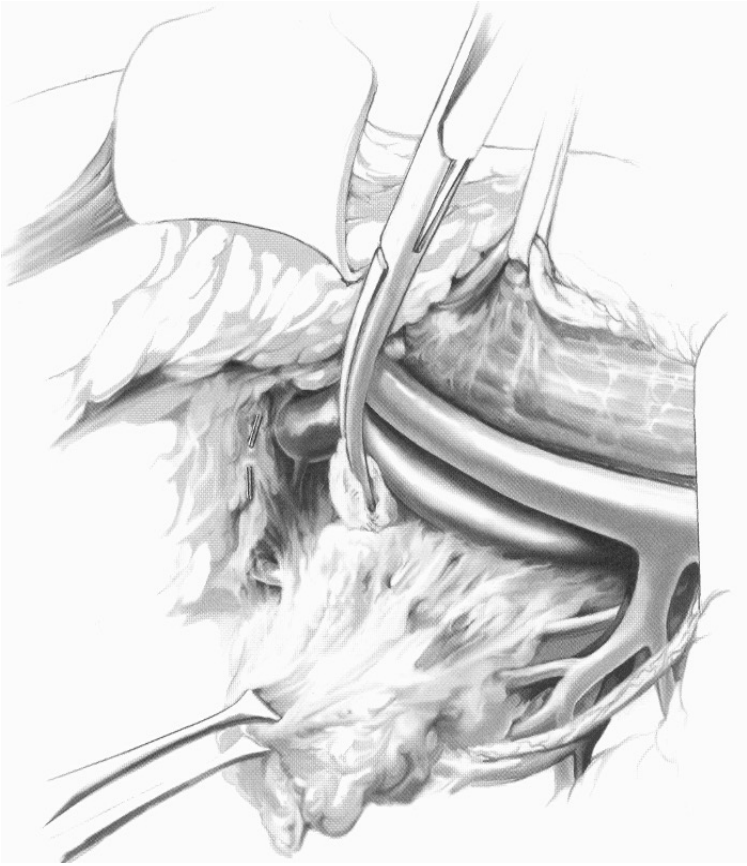
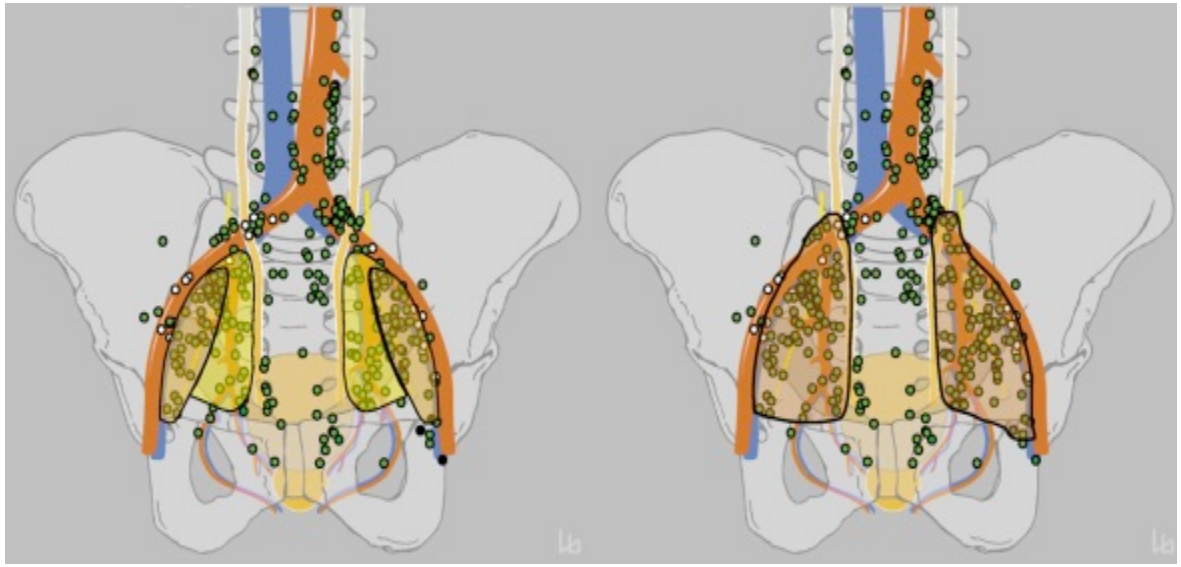
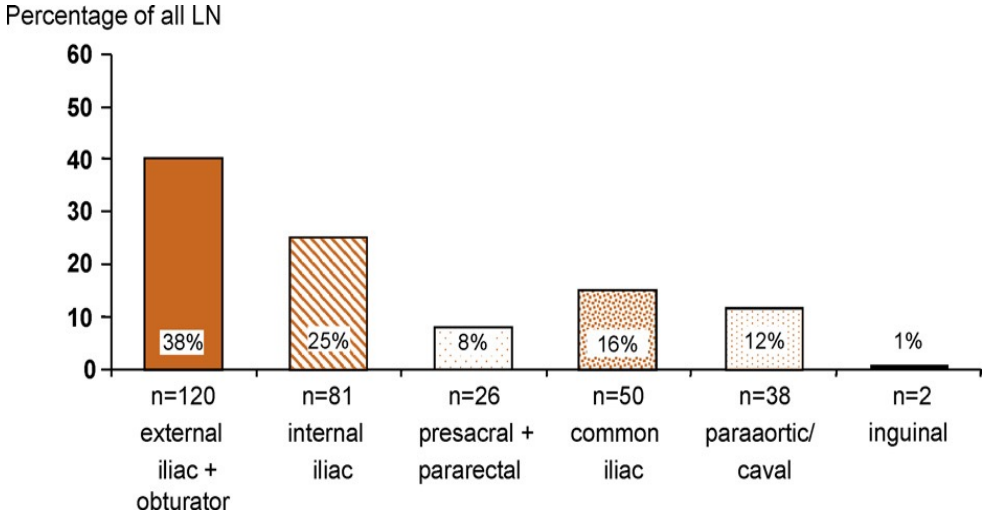
Rolle der LAD beim high-risk PCa.



