

DEBATES AND DIDACTICS in Hematology and Oncology



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Optimal Treatment of Oligometastatic Prostate Cancer: Local Therapy

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Debates and Didactics in Hematology and Oncology

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Disclosures

Has no relevant financial relationships



The Case for Local Therapy - General Outline



Oligometastases in prostate cancer - types

Definitions/Sites of Local therapy

Lessons from node+ prostate cancer

Reported Data

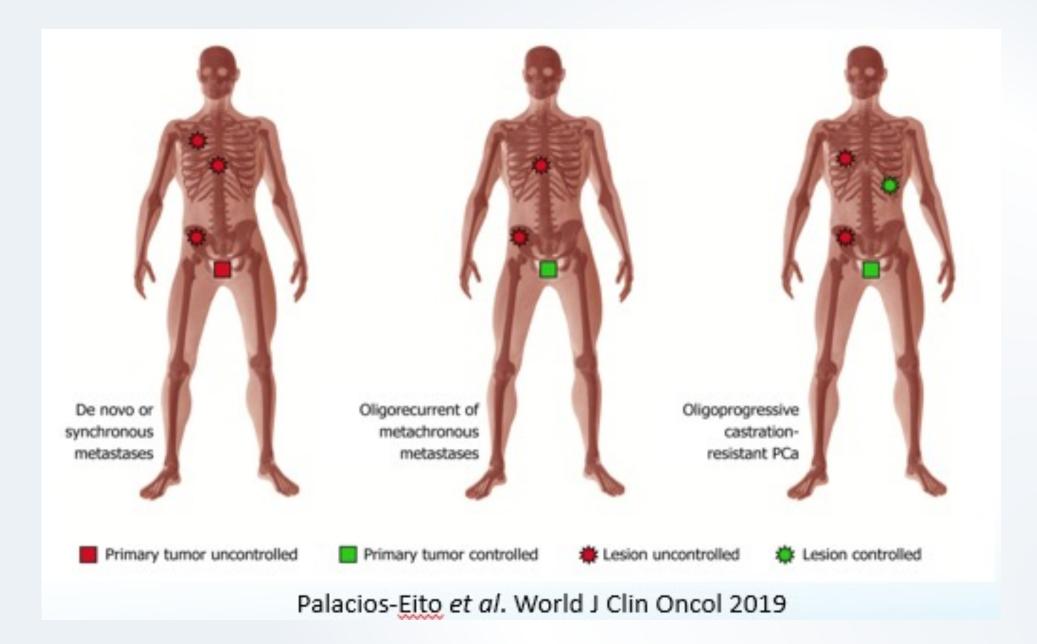
Advances in Imaging

Ongoing Trials



Oligometastases in prostate cancer - types









Definitions/Sites of Local therapy

Treatment of Prostate +/- Seminal Vesicles
Options: Radiotherapy, Surgery

Treatment of Pelvic Lymph Nodes
Options: Radiotherapy, (Surgery)

Treatment of Metastases (Metastases-Directed Therapy – MDT)

Radiotherapy / Stereotactic Body Radiotherapy (SBRT)

Other – Surgery, Radiofrequency Ablation, Cryotherapy, etc.



Lessons from node+ prostate cancer



Old paradigm for pN+ ACP

Abort RRP

Indefinite ADT

Body of literature evaluating N+ disease:

e.g. –

Jegadeesh N ... Jani AB, Cancer 2017 →

(NCDB Analysis)

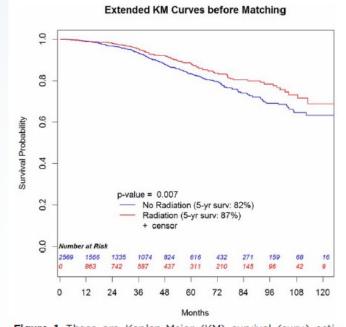


Figure 1. These are Kaplan-Meier (KM) survival (surv.) estimates for all patients by treatment.

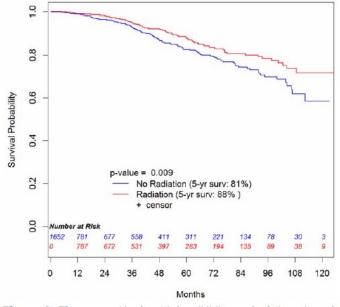


Figure 2. These are Kaplan-Meier (KM) survival (surv.) estimates for all patients by treatment (propensity-matched comparison).

New paradigm - options

Radical Prostatectomy + LND +/- (XRT+ADT)

XRT + ADT

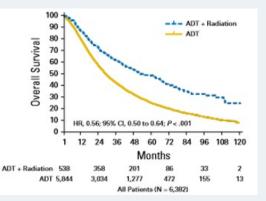


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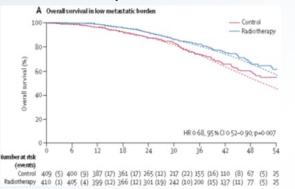


Synchronous Metastases - treatment of primary

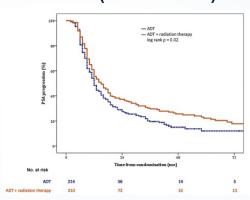
NCDB



STAMPEDE (low metastatic burden)



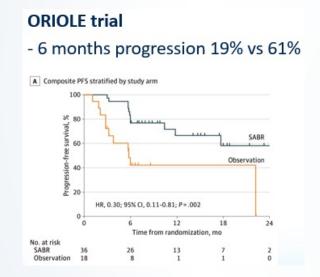
HORRAD (PSA control)

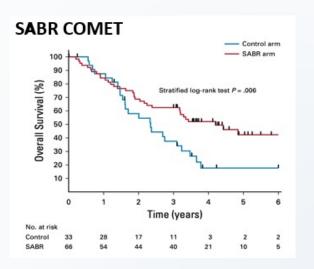


Rusthoven et al. JCO 2006; Parker et al. Lancet 2018; Bouve et al. Eur Urol 2019.

Metachronous Oligomets - MDT of sites of mets

STOMP trial - ADT free survival 21 vs 13 months A - Surv. MDT No. at risk: MTD 31 29 22 17 12 9 6 5 2 1 Surv. 31 24 20 12 8 5 3 1 0 0





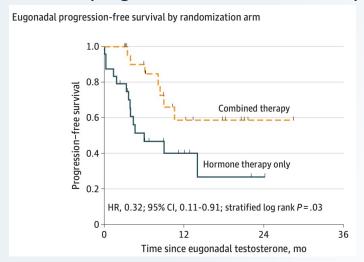


Reported Data, continued

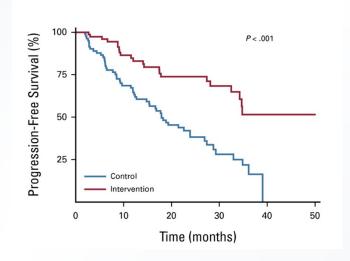


Oligoprogressive Metastases - MDT directed therapy

EXTEND (Oligomet CSPC: ADT +/- MDT)



ARTO (Oligomet CRPC: Abi +/- MDT)



Tang et al. JAMA Oncology 2023; Francolini et al., JCO 2023

Take home point – reported data for local therapy in all 3 major settings of oligometastatic prostate cancer!



Advances in Imaging



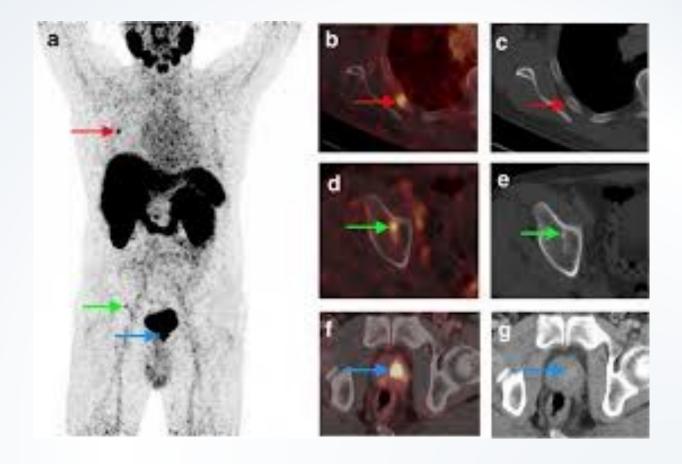
Conventional Imaging

CT

MRI

Bone Scan

Molecular Imaging - PET
Recurrent staging
De-novo staging



Impact of Imaging

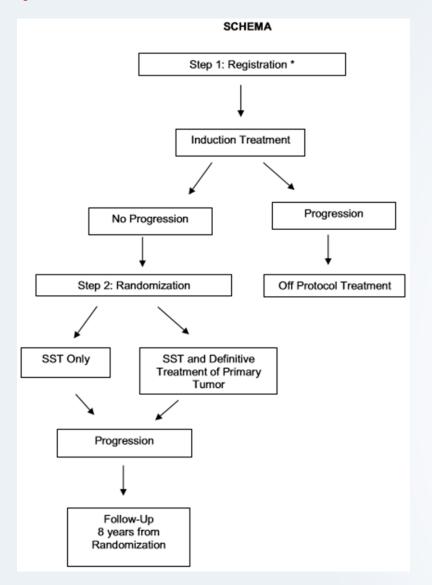
Local therapy given in past for what is now oligometastic disease Oligometastatic disease can be identified and MDT given



Ongoing Trials



Synchronous Mets: SWOG 1802 - M1 Dx: SST +/- Local therapy



Metachronous Oligomets: NRG GU 011 - SBRT to Met +/- relugolix

Recurrent Oligometastatic Prostate Cancer (detected by PET) after RT to Prostate or Radical Prostatectomy +/- Post-Operative Radiotherapy STRATIFY Extrapelvic node(s) only vs Bone +/- node(s) [pelvic/extrapelvic] PSA Doubling Time <12 mos vs ≥ 12mos Fluciclovine PET vs PSMA PET RANDOMIZE* Arm 1 Arm 2 SABR + blinded placebo** for 6 months SABR + blinded relugolix** for 6 months





The Case for Local Therapy - Conclusions

Lessons from node+ prostate cancer \rightarrow similar story developing in oligometastatic prostate cancer

Advances in Imaging

Reported Data & Ongoing Trials support

Local therapy as part of treatment

Local therapy as only treatment for mets





