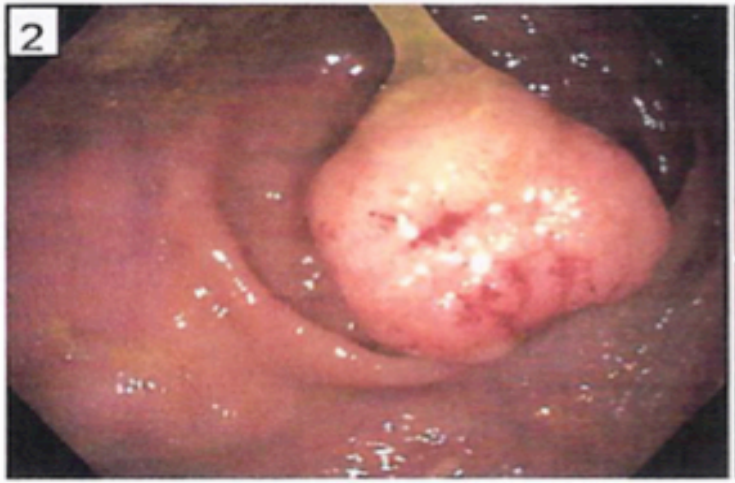
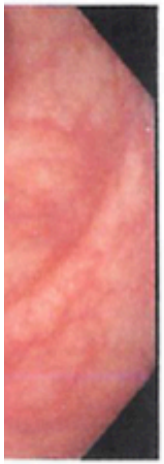
Rectal Polyps