Heidenreich A et al., J Urol 2002
Heidenreich A et al., BJU 2011

Anatomisches LK-Mapping

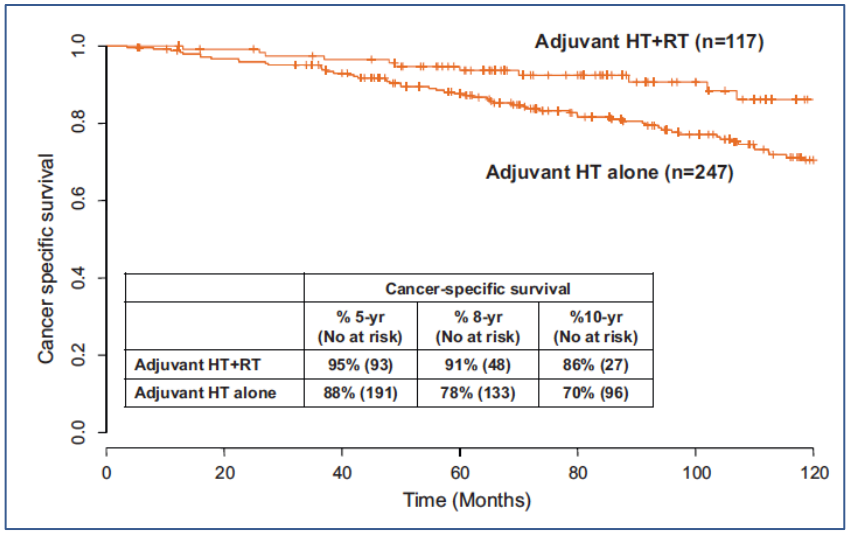




Mattei A et al., Eur Urol 2008

Combination of Adjuvant Hormonal and Radiation Therapy Significantly Prolongs Survival of Patients With pT2–4 pN+ Prostate Cancer: Results of a Matched Analysis

Variables	Matched population			
	All patients (n = 364) No. (%)	Adjuvant RT + HT (n = 117) No. (%)	AdjuvantHT (n = 247) No. (%)	p valu
Age, yr				0.1
Mean (median)	65.7 (66)	64.9 (65)	66.1 (66.7)	
Range	47–80	48–72	47–80	
Preoperative PSA				0.5
Mean (median)	32.0 (18.5)	29.8 (19.5)	33.1 (18.5)	
Range	1.6–616	2.8–321	1.6–616	
Pathologic stage (2002 TNM)				0.4
pT2a/b/c	7 (1.9)	3 (2.6)	4 (1.6)	
pT3a	31 (8.5)	10 (8.5)	21 (8.5)	
pT3b	302 (83.0)	83 (79.5)	209 (84.6)	
pT4	24 (6.6)	11 (9.4)	13 (5.3)	
Pathologic Gleason score				0.7
≤6	34 (9.3)	11 (9.4)	23 (9.3)	
7	207 (56.9)	63 (53.8)	144 (58.3)	
8–10	123 (33.8)	43 (36.8)	80 (32.4)	
Surgical margin status				0.7
Positive	259 (71.2)	85 (72.6)	174 (70.4)	
Negative	105 (28.8)	32 (27.4)	73 (29.6)	
No. lymph nodes removed and examined				0.08
Mean (median)	13.6 (13)	14.3 (14)	13.2 (13)	
Range	2–33	2–32	2–33	
No. positive lymph nodes				0.07
Mean (median)	2.4 (2)	2.1 (2)	2.6 (2)	
Range	1–19	1–10	1–19	
Two or fewer positive lymph r	265 (72.8)	85 (72.6)	180 (72.9)	0.53
More than two positive lymph	99 (27.2)	32 (27.4)	67 (27.1)	
Length of follow-up, mo				0.26
Mean (median)	100.8 (95.1)	96.4 (84)	102.8 (104.2)	
Range	3.5–229.3	12.2-229.3	3.5–227.5	



	Cancer-specific survival		
	% 5-yr (No at risk)	% 8-yr (No at risk)	%10-yr (No at risk)
Adjuvant HT+RT	95% (93)	91% (48)	86% (27)
Adjuvant HT alone	88% (191)	78% (133)	70% (96)

