

3rd Annual Meeting

on Cancer Biology and New Molecules in Cancer Therapeutics

28-30

Νοεμβρίου 2019
Τιτάνια Hotel
Αθήνα

Επιστημονικό Πρόγραμμα

Διοργάνωση



Υπό την Αιγίδα των



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ρόλος ακτινοθεραπείας στον καρκίνο του προστάτη

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Ακτινοθεραπευτής Ογκολόγος

δεδομένα

- τεκμηριωμένος ρόλος ακτινοθεραπείας
- κλιμάκωση της δόσης σχετίζεται με καλύτερο θεραπευτικό αποτέλεσμα
- υπεροχή IMRT/IGRT έναντι συμβατικής ακτινοθεραπείας
- συνεργικός ρόλος ακτινοθεραπείας με ορμονοθεραπεία

νεότερα δεδομένα

- υποκλασματοποίηση δόσης
- σωματιδιακές ακτινοβολίες, πρωτόνια
- νεότεροι ορμονοθεραπευτικοί παράγοντες, ορμονοχημειοθεραπεία
- ακτινοθεραπεία στην ολιγομεταστατική νόσο
- μελλοντικές προκλήσεις

δεδομένα

ρόλος ακτινοθεραπείας

The NEW ENGLAND JOURNAL OF MEDICINE

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

ORIGINAL ARTICLE

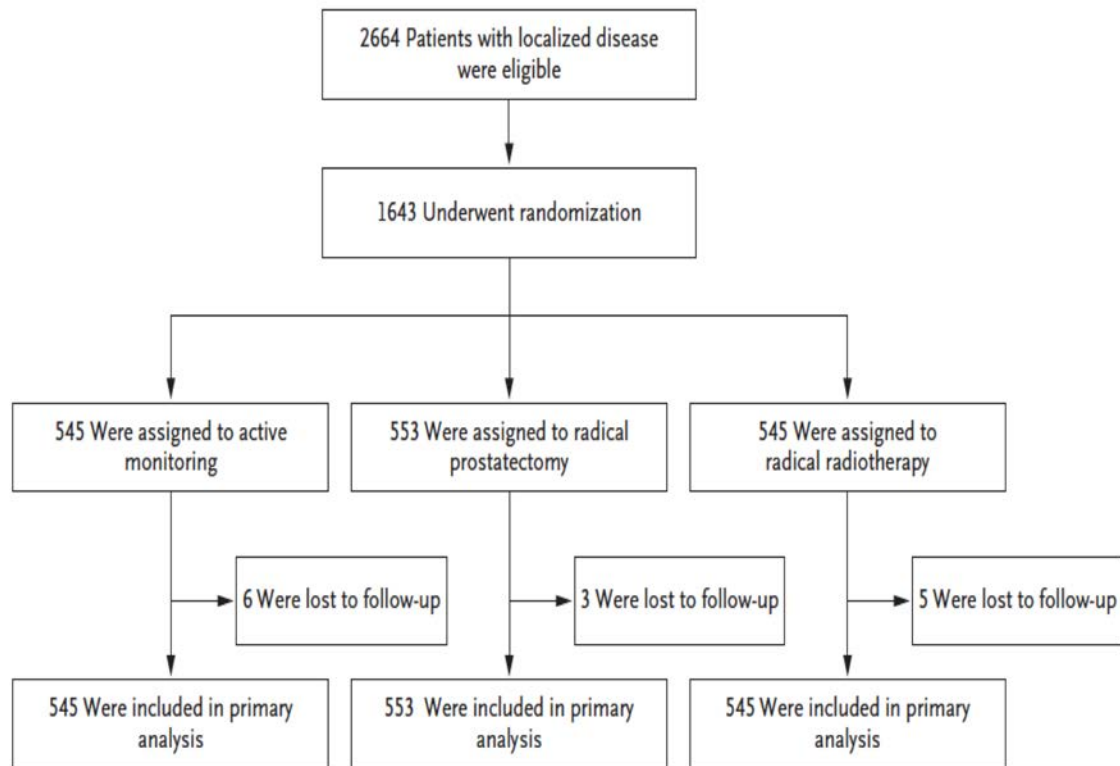
10-Year Outcome

of Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer

F.C. Hamdy, J.L. Donovan, J.
R.M. Martin, J. Oxley, M. Rob
R. Kockelbergh, H. Kyn

