Dr P:
✓ 85 year old man
✓ Unfavorable intermediate risk prostate ca
✓ ECOG 0
✓ No comorbidities, no medications
✓ Never smoker, occasional ETOH
✓ Retired GP, lives independently with wife

1. **Curative option**: RT (60Gy/20#) plus 6 months of ADT
2. **Non-curative**: observe & treat palliatively on progression
How would you treat Dr P?

1. Radiation Therapy plus ADT
2. Watchful waiting
3. I cant decide!
SIOG guidelines- updated 2019

- Evaluate risk of recurrence
- Evaluate health status (G8 and Mini-cog)
- Estimate life expectancy

Boyle HJ et al. JGO 2019
### G8 Questionnaire

<table>
<thead>
<tr>
<th>Items</th>
<th>Possible answers (score)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has food intake declined over the past 3 months due to loss of appetite, digestive problems, chewing or swallowing difficulties?</td>
<td>0: severe decrease in food intake 1: moderate decrease in food intake 2: no decrease in food intake</td>
</tr>
<tr>
<td>Weight loss during the last 3 months</td>
<td>0: weight loss &gt; 3 kg 1: does not know 2: weight loss between 1 and 3 kg 3: no weight loss</td>
</tr>
<tr>
<td>Mobility</td>
<td>0: bed or chair bound 1: able to get out of bed/chair but does not go out 2: goes out</td>
</tr>
<tr>
<td>Neuropsychological problems</td>
<td>0: severe dementia or depression 1: mild dementia or depression 2: no psychological problems</td>
</tr>
<tr>
<td>Body Mass Index (BMI; weight in kg)/(height in m²)</td>
<td>0: BMI &lt; 15 1: BMI = 15 to BMI &lt; 21 2: BMI = 21 to BMI &lt; 23 3: BMI = 23 and &gt; 23</td>
</tr>
<tr>
<td>Takes more than 3 medications per day</td>
<td>0: yes 1: no</td>
</tr>
<tr>
<td>In comparison with other people of the same age, how does the patient consider his/her health status?</td>
<td>0: not as good 0.5: does not know 1: as good 2: better</td>
</tr>
<tr>
<td>Age</td>
<td>0: &gt;85 1: 80-85 2: &lt;80</td>
</tr>
<tr>
<td><strong>TOTAL SCORE</strong></td>
<td>0 - 17</td>
</tr>
</tbody>
</table>

Dr P
BMI ?
Selv reported health?

**Results G8**
Age (1 points) -> 16 points?

Mini-cog?
4-5?
Siog guidelines

Boyle HJ et al. JGO 2019
Geriatric screening with G-8 tool and mini-COG™
Then geriatric evaluation if G8 ≤ 14/17

- Group 1: FIT
- Group 2: Vulnerable
- Group 3: Frail

Principles = early introduction of palliative care

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

Adapted physical activity

Geriatric assessment then geriatric intervention
CGA – Dr. P

• Nutrition
• Psyco/cognitive situation
• No comorbidity- no medication
• Independent now- follow up?
• Patients wishes?
• Possible toxicity
• Logistics...
• Physical exercise
Life expectancy

E prognosis:
10 year mortality risk
53-60 %

Walter et al JAMA 2001
**SIOG guidelines 2019**

- **Management of localised prostate cancer in older patients**
  - ➢ Prostate cancer risk should be based on the D'Amico classification (Unchanged)
  - ➢ Fit older patients with a chance of living >10 years with prostate cancer in the D'Amico high-risk group are most likely to benefit from treatment with curative intent. (Unchanged)
  - ➢ Older patients with prostate cancer at D'Amico low to intermediate risk are likely to benefit from active surveillance or watchful waiting, based on their individual expected survival. A curative approach must be discussed with intermediate risk patients who have at least 10 years of life expectancy. (Modified)
  - ➢ The balance of benefits and harms of ADT for localised prostate cancer should be carefully assessed. Note the increased risk of diabetes, cardiovascular complications, osteoporosis, bone fractures and cognitive dysfunction. Adjuvant ADT should only be used in intermediate- and, particularly, high-risk disease. With patients who are either symptomatic or asymptomatic but at D'Amico high risk, discuss ADT monotherapy only with those unwilling or unable to receive any form of local treatment. (Modified)
  - ➢ A validated tool such as the Schonberg or Lee Index can aid in predicting life expectancy independent of prostate cancer. (New)

Boyle HJ et al. JGO 2019
How would you treat Dr P?

1. Radiation Therapy plus ADT

2. Watchful waiting

3. Other options? Surgery?