Briganti et al. Eur urol 2011

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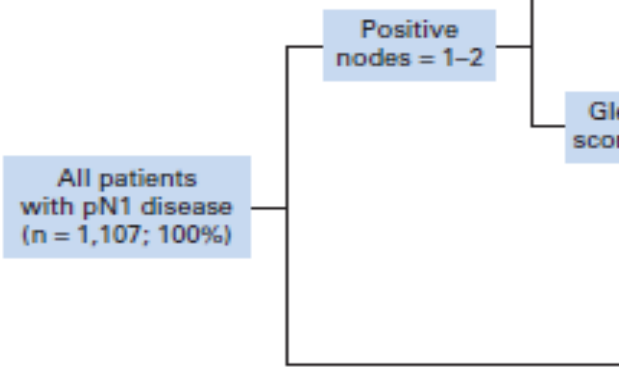
Impact of adjuvant radiotherapy on survival of patients with node-positive prostate cancer

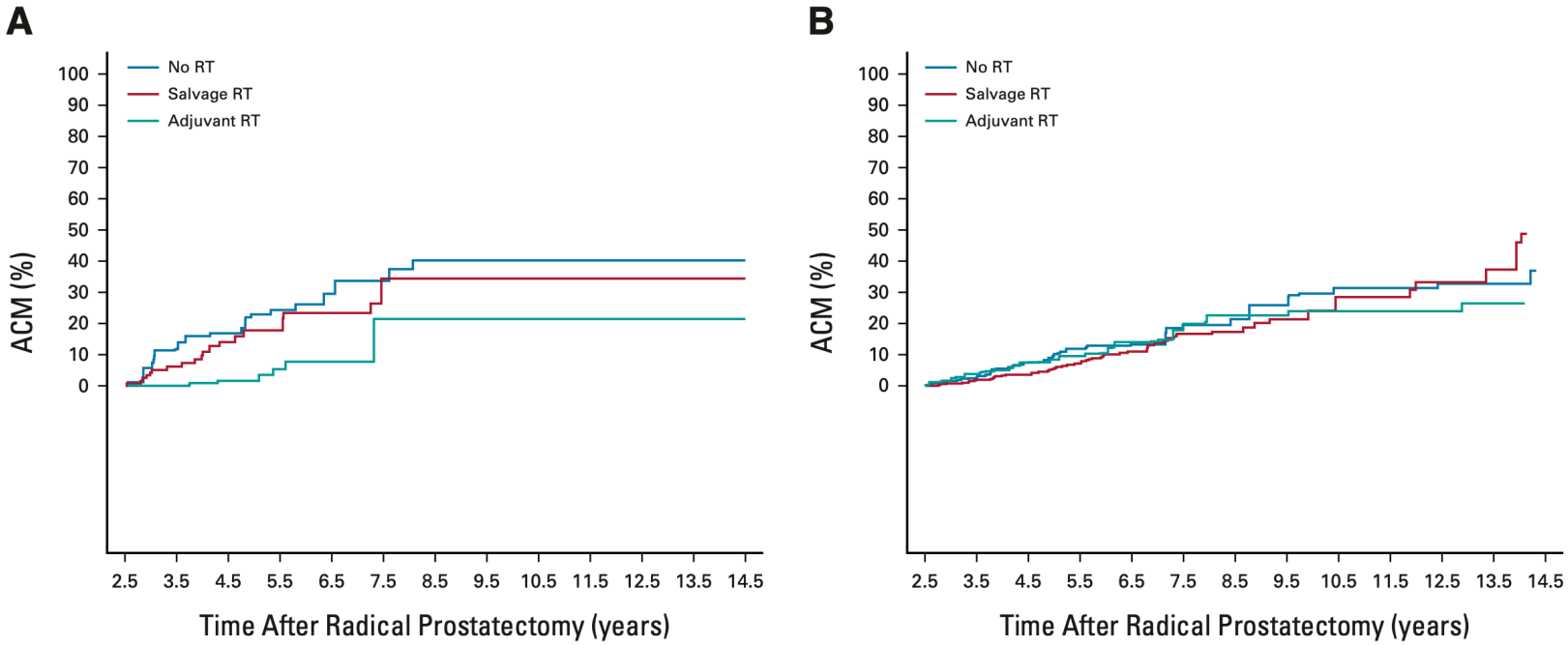
Abdollah F et al., J Clin Oncol 2014; 32: 3939 - 3947



Eight-Year CSM-Free Survival (95% CI)

	Entire Cohort	aHT Alone	aRT + aHT	*P*
Gleason score 2–6 (n = 133; 12%)	98.6 (95.8 to 100)	98.4 (95.4 to 100)	100 (100 to 100)	.7
pT2/pT3a and negative SM (n = 131; 11.8%)	96.6 (93.4 to 99.9)	96.8 (93.2 to 100)	96.3 (89.4 to 100)	.4
pT3b/pT4 or positive SM (n = 552; 49.9%)	86.7 (83.0 to 90.6)	84.2 (79.7 to 89.0)	93.1 (87.5 to 99.1)	.03
Positive nodes = 3–4 (n = 160; 14.5%)	85.3 (78.9 to 92.1)	78.8 (69.7 to 89.0)	96.5 (91.8 to 100)	.02
Positive nodes > 4 (n = 131; 11.8%)	72.2 (62.7 to 83.1)	72.0 (60.9 to 85.2)	74.7 (59.2 to 94.3)	.9