J.L. Donovan, F.C. Hamdy, J.A. Lane, M. Mason, C. Metcalfe, E. Walsh,
J.M. Blazeby, T.J. Peters, P. Holding, S. Bonnington, T. Lennon, L. Bradshaw,
D. Cooper, P. Herbert, J. Howson, A. Jones, N. Lyons, E. Salter, P. Thompson,
S. Tidball, J. Blaikie, C. Gray, P. Bollina, J. Catto, A. Doble, A. Doherty, D. Gillatt,
R. Kockelbergh, H. Kynaston, A. Paul, P. Powell, S. Prescott, D.J. Rosario, E. Rowe,
M. Davis, E.L. Turner, R.M. Martin, and D.E. Neal, for the ProtecT Study Group*

ProtecT



	Active monitoring (n=545)	Radiotherapy (n=545)	Radical prostatectomy (n=553)
Age at invitation (years)			
49-54	58 (11%)	62 (11%)	69 (12%)
55-59	140 (26%)	141 (26%)	137 (25%)
60-64	184 (34%)	176 (32%)	172 (31%)
65-69	163 (30%)	166 (30%)	175 (32%)
Median age (range)	62 (50-69)	62 (49-69)*	62 (50-69)
PSA (µg/L)			
3.0-5.9	373 (68%)	373 (68%)	371 (67%)
6.0-9.9	116 (21%)	121 (22%)	123 (22%)
≥10.0	56 (10%)	51 (9%)	59 (11%)
Median PSA (range; µg/L)	4.6 (3.0-20.9)†	4.6 (3.0-18.8)	4.7 (3.0-18.4)
Gleason score			
6	421 (77%)	423 (78%)	422 (76%)
7	111 (20%)	108 (20%)	120 (22%)
8-10	13 (2%)	14 (3%)	10 (2%)
Missing	0	0	1 (<1%)
Clinical stage			
T1c	410 (75%)	429 (79%)	410 (74%)
T2	135 (25%)	116 (21%)	143 (26%)

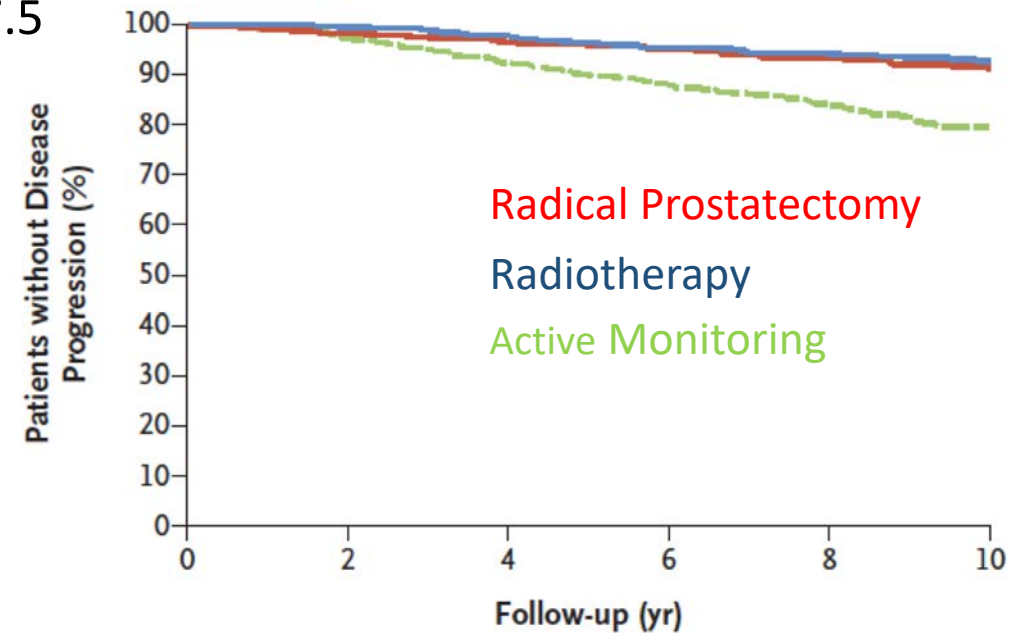
ProtecT

- 545 active monitoring
 - PSA q3 m x 1y, q6 m thereafter, rise of 50% in 12 m: consider biopsy
- 553 radical prostatectomy
- 545 radical radiotherapy
 - RT: 3DCRT 74 Gy (37 fr) + NAD (3-6 m)
- 10 y follow up
- Disease Progression, Cancer Specific Survival, Overall Survival, Metastasis
- Toxicity
- Quality of Life
 - baseline, 6 m, 12m and annually thereafter
 - ICIQ:** International Consultation of Incontinence Questionnaire
 - EPIC:** Expanded Prostate Cancer Index Composite
 - ICSmaleSF:** International Continence Society male Short Form
 - SF12:** Medical Outcomes Study 12
 - HADS:** Hospital Anxiety and Depression Scale
 - EORTC- QLQ C30**