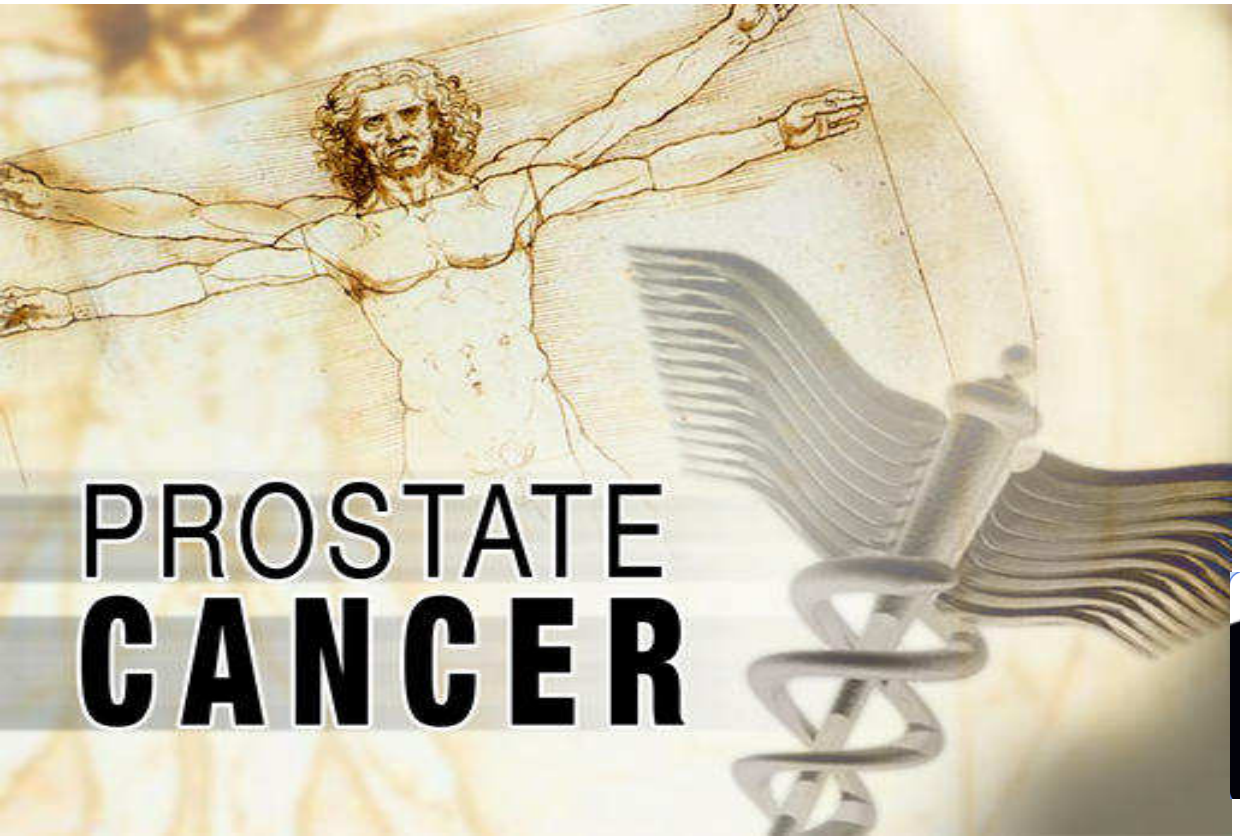


polyp in the rectum

polyp in the sigmoid colon



Androgen annihilation as a new therapeutic paradigm in advanced prostate cancer