Adjuvant oder frühe salvage RT +-ADT



>=4LK

Bis 3 LK

Mit jedem positiven Lk steigt die ACM um 8%

Tilki et al. JCO 2022

REVIEW Open Access

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The role of cystoprostatectomy in management of locally advanced prostate cancer: a systematic review

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ID	Study	Time period	Treatment type	N	Age (years)	Preoperative treatment	PSA(ng/ml)	Clinical stage
1	Judd et al. 1991	1975–1988	Salvage	4	Nx	RT: 4	Nx	T3N0M0: 3; T4N0M0: 1
			Primary	9	Nx	RT: 1, ADT: 1, ADT: 2	Nx	T3bN_XM0: 7; T4N_XM0: 2
2	Edward et al. 1997	1990–1996	Salvage	5	64.2	Nx	12.9	T3aN_XM0: 2; T3bN_XM0: 1; T4N_XM0: 2
3	Sato et al. 2003	1989–2001	Primary	15	64.5	Nx	38.5	T4N_XM0
4	Leibovici et al. 2005	1995–2003	Salvage	21	68	Chemotherapy: 14	Nx	T4N_XM0
			Primary	17	60	Chemotherapy: 17	Nx	
5	Ward et al. 2005	1967–2000	Salvage	61	65.3	ADT:43	3.6	T4N_XM0
6	Kumazawa et al. 2009	1989–2005	Primary	17	64.7	ADT:11	35.3	T4N0M0: 10 T4N1M0: 7
7	Spahn et al. 2017	1972–2011	Primary	62	64.1	ADT:21	35.3	T4N_XM0

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ID	Treatment type	Urinary diversion	BLV (ml)	OT (h)	PSM, *n*(%)	PLN, *n*(%)	SVI, *n*(%)	BI, *n*(%)	Gleason score	Overestimated T stage, *n*(%)	Underestimated T stage, *n*(%)
1	Salvage	Ileal conduit: 1 Koch Pouch: 3	5000	9.4	1(25%)	0	1 (25%)	1 (25%)	7.6	0	0
	Primary	Ileal conduit: 8 Koch Pouch: 1	2700	7.8	7(78%)	9(100%)	5 (55.6%)	2 (22.2%)	7.4	4 (44.4%)	0
2	Salvage	Orthotopic neobladder: 2 Ileal conduit: 3	Nx	Nx	3(60%)	2(40%)	5 (100%)	0	8.2	2 (40%)	3 (60%)
3	Primary	Orthotopic neobladder: 8 Ileal conduit: 5 Koch Pouch: 1 Ureterocutaneostomy: 1	Nx	Nx	Nx	Nx	9 (60%)	6 (40%)	Nx	9 (60%)	0
4	Salvage	Orthotopic neobladder: 1 Ileal conduit: 29 Indiana Pouch: 8	2100	Nx	11 (52%)	1 (4.7%)	37(97.4%)	33 (86.8%)	Nx	5 (13.2%)	0
	Primary				5 (29%)	4 (23.5%)					
5	Salvage	Nx	Nx	Nx	20 (33%)	Nx	Nx	Nx	Nx	22 (36%)	0
6	Primary	Orthotopic neobladder: 9 Ileal conduit : 7 Koch Pouch: 1	Nx	Nx	Nx	10 (58.8%)	13 (76.5%)	14 (82.4%)	9.1	3 (17.6%)	Nx
7	Primary	Nx	Nx	Nx	33 (53%)	30 (48.4%)	41 (66.1%)	Nx	Nx	9 (14.5%)	0

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Cytoreductive Radical Prostatectomy in Men with Prostate Cancer and Skeletal Metastases

Multicenter Trial on 113 patients

Parameter	Result
Mean age, yr (range) [median]	61 (42–69) [60.2]
Mean PSA at diagnosis, ng/ml (range) [median]	66.8 (2.5–390) [8.0]
Biopsy Gleason score, *n* (%) [a]	
6	4 (3.5)
7	18 (15.9)
8	42 (37.2)
9	40 (35.4)
10	9 (7.9)
Mean PSA at time of RP, ng/ml (range) [median]	34.2 (0.1–357.4) [8.0]
Neoadjuvant ADT, *n* (%)	80 (70.8)
Mean follow-up, mo (range) [median]	53.6 (13–96) [45.7]
Low-volume metastases, *n* (%)	88 (77.9)
High-volume metastases, *n* (%)	25 (22.1)
Surgical procedure, *n* (%)	
Open retropubic RP	104 (92)
Robot-assisted laparascopic RP	9 (8)
Pelvic lymphadenectomy (%)	
None	1.8
Limited	8.8
Extended	89.4
Mean surgical time, min (range) [median]	159 (95–380) [145]
Mean hospitalisation time, d (range) [median]	7.1 (3–21) [6.5]
Blood transfusions, *n* (%)	4 (3.5)
Neoadjuvant therapy, *n* (%)	
ADT	69 (61.1)
ADT + docetaxel	11 (9.7)

