

Localized and Advanced Prostate Cancer

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Prostate cancer is still the number one disease of interest for most urologists. Points of interest for localized prostate cancer include the finding that although active surveillance for low-risk patients is generally safe, some of those patients are at risk for progression. One study of patients that met low-risk criteria showed 25% progression in 5 years.

Surgically treated patients with focal positive margins have overall low rates of recurrence, although higher than patients with disease contained within the prostate capsule. One study showed a higher positive margin rate for robotic prostatectomies. Another study showed that transurethral resection of the prostate was associated with an increased risk of positive margins, especially at the bladder neck.

For patients who receive radiation therapy after surgical removal of the prostate, survival advantage is demonstrated, especially in patients that show an early PSA recurrence or a rapid rise in PSA values.

Several parameters were evaluated for risks of incontinence after prostatectomy. Of those parameters, only age was statistically associated with an increased risk of incontinence. Despite early diagnosis and effective treatment of prostate cancer, a subset of patients still present with locally advanced disease and a high-risk group still die of metastatic disease.

The treatment of locally advanced, high-risk prostate cancer remains a clinical dilemma. In a study of 199 men, salvage radiation after radical prostatectomy showed a 7-year progression-free survival of 62% in patients with positive surgical margins, 32% in patients with seminal vesical invasion and 7% in patients with lymph node positive disease. Therefore, initial observation with subsequent radiation was recommended for positive margin patients and selected patients with seminal vesical involvement, but not for node positive patients.

In another study of 191 patients with disease extension at the time of surgery, androgen deprivation (hormonal therapy) reduce local and systemic recurrence and improved cancer specific survival, but not overall survival. Salvage radiation resulted in less local and regional failure compared to observation, but did not decrease mortality or distant failure.

Among participants with involvement of regional lymph nodes, those who still underwent prostatectomy had more favorable progression-free survival and cancer-specific survival than did the patients in whom the prostatectomy was abandoned.

Long-term use of androgen deprivation therapy (hormone therapy) is well known to have significant side effects. Therefore, optimum use and subsequent early diagnosis and treatment of these side effects will result in a better quality of life for patients with prostate cancer. One study showed that hormone therapy was associated with a 20% prevalence of undiagnosed type 2 diabetes. Another large study of patients that had received androgen deprivation therapy for more than 1 1/2 years, demonstrated that dementia and chronic pulmonary disease were the only associated morbidities of treatment.

Outcome studies demonstrated that high-grade tumor and preoperative PSA levels were significantly associated with biochemical (PSA) relapse.

There remains an urgent need for more effective therapy for advanced and androgen-independent prostate cancer.

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