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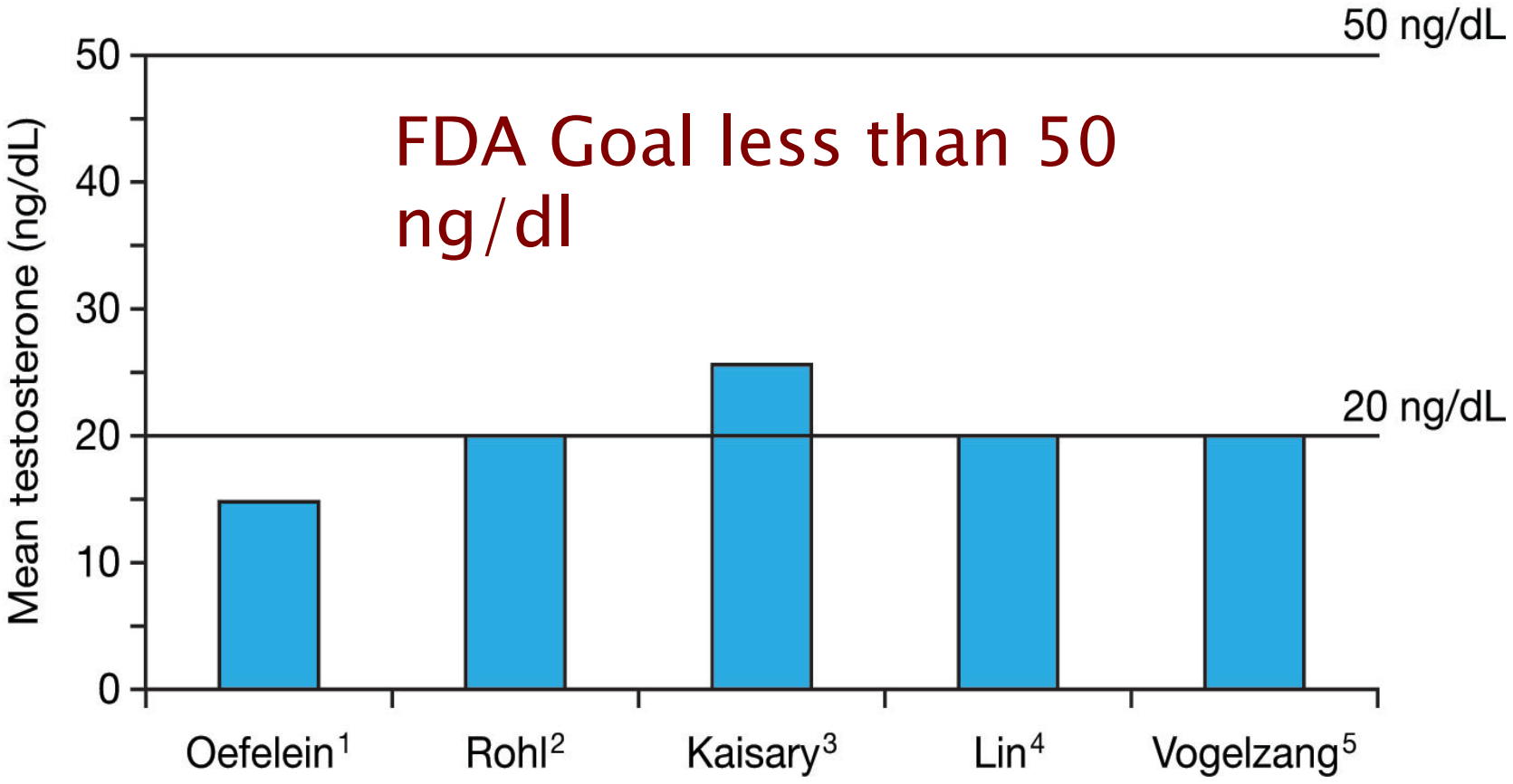
Testosterone levels after orchiectomy
I believe the goal is < 20ng/dl