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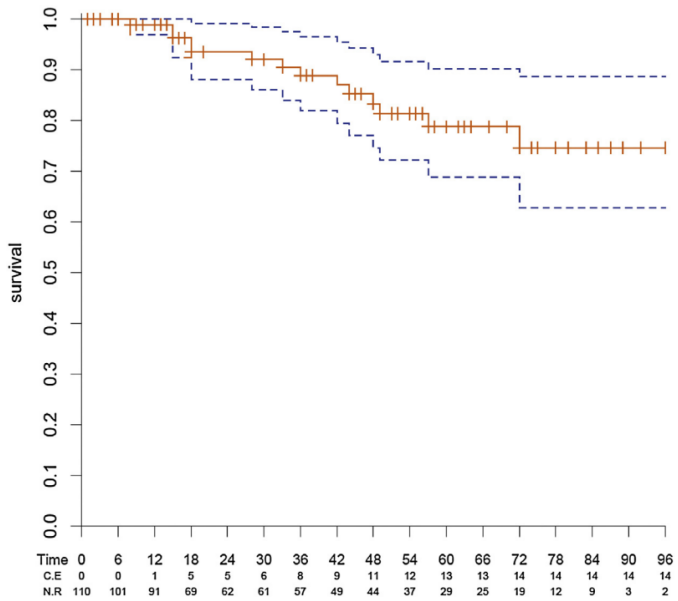
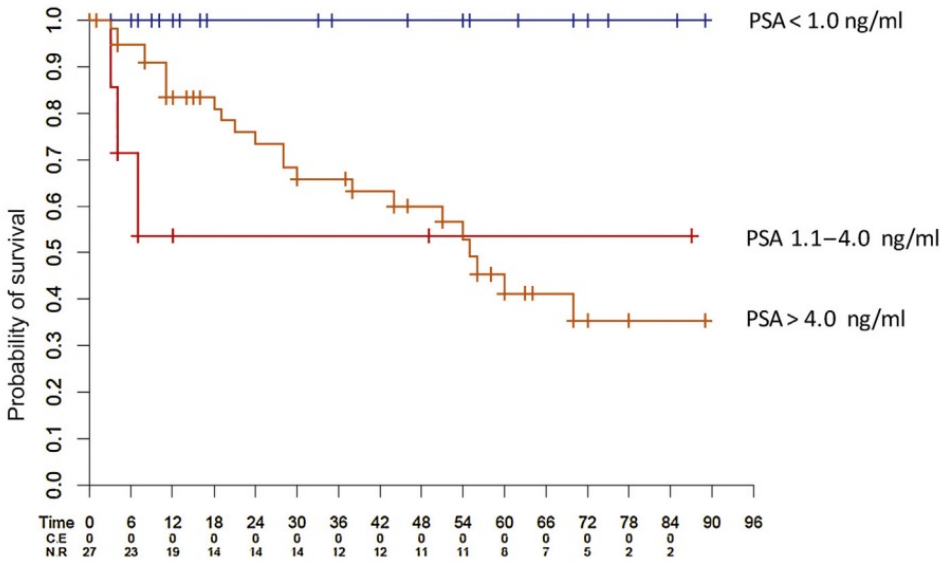
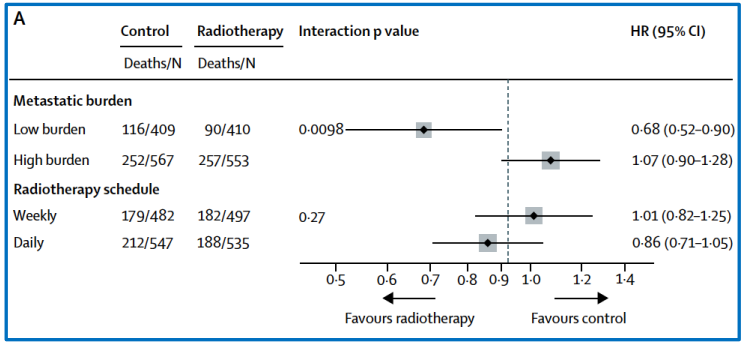
	Patients	Complications, *n* (%)			*p* value
	(*n*)	Overall	Low-grade [a]	High-grade [b]	
Low-volume metastases	85	26 (30.6)	20 (23.5)	6 (7.1)	<0.036
High-volume metastases	28	14 (50.0)	5 (17.8)	9 (32.1)	
PSA <4 ng/ml	66	17 (25.7)	13 (19.7)	4 (6.1)	<0.045
PSA >4 ng/ml	47	23 (48.9)	12 (25.5)	11 (47.8)	
Neoadjuvant ADT	80	21 (26.3)	14 (17.5)	7 (8.75)	<0.032
No neoadjuvant ADT	33	19 (57.6)	11 (33.3)	8 (24.2)	

