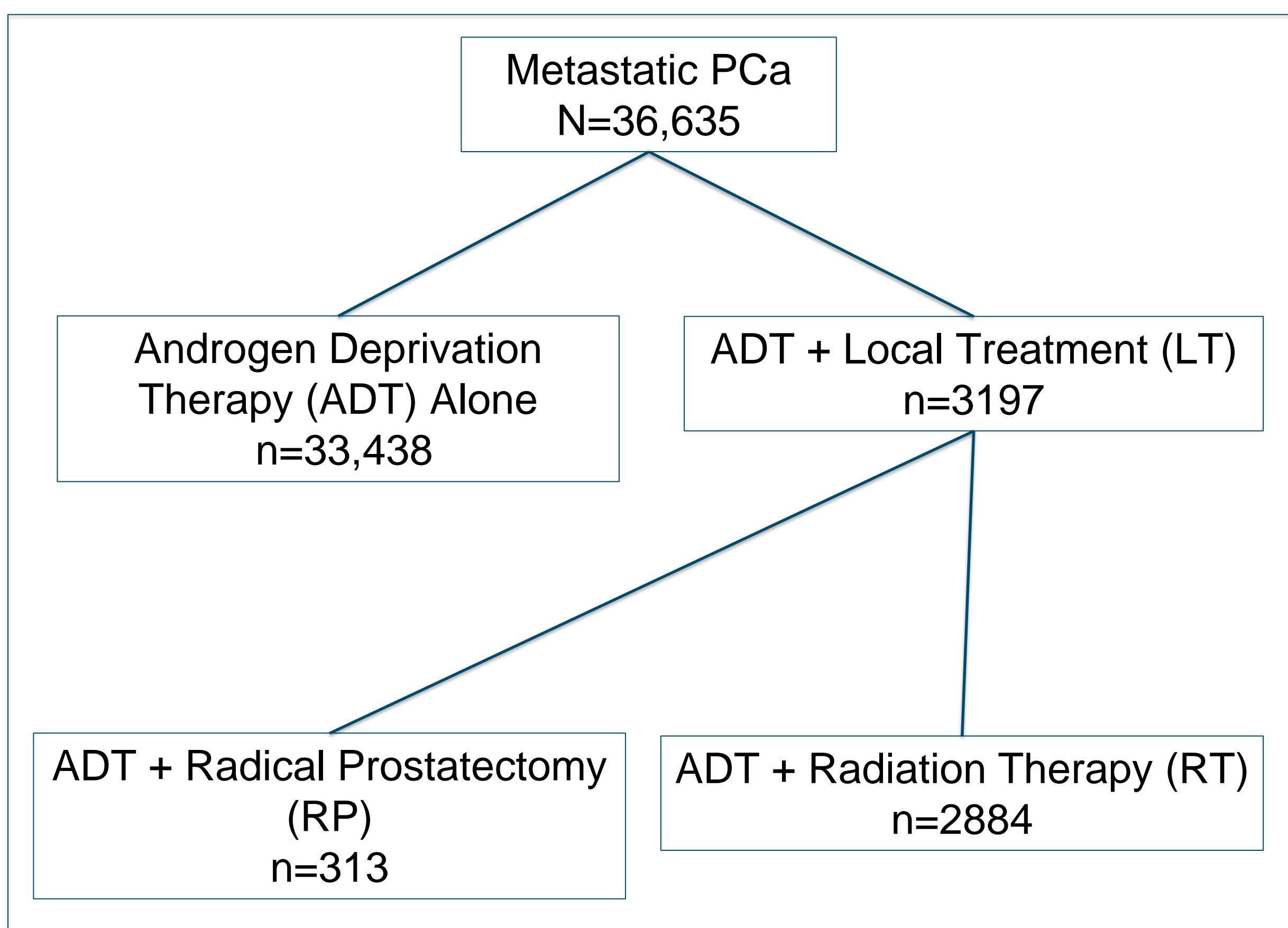


Background/Aims

- Current standard of therapy for metastatic prostate cancer (mPCa) is androgen deprivation therapy (ADT) combined with chemohormonal therapy
- Another parallel approach is the use of definitive local treatment (LT) to the prostate via pelvic radiotherapy (RT) or radical prostatectomy (RP)
- **Study Aims:** To compare the use of LT with ADT vs. ADT alone in the setting of metastatic prostate cancer

