Prostate Cancer Reference Handout

Prostate Cancer Dx & Risk Stratification

BIOPSY

12 or more core biopsies obtained

IHC:
CK7-, CK20-, GATA3-
Androgen receptor +
PSA+ (negative in urothelial)
NKX3.1+ (negative in urothelial)

IMAGING

Initial Staging:
MRI Abdomen (or CT)

Staging for Intermediate or High Risk:
PSMA PET scan or Bone Scan

STAGING

T Stage
T1 = no palpable
T2 = confined to prostate
T3 = extracapsular (3b = seminal vesicle)
T4 = adjacent organs/structures

Lymph Nodes
N1 = local pelvic LN
M1 = nodes outside pelvis (above aortic bifurcation)

STAGE IV Disease
Stage IVA = N1
Stage IVB = M1

Risk Stratification for Localized Disease (N0, M0)

LOW RISK

SIZE: T1-T2
GLEASON: 6
PSA: < 10

VERY LOW RISK
T1c
< 3 core biopsies positive
< 50% cancer/core biopsy
PSA density <0.15 ng/ml/g

INTERMEDIATE RISK

SIZE: T2
GLEASON: 7
PSA: 10-20

UNFAVORABLE
> 50% cancer/core biopsy
Gleason 4+3 (Grade Group 3)

HIGH RISK

SIZE: T3-T4
GLEASON: 8+
PSA: >20

VERY HIGH RISK
T3b-T4
Primary Gleason grade 5
> 4 cores with Gleason 4-5

Prostate Cancer: Localized Tx (N0, M0)

LOW RISK

1. **Active Surveillance preferred**
2. RP (Radical Prostatectomy)
3. RT (EBRT or Brachytherapy)

INTERMEDIATE RISK

Favorable:
1. RP **+/- PLND**
2. RT: EBRT or Brachy
3. Surveillance

Unfavorable:
1. RP **+ PLND**
2. EBRT **+ ADT**
3. EBRT **+ Brachy + ADT**

4-6 months ADT

HIGH RISK

High Risk:
1. RP: Radical Prostatectomy **+ PLND**
2. EBRT **+ ADT**
3. EBRT **+ Brachy + ADT**

Very High Risk:
1. RP: Radical Prostatectomy **+ PLND**
2. EBRT **+ ADT**
3. EBRT **+ Brachy + ADT**
4. EBRT **+ ADT + Abiraterone**

1-3 years ADT
2 years abiraterone

ADT

ADT = ANDROGEN DEPRIVATION THERAPY

Androgen Receptor Inhibitor

Bicalutamide (Casodex) *PO*
Give 7D prior to GNRH agonist (not antagonist)
Can cause PSA flair

GNRH Agonists

Lupron *IM*
Agonist causes initial testosterone flair
2-3 weeks to get castration T levels

GNRH Antagonists

Degarelix (Firmagon) *IM*
Antagonist does NOT cause testosterone flair
48-72H to get castration T levels

Relugolix (Orgovyx) *PO*

Goal: Chemical Castration
Testosterone < 50 ng/dL (normal 300-1000 ng/dL)

Side Effects:
Low libido, low energy, anemia, change in muscle/fat distribution, hot flashes, osteoporosis, gynecomastia, transaminitis

Metastatic Hormone Sensitive Prostate Cancer (mHSPC)

ADT +/-

DOUBLET THERAPY

Androgen Receptor Inhibitor
Enzalutamide
Apalutamide
AEs: Seizures

CYP17 Inhibitor
Abiraterone + Prednisone
AEs: HTN, Hypokalemia

Chemotherapy
Docetaxel + Prednisone
AEs: Neuropathy

TRIPLET THERAPY

Chemo + ARI
Docetaxel + Darolutamide

Chemo + CYP17 Inhibitor
Docetaxel + Abiraterone

Indications for Triplet Therapy:
- De Novo MPC (no data in recurrent)
- High volume
- Good PS

Metastatic Castrate Resistant Prostate Cancer (mCRPC)

1. Repeat Biopsy

Small Cell
Chemotherapy
Platin/Etoposide

Adenocarcinoma

2. Prior Exposures

Prior ARSI
Docetaxel

Prior Docetaxel
Cabazitaxel
ARSI

3. Disease Burden

Visceral
Docetaxel
Cabazitaxel
Abiraterone
Enzalutamide

Asymptomatic
Sipuleucel T

Sx Bone Only
Radium-223

4. Molecular Characteristics

HRRm
Olaparib +/- Abi
Niraparib +/- Abi
Talazoparib/Enza

dMMR, MSI-H
TMB >10
Pembrolizumab

PSMA+
Lu-177