



Clinically Localized Prostate Cancer: AUA/ASTRO/SUO Guideline High-Risk Disease

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DISCLOSURES

Mary-Ellen Taplin, MD

- Medivation: Consultant or Advisor, Scientific Study or Trial
- Janssen: Consultant or Advisor, Investment Interest
- Tokai: Consultant or Advisor, Scientific Study or Trial
- Bayer: Consultant or Advisor, Scientific Study or Trial
- Dendreon: Consultant or Advisor
- Genetech: Scientific Study or Trial
- Sanofi: Consultant or Advisory



RISK STRATIFICATION

The Panel did not substratify high-risk patients into high-risk and very high-risk (as has been proposed by the NCCN). The rationale to not further substratify is not based upon differences in outcome, but rather the lack of clinical utility as a context for decisions about treatment options is generally similar between high-risk and very high-risk men.

High Risk:	PSA \geq20 ng/ml OR Grade Group 4-5 (i.e., Gleason score \geq 8) AND T1-T2 (stage \geq T3 is beyond the scope of these guidelines)
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GUIDELINE STATEMENTS

Staging High-Risk Patients

- Clinicians should stage high-risk localized prostate cancer patients with cross sectional imaging (CT or MRI) and bone scan (*Clinical Principle*)



GUIDELINE STATEMENTS

Standard Therapy

- Clinicians should recommend radical prostatectomy or radiotherapy plus ADT as standard treatment options for patients with high-risk localized prostate cancer (*Strong Recommendation, Evidence Level A*)



GUIDELINE STATEMENTS

Alternative Management

- Clinicians should NOT RECOMMEND active surveillance. Watchful waiting should only be considered in asymptomatic men with limited life expectancy (≤ 5 years) (*Moderate Recommendation; Evidence Level C*)
- Cryosurgery, focal therapy and HIFU treatments are NOT RECOMMENDED outside of a clinical trial (*Expert Opinion*)
- Clinicians should NOT RECOMMEND primary ADT unless the patient has both limited life expectancy and local symptoms (*Strong Recommendation; Evidence Level A*)



GUIDELINE STATEMENTS

Additional Recommendation

- Clinicians may consider referral for genetic counseling for patients (and their families) with high-risk localized prostate cancer and a strong family history of specific cancers (e.g., breast, ovarian, pancreatic, other gastrointestinal tumors, lymphoma) (*Expert opinion*)



GUIDELINE STATEMENTS

Additional Recommendation

- Clinicians should inform patients about suitable clinical trials and encourage patients to consider participation in such trials based on eligibility and access
(Expert Opinion)



FUTURE DIRECTIONS

Emerging Data

- ProtecT (active surveillance, prostatectomy, radiotherapy with ADT)
 - Longer follow-up and risk-stratified outcomes
- RTOG 0232 (brachytherapy alone versus combined with external radiotherapy)
- Imaging modalities
 - Prospective studies of new imaging techniques (e.g., MRI [low-/intermediate-risk], 18F-fluciclovine-PET (high-risk))
- Randomized trials of focal ablative techniques
- Patient education: digital tools to facilitate shared decision making



ACKNOWLEDGEMENTS

Localized Prostate Cancer Panel

Martin G. Sanda, MD (Chair)
Jeffrey A. Cadeddu, MD (Vice Chair)
Ronald C. Chen, MD (ASCO)
Tony Crispino (Patient Representative)
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GUIDELINE COURSE

Friday, May 12

130-330pm