Methods

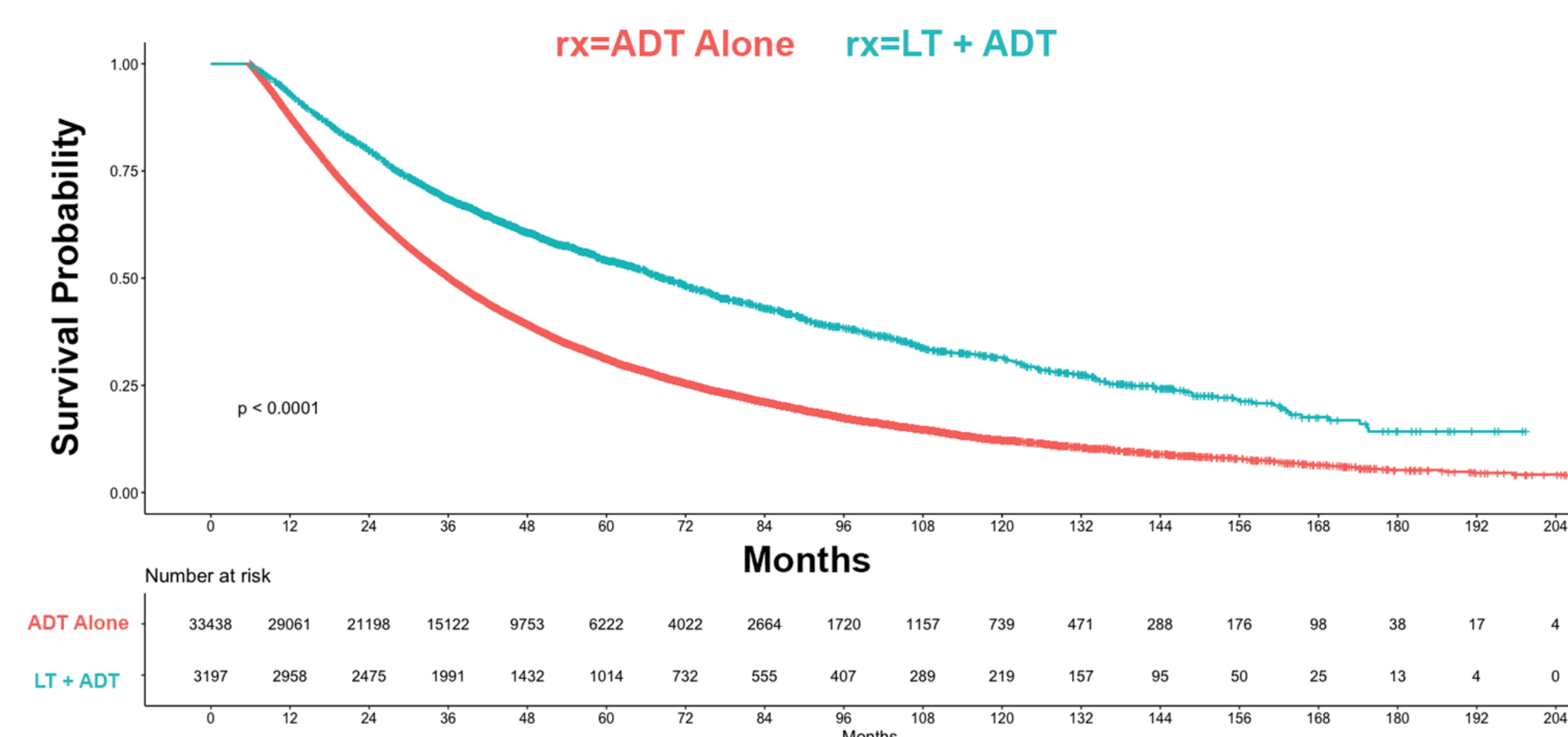
