SIOG Guidelines Update 2014
Prostate Cancer

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Centre Léon Bérard
SIOG meeting
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Management of prostate cancer in older patients: updated recommendations of a working group of the International Society of Geriatric Oncology

Disclosures

- Travel grants from Pfizer, Roche, Sanofi, Janssen, Novartis
- Honoraria (meetings) from Sanofi, Pierre Fabre, Janssen, Novartis
Introduction

- Prostate cancer is a frequent tumour
- Incidence = 60 per 100,000 in Europe \(^{(1)}\)
- Median age at diagnosis = 66 years
- 70% deaths related to prostate cancer occur in men over 75
- 1\(^{st}\) SIOG guidelines on management of prostate cancer were published in 2010 \(^{(2)}\)
Evaluation of health status
Evaluation of health status

1st step: G8 score

2nd step:
- Assessment of comorbidities (CISR-G)
- Assessment of dependance status (ADL-IADL)
- Assessment of nutritional status
- Screening for neuropsychological problems
Principles of the PCa guideline

Health status evaluation

1. Group 1 (Healthy)
2. Group 2 (Vulnerable, i.e. reversible problem)
3. Group 3 (Frail, i.e. non-reversible problem)
4. Group 4 (Terminal illness)

Geriatric Screening with G-8 tool

- Standard treatment as for younger patients
- Standard treatment as for younger patients
- Symptomatic management including adapted specific treatments
- Only palliative treatment

Readaptation

Localized prostate cancer  
(T1-T3 N0M0)

- Aim of treatment is usually curative
- Takes into account:
  - Risk of dying from Pr Cancer (d’Amico’s prognostic groups) vs other cause
  - Potential side effects of treatment
  - Patients’ preference
  - Risk of developing Pr cancer related complications
## Localized prostate cancer
( T1-T3 N0M0): in the general population

<table>
<thead>
<tr>
<th>D’Amico prognostic groups</th>
<th>Treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low risk ( T1c-T2a and GS≤ 6 and PSA≤ 10ng/mL)</td>
<td>Radical prostatectomy</td>
</tr>
<tr>
<td></td>
<td>Brachytherapy</td>
</tr>
<tr>
<td></td>
<td>Radiotherapy</td>
</tr>
<tr>
<td></td>
<td>Active surveillance</td>
</tr>
<tr>
<td>Intermediate risk ( T2b or GS=7 or 10&lt;PSA&lt; 20ng/mL)</td>
<td>Radiotherapy (+/- short term hormone therapy)</td>
</tr>
<tr>
<td></td>
<td>Radical Prostatectomy</td>
</tr>
<tr>
<td>High risk ( T2cT3 or GS≥8 or PSA≥20ng/mL)</td>
<td>Radiotherapy+ long term hormone therapy</td>
</tr>
<tr>
<td></td>
<td>(Radical prostatectomy)</td>
</tr>
</tbody>
</table>
Radical prostatectomy complications: SEER-Medicare database

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>SURGERY-RELATED DEATH</th>
<th>POSTOPERATIVE COMPLICATIONS</th>
<th>LATE URINARY COMPLICATIONS</th>
<th>LONG-TERM INCONTINENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30 days</td>
<td>60 days</td>
<td>SYMPTOMS OR PROCEDURES</td>
<td>MAJOR EVENTS</td>
</tr>
<tr>
<td>Age (% of patients)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65–69 yr</td>
<td>0.4</td>
<td>0.5</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>70–74 yr</td>
<td>0.5</td>
<td>0.6</td>
<td>31</td>
<td>25</td>
</tr>
<tr>
<td>≥75 yr</td>
<td>0.9</td>
<td>0.9</td>
<td>35</td>
<td>28</td>
</tr>
<tr>
<td>P value for trend</td>
<td>0.04</td>
<td>0.12</td>
<td>&lt;0.001</td>
<td>0.34</td>
</tr>
<tr>
<td>Romano–Charlson comorbidity index (% of patients)*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>0.3</td>
<td>0.4</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>1</td>
<td>0.8</td>
<td>1.0</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>≥2</td>
<td>1.6</td>
<td>1.6</td>
<td>43</td>
<td>31</td>
</tr>
<tr>
<td>P value for trend</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>&lt;0.001</td>
<td>0.002</td>
</tr>
</tbody>
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*The Romano–Charlson index is a weighted count of designated coexisting illnesses.

Romano-Charlson index is a strong and significant predictor of post-operative and late urinary complications.
No benefit of radiation therapy + androgen deprivation if moderate/severe comorbidity

* Adult comorbidity evaluation 27 (ACE-27)

Localized prostate cancer (T1-T3 N0M0)

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Metastatic disease

The initial treatment is androgen deprivation therapy
- Surgical castration or chemical castration (LHRH agonists or antagonists)

Potential side effects:
- Osteoporosis/fracture (evaluation of bone mineral density – Calcium and vit D supplementation+/-bone targeted agents)
- Muscle waste
- Cardiovascular side effects, diabetes
Metastatic castration resistant prostate cancer

- Zoledronic Acid
- Radium-223
- Denosumab
- Enzalutamide
- Cabazitaxel
- Mitoxantrone
-sipuleucel-t
- Docetaxel
- Abiraterone
Metastatic castration resistant prostate cancer

- Similar benefit in older and younger patients
- Chemotherapy:
  - Proactive management of side effects is important in the elderly population (G-CSF use and recommendations on management of diarrhea)
- Drug interactions
mCRPC: other treatments

- Bone targeted agents: denosumab, zoledronic acid
- Radiopharmaceuticals: radium-223
- Palliative radiotherapy
- All the other palliative measures: TURP, pain –killers etc
Conclusions

- Older patients with prostate cancer should be managed according to their health status
- Screening G8
- Geriatric intervention in vulnerable or frail patients