Conclusion. Radiation treatment achieved an excellent local control rate in this patient’s subgroup. This treatment must be considered as a valid option to treat these patients, despite the high incidence of distal failure.

http://dx.doi.org/10.1016/j.rpor.2013.03.517

Retrospective analysis of the safety profile and clinical, radiological and PSA evolution in metastatic castration resistant prostate cancer (mCRPC), chemotherapy naïve patients treated with abiraterone acetate (AA)
M. Couselo Paniagua1, M. López Carriozoa1, P. Samper Ots2, J. Zapatero Ortuño1, V. Jerviz Guía1, C. Ibáñez Villoslada1, J. Saez Garrido1, M. Domínguez Morcilloc1, M. Martín de Miguel1
1 Hospital Militar Central Gomez Ulla, Oncología Radioterápica, Spain
2 Hospital Rey Juan Carlos, Oncología Radioterápica, Spain

Objective. Our objective is to determine the duration of clinical and radiological stabilization after PSA progression in chemotherapy naïve mCRPC patients treated with AA, as well as analyzing its safety profile in our series.

Material and methods. Retrospective analysis approved by our institution’s Ethical Committee of Clinical Investigation. 14 patients with mCRPC who had not received prior chemotherapy in treatment with AA (1 g/24 h) and prednisone (5 mg/12 h) have been studied. Statistical analysis has been carried out with SPSS® version 15.

Results. Patient mean age is 75 (range 52–85), with 50% of patients having a pre-AA ECOG score ≥2. Mean treatment duration time has been 9 months (2–12 months). PSA response, defined as a 50% or higher decrease from pretreatment baseline PSA, was observed in 75% of the patients. With a 12 month follow-up, we find that: only 1 patient has progressed (defined as clinical, radiological and PSA progression). 7 patients (50%) present clinical, radiological and PSA stability. 7 patients present PSA progression, of which 3 also associate radiological progression, 1 clinical progression and 1 with both clinical and radiological progression as well. Treatment was suspended in 3 patients (21.4%), 1 due to PSA and radiological progression, 1 due to PSA, radiological and clinical progression and 1 exitus due to tumor progression. In terms of treatment tolerance, no patients have presented neither clinical nor hematological toxicity.

Conclusion. Treatment with AA in mCPCR chemo naïve patients is safe and very well tolerated, which is important considering that most of the patients in our series were elderly patients, with average performance status, and in most cases not suitable for other treatment options. In current clinical practice, evaluation for treatment response in mCRPC is changing, and PSA should no longer be considered a reliable tumor marker in these patients. In our series, we have observed clinical and/or radiological progression in only a small number of patients, normally months after PSA progression.

http://dx.doi.org/10.1016/j.rpor.2013.03.518

Salvage radiotherapy in biochemical recurrence after radical prostatectomy
C. Carvajal1, A. Gomez-Iturria2, F. Casquero1, E. Hortelano1, J. Jaen3, J. Lópe4, J. Cacicedo1, O. del Hoyo1, R. Ortiz de Zarate5, C. Alcivar5, P. Bilbao1
1 Cruces University Hospital, Radiation Oncology, Spain
2 Cruces University Hospital/SYROG, Radiation Oncology, Spain
3 Instituto Oncológico Cartuja/Grupo IMO, Sevilla, Radiation Oncology, Spain
4 SYROG, Radiation Oncology, Spain
5 Cruces University Hospital, Medical Physics, Spain

Purpose. Determine biochemical response, control and disease free survival in a series of patients with long follow-up, treated with salvage external beam radiation therapy (EBRT), the standard treatment for biochemical recurrence (BR), after radical prostatectomy (RP).

Material and methods. Between July 2002 and July 2010, 78 patients were treated with salvage EBRT in our center. After EBRT, BR has been defined as a value of PSA ≥0.2 ng/ml. All patients were treated with 3D conformed EBRT. Median dose was 66 Gy (46–74 Gy). 33 patients (42.3%) received hormone therapy (HT). All patients have been followed up by PSA and digital rectal examination.

Results. The mean age was 65.6 years (SD 5.65). The preoperative PSA was <10, 10–20 or >20 in 54.3%, 35.7% and 10% respectively. 57.7% of patients were pT2, pT3a 17.9%, pT3b 15.4% and pTx 9%. The margins were negative in 43 patients (55.8%), and positive in 31 (40.3%). 38 patients (62.3%) had a Gleason score ≤6, 13 Gleason 7 (21.3%) and 10 Gleason 8–10 (16.4%). The median PSA pre-EBRT was 1.17 ng/ml (range 0.12–19). The median post surgical PSA was 0.09 ng/ml (range 0–4.2). The median follow-up was 46 months (range 22–116). Although biochemical response was seen in 63 patients (80.7%), the overall 5-year biochemical disease-free survival rate was 55%. Multivariate analysis showed that ECOG (p=0.01) and post surgical PSA (p=0.03) were significant covariates predicting for bNED. Interval from surgery to BR, Gleason score, extracapsular extension, lymphovascular invasion, perineural extension or surgical margin involvement were not associated with BR.