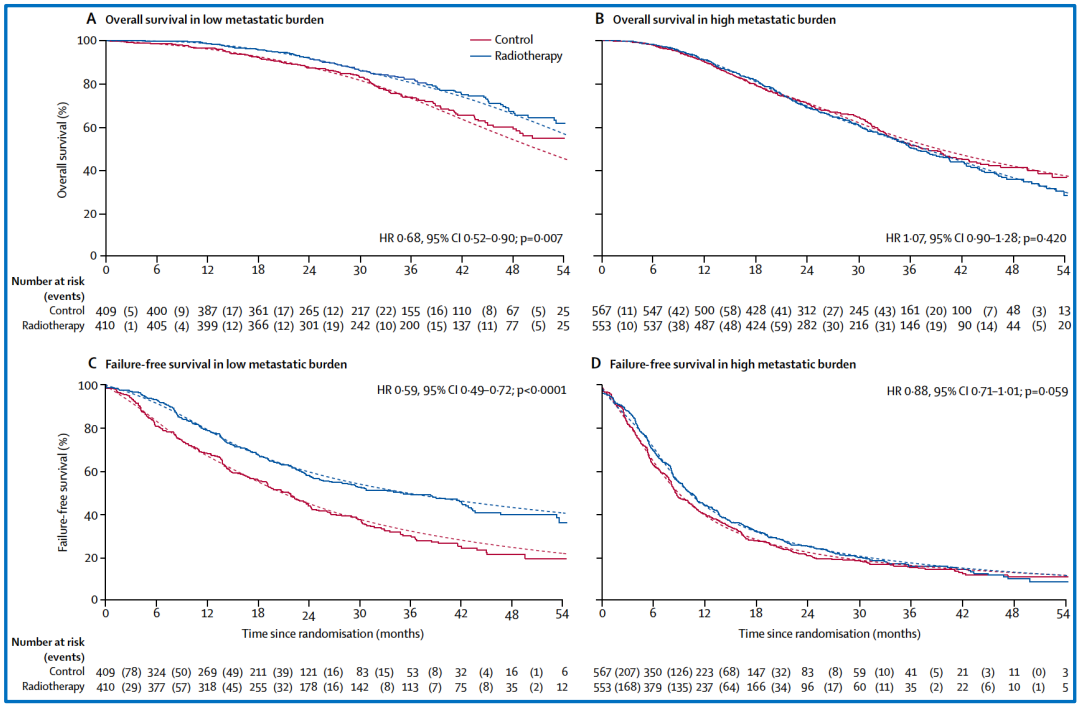




Heidenreich et al. 2018 Eur Urol Oncol

Radiotherapy to the primary tumour for newly diagnosed, metastatic prostate cancer (STAMPEDE): a randomised controlled phase 3 trial





Parker et al. Lancet 2018

Outcome of patients with newly diagnosed prostate cancer with low metastatic burden treated with radical prostatectomy: a comparison to STAMPEDE arm H

Characteristics	Current RP cohort ($n=78$)	STAMPEDE arm H-low metastatic burden-RT ($n=410$)
Age (years)		
Median (IQR)	64 (59–69)	68 (63–73)
Range	46–75	45–84
WHO performance status		
0	– 100%	313 (76%)
1–2	0 (0%)	97 (24%)
Clinical T category		
T0	0 (0%)	1 (< 1%)
T1	27 (35%)	6 (2%)
T2	31 (40%)	32 (8%)
T3	16 (20%)	261 (66%)
T4	0 (0%)	94 (24%)
TX	4 (5%)	16
Pathological (RP)/clinical (RT) N category		
N0	25 (32%)	142 (36%)
N1	53 (68%)	258 (65%)
NX	0 (0%)	10

Clavien–Dindo complications	
I	6 (8%)
II	12 (15%)
III a	6 (8%)
III b	8 (10%)
IV	2 (3%)
Adjuvant radiation therapy to prostatic bed/pelvis	
Yes	28 (36%)
No	50 (64%)
Local treatment of metastases	
Yes	14 (18%)
No	64 (82%)
Urinary continence at 1 year after RP	
Yes (0–1 safety pad/day)	28 (36%)
No (≥ 1 regular pad/day)	10 (13%)
Unknown	40 (51%)

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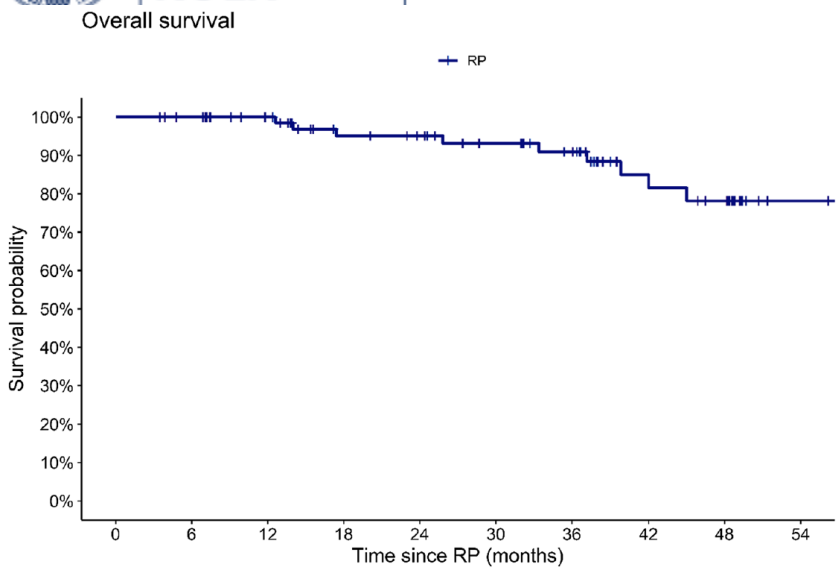