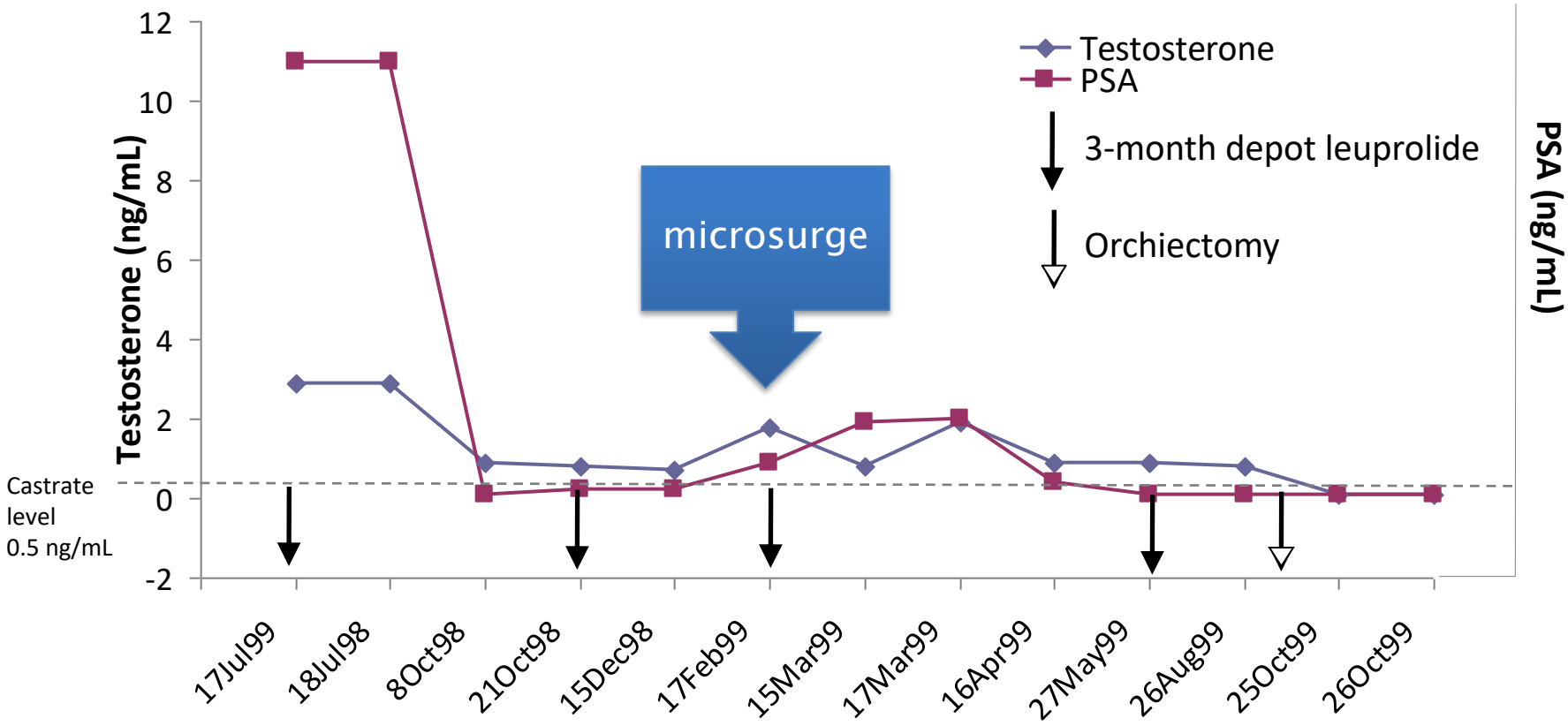


1. Oefelein MG et al. *Urology* 2000;56:1021–4
2. Røhl HF, Beuke HP. *Scand J Urol Nephrol* 1992;26:11–43
3. Kaisary AV et al. *Br J Urol* 1991;67:502–8
4. Lin BJ et al. *Urology* 1994;43:834–7
5. Vogelzang NJ et al. *Urology* 1995;46:220–6

Figure taken from:
Tombal B, Berges R. *Eur Urol Suppl* 2005;4:30–6

Leuprolide injection history in a patient with high BMI

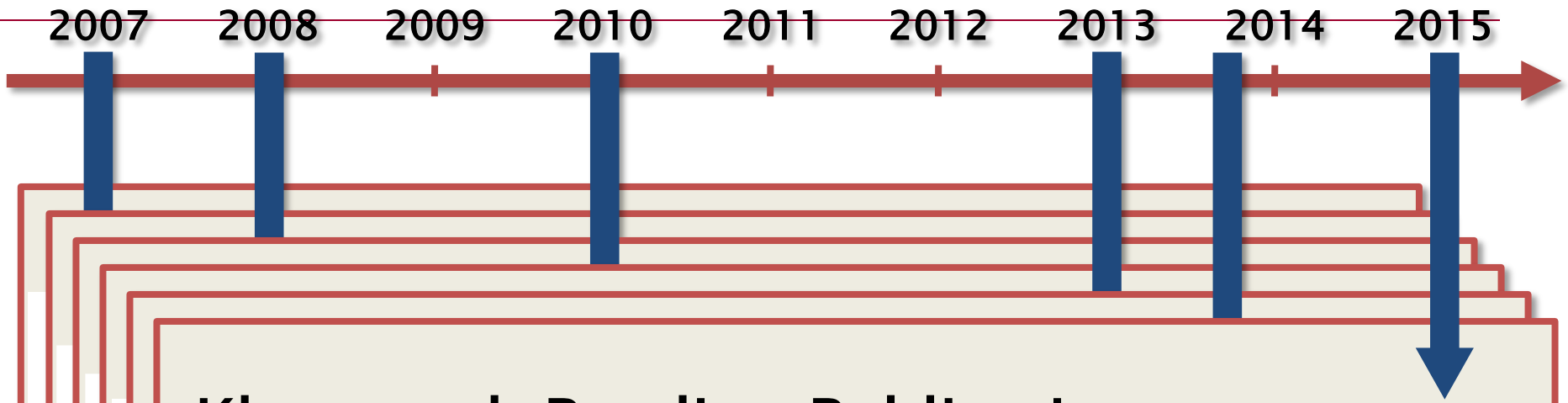
Age 63 years; BMI 36.1 kg/m^2; PSA 10.8 ng/mL; Gleason score 4+3