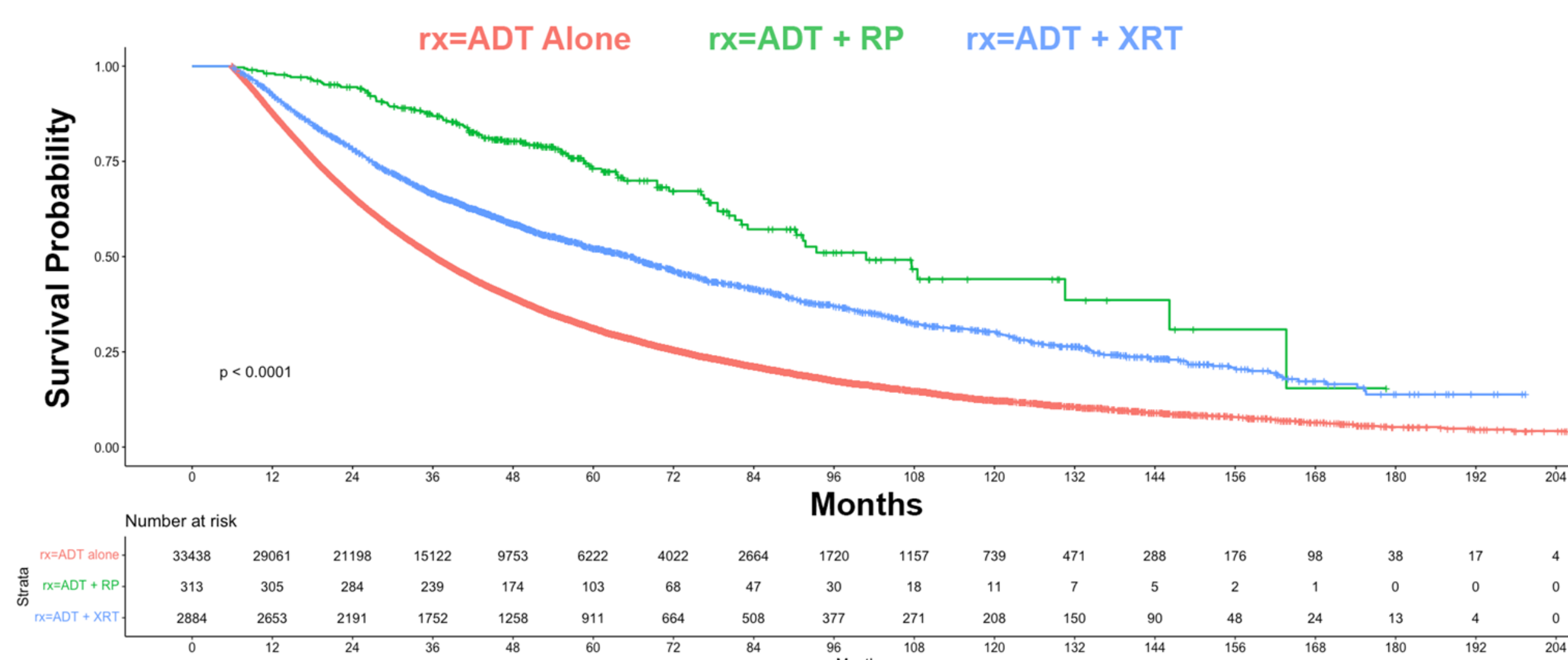