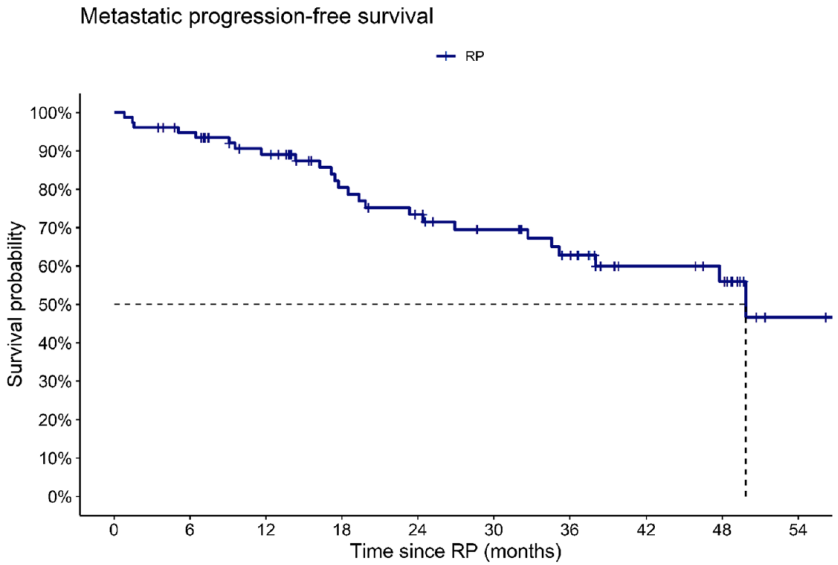

	CRP	Stampede H
Survival at 3 years		
Overall survival	91%	81%
Progression-free survival	63%	63%
Metastatic progression-free survival	63%	67%
Prostate cancer-specific survival	92%	86%

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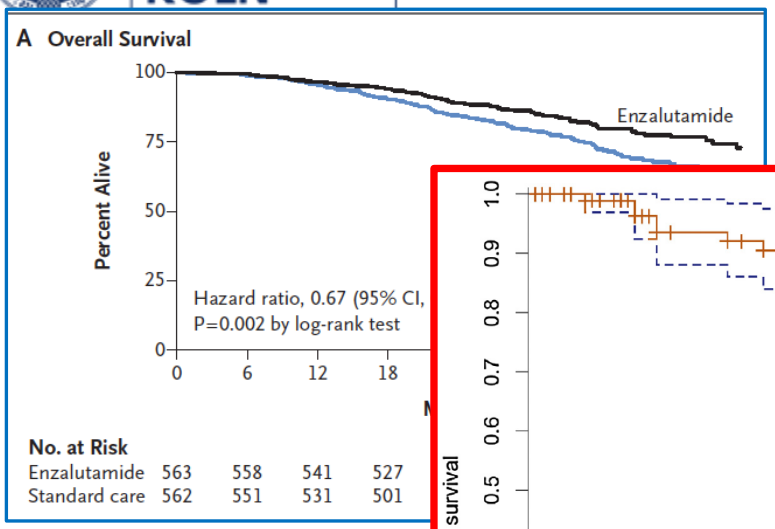