ProtecT αποτελέσματα Θεραπείας

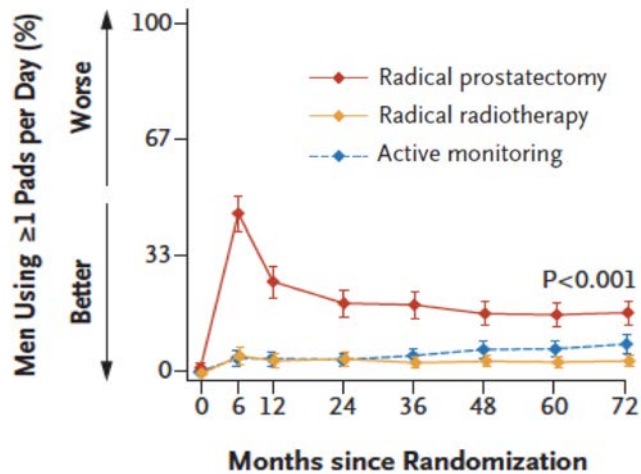
- Disease Progression
 - AM 112 men; 22.9 per 1000 person-years; 95% CI, 19.0 to 27.5
 - RP 46 men; 8.9 per 1000 person-years; 95% CI, 6.7 to 11.9
 - RT 46 men; 9.0 per 1000 person-years; 95% CI, 6.7 to 12.0
 - $p < 0.001$
- Metastasis
 - AM 33 men; 6.3 per 1000 person-years; 95% CI, 4.5 to 8.8
 - RP 13 men; 2.4 per 1000 person-years; 95% CI, 1.4 to 4.2
 - RT 16 men; 3.0 per 1000 person-years; 95% CI, 1.9 to 4.9
 - $p = 0.004$
- Prostate Cancer Specific Survival - no significant difference

Freedom from Disease Progression

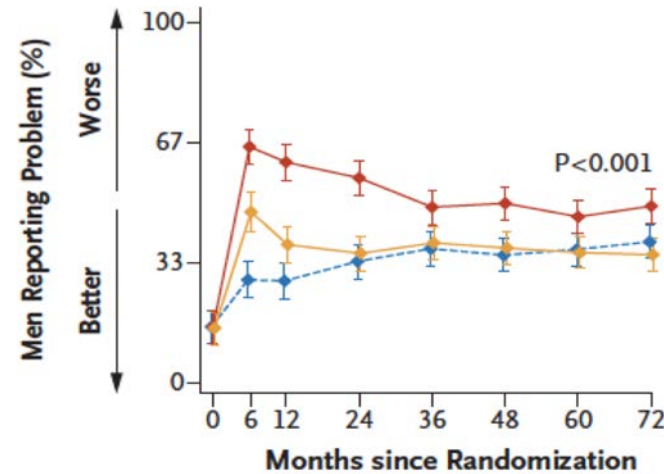


ProtecT τοξικότητα θεραπείας

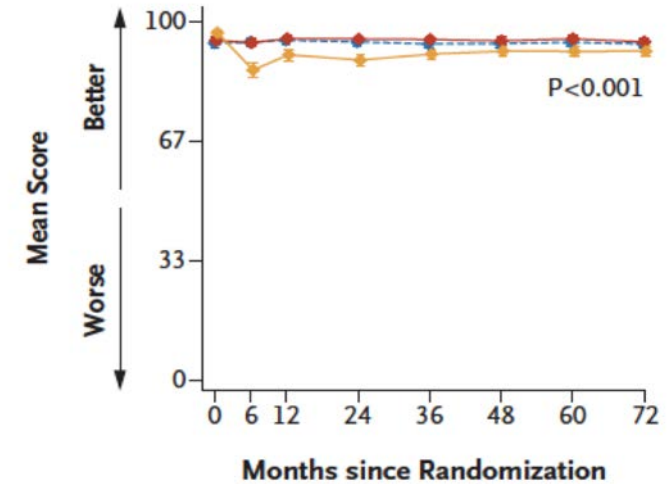
EPIC Item: ≥ 1 Pad per Day



EPIC Problem with Erectile Dysfunction



EPIC Bowel Bother Score



- prostatectomy greatest negative effect on **urinary continence** at 6 months; the effect of urinary incontinence on QoL worse in the prostatectomy group for 2 years, but then similar to that reported in the other groups
- nocturia** increased in all groups; the increase particularly in the radiotherapy group at 6 months
- at baseline 67% of men reported **erections** firm enough for intercourse, but by 6 months this rate fell to 52% in the active-monitoring group, to 22% in the radiotherapy group, and to 12% in the prostatectomy group
- bowel function** worse in the radiotherapy group than in other groups. However, there was then considerable recovery in the radiotherapy group for these measures, apart from more frequent **bloody stools**

ProtecT σχετική με την υγεία ποιότητα ζωής