- The National Cancer Database (NCDB) was queried from 2004-2017 to conduct a retrospective cohort analysis of cTanyNanyM1 PCa who received LT + ADT vs. ADT alone.
- Patients with less than 6 months of follow-up, treatment history of orchiectomy or palliative care were excluded.
- Clinicopathologic variables were compared using appropriate statistical tests of comparison for continuous or categorical variables.
- Cox Proportional Hazards Model was used to identify predictors of Overall Survival (OS). The Kaplan-Meier (KM) method and log rank test were used to compare OS for LT+ADT vs. ADT alone.

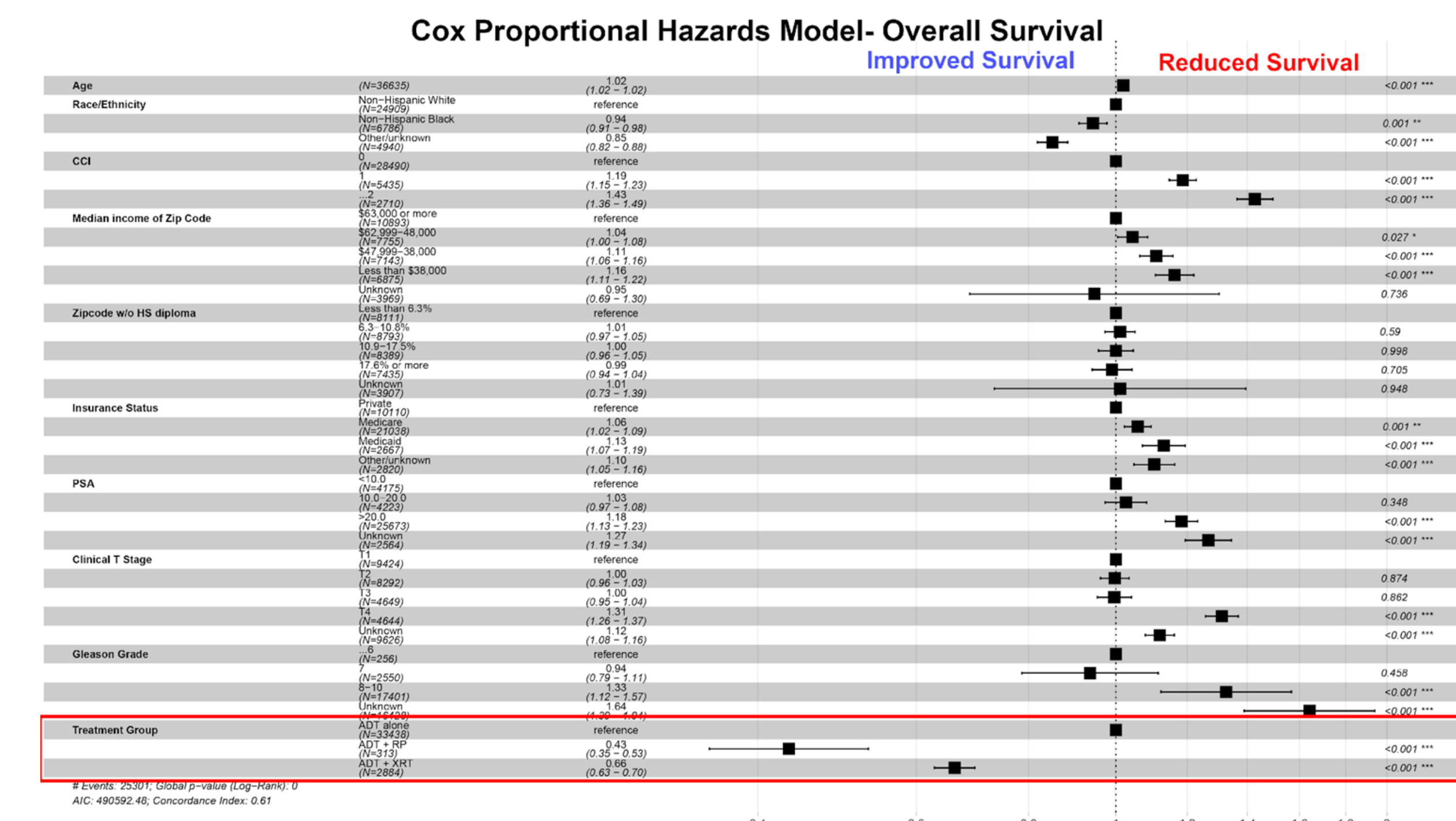
Results

- Patients treated with ADT alone were more likely to be older and have a higher PSA score (P <0.001)
- The proportion of LT increased over the study period from 3.3% in 2004 to 15.4% in 2017
- Median follow-up was 2.8 years

Outcome	Overall Survival % (95% CI)			
	ADT Alone	ADT + LT	ADT + RP	ADT + XRT
5 years	31.3 (30.7 - 31.8)	54.2 (52.4 - 56.1)	74 (67.5 - 79.1)	52.2 (50.2 - 54.2)



Results (Cont.)



- For ADT alone, 5-year OS was 31.3% (CI= 30.7-31.8%) vs. 54.2%. (CI= 52.4-56.1%) for LT+ADT.
- Furthermore, comparing the type of LT on KM analysis: RP + ADT showed better 5-yr OS, 74.0% (CI= 67.5-79.1%) vs. 52.2% (CI= 50.2-54.2%) for XRT+ADT (p<0.001).

Conclusions

- Definitive local treatment in addition to ADT significantly improves 5-year OS for patients with metastatic prostate cancer.
- There is a significant improvement in patient outcomes for those who are treated with RP vs RT.
- These findings support multimodal treatment for metastatic prostate cancer, and further studies are needed to optimize the choice of definitive LT in this setting.

Contact

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