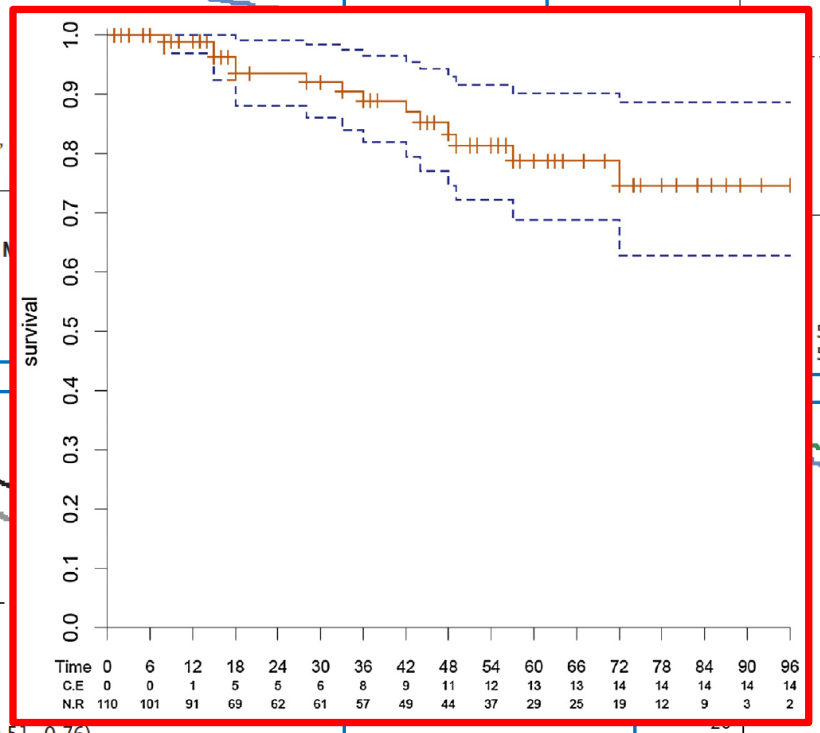

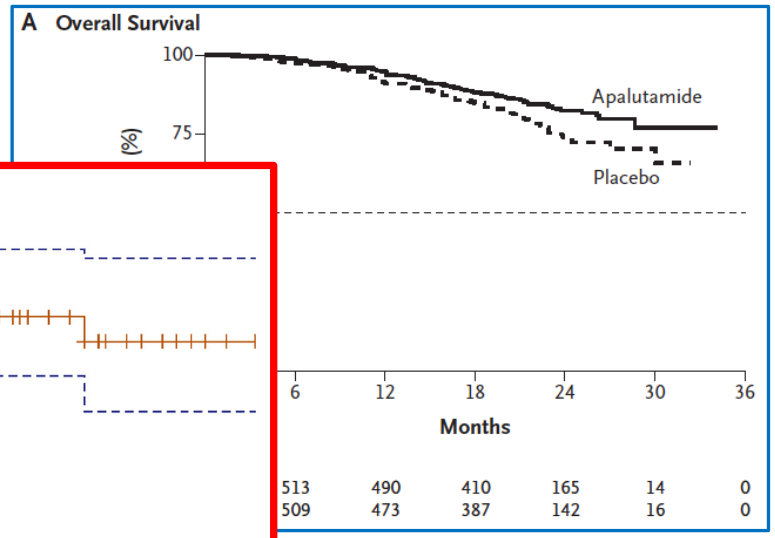

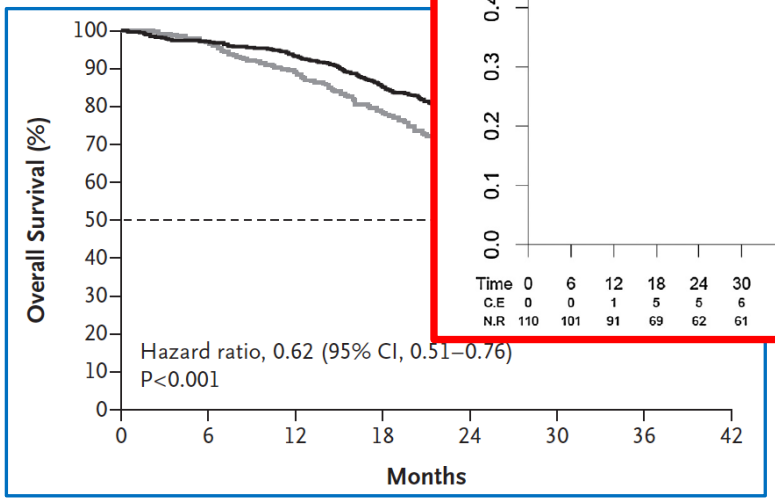

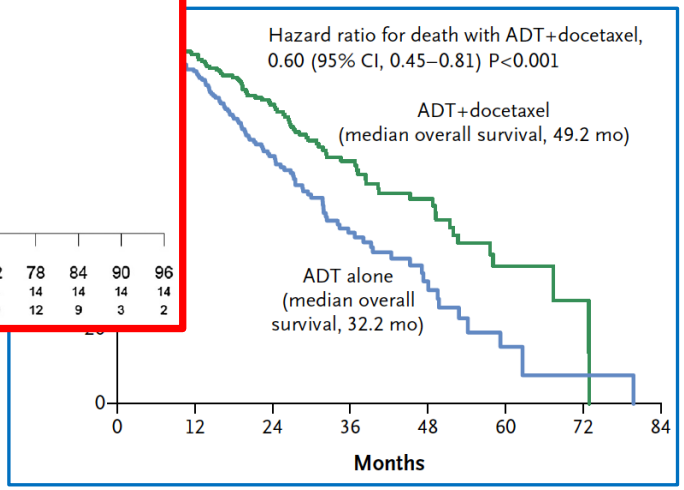

Fizazi et al. New Engl. J Med 2017;377:352-360, Sweeney et al. N Engl J Med. 2015, Chi et al. N Engl J Med 2019, Davis et al. N Engl J Med

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Zusammenfassung

- RPE und EBRT + ADT (3 Jahre) sind gültige Therapieoptionen und müssen mit dem Patienten individuell diskutiert werden
- Overstaging in signifikanter Anzahl der Patienten
- bis 90% 10 Jahres-CSS nach RPE
- Häufig multimodaler Therapieansatz notwendig
- Lokale Therapie bei Metastasen in der Ära der NHT´s unklar
- Neoadjuvante Konzepte ADT und NHT mit potentieller Verbesserung der lokalen Kontrolle und des Überlebens