Oefelein MG, Cornum R. *J Urol* 2000;164:726–9

BMI, body mass index
PSA, prostate-specific antigen

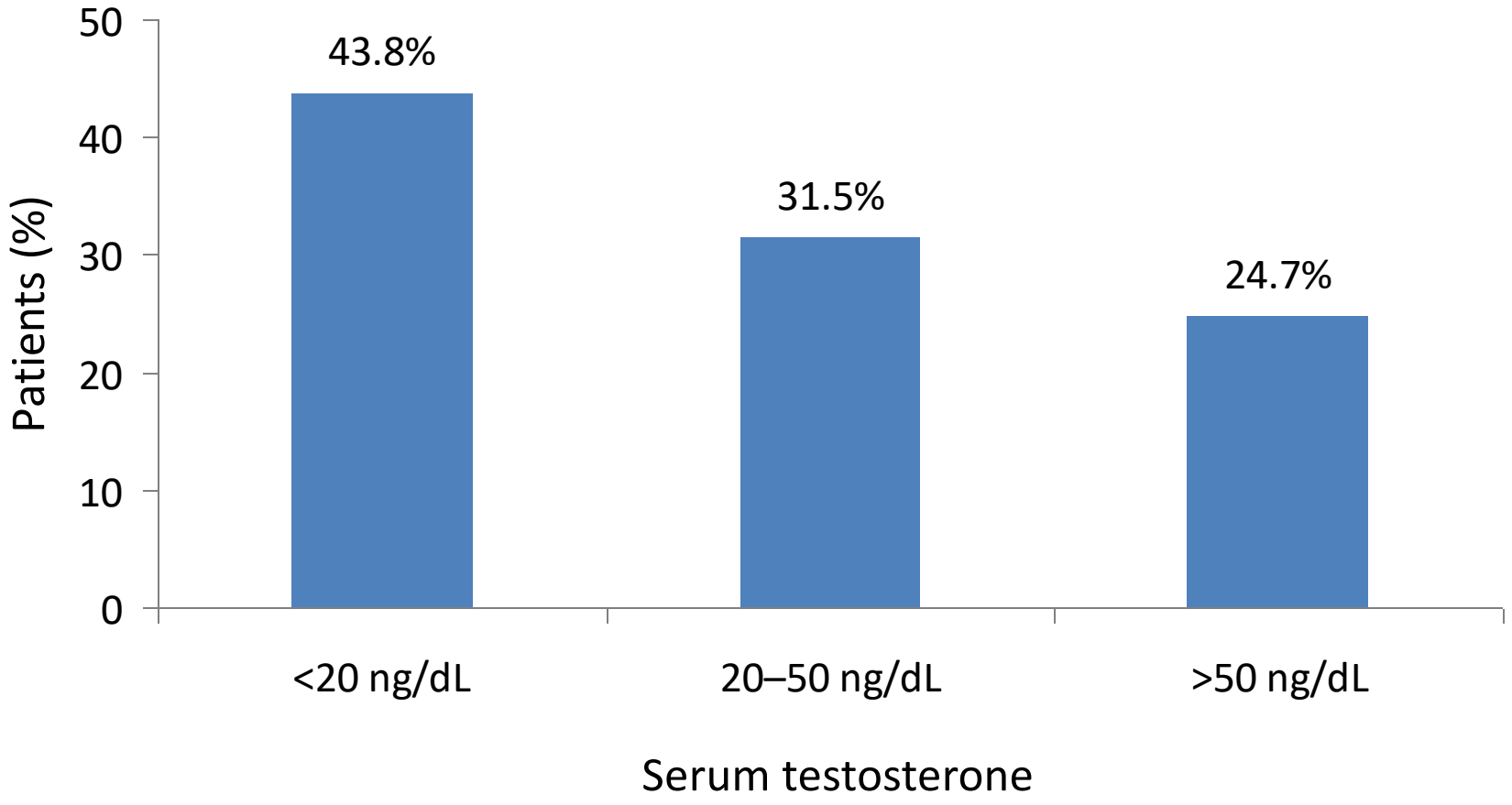
Mounting Evidence Supporting a New Castration Definition of <20 ng/dL



Klotz et al. Pending Publication

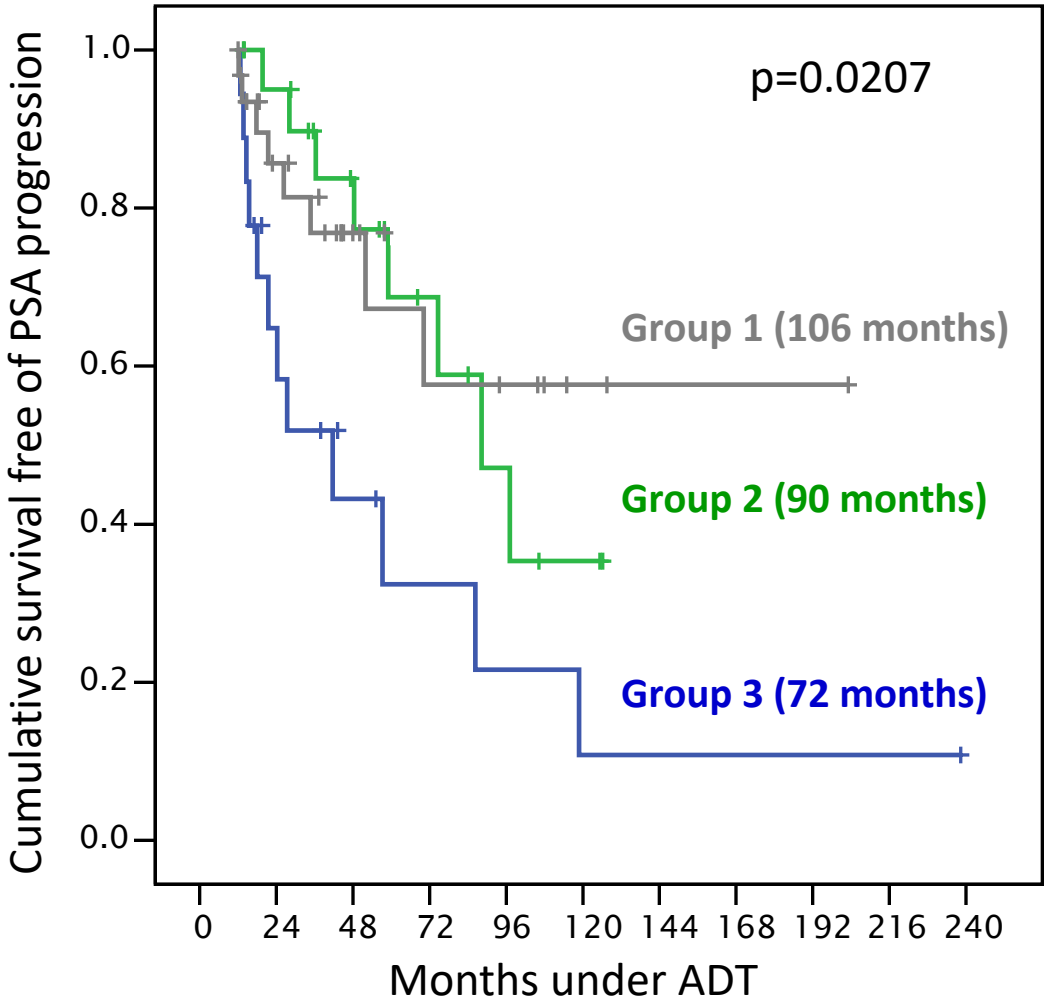
JOURNAL OF CLINICAL ONCOLOGY

Testosterone escapes occur frequently during LHRH agonist therapy



Adapted from Morote J et al. *J Urol* 2007;178:1290–5

Survival free of AIP according to serum testosterone behaviour



Testosterone increases

Group 1: <20 ng/dL

Group 2: 20–50 ng/dL

Group 3: >50 ng/dL

Adapted from Morote J et al. *J Urol* 2007;178:1290–5

AIP, androgen-independent progression

Another Point of Failure

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Crawford and Rove, N Engl J Med 363:1976, 2010.

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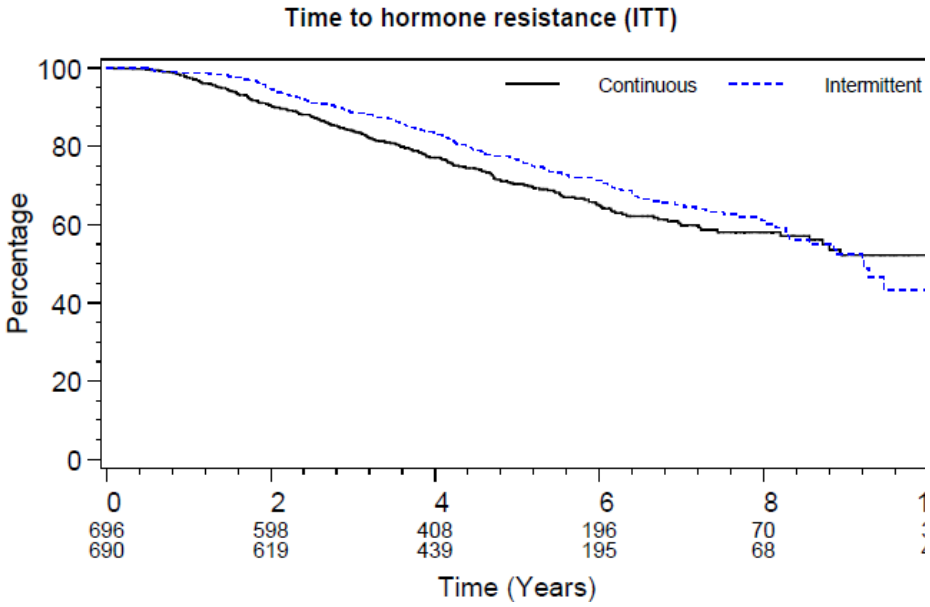
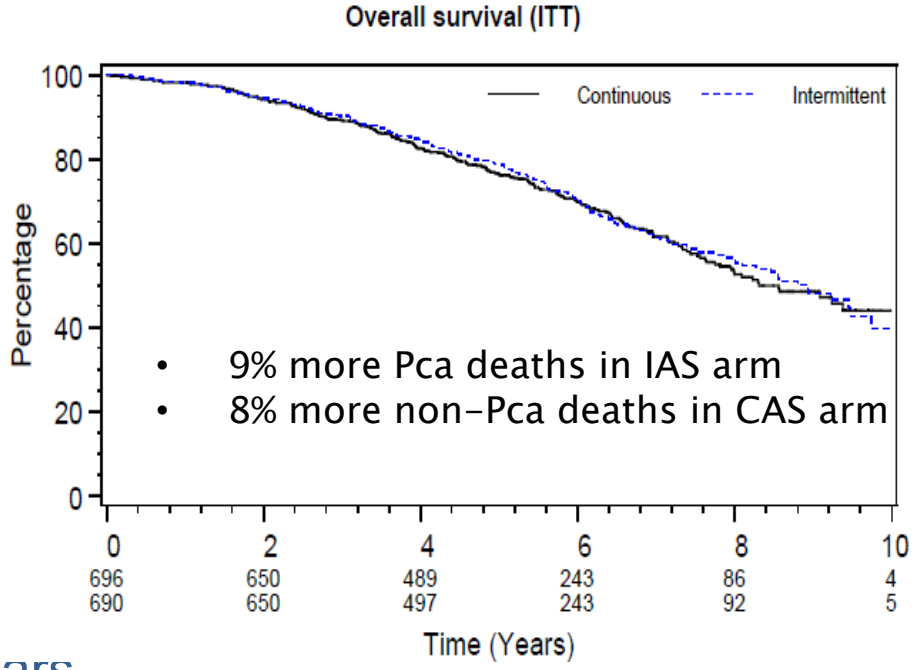
NCIC PR.7 – CAS vs IAS in post-RT failures

Intermittent Androgen Suppression for Rising PSA Level after Radiotherapy

Juanita M. Crook, M.D., Christopher J. O'Callaghan, D.V.M., Ph.D., Graeme Duncan, M.D., David P. Dearnaley, M.D., Celestia S. Higano, M.D., Eric M. Horwitz, M.D., Eliot Frymire, M.A., Shawn Malone, M.D., Joseph Chin, M.D., Abdenour Nabid, M.D., Padraig Warde, M.B., Thomas Corbett, M.D., Steve Angyalfi, M.D., S. Larry Goldenberg, M.D., Mary K. Gospodarowicz, M.D., Fred Saad, M.D., John P. Logue, M.R.C.P., Emma Hall, Ph.D., Paul F. Schellhammer, M.D., Keyue Ding, Ph.D., and Laurence Klotz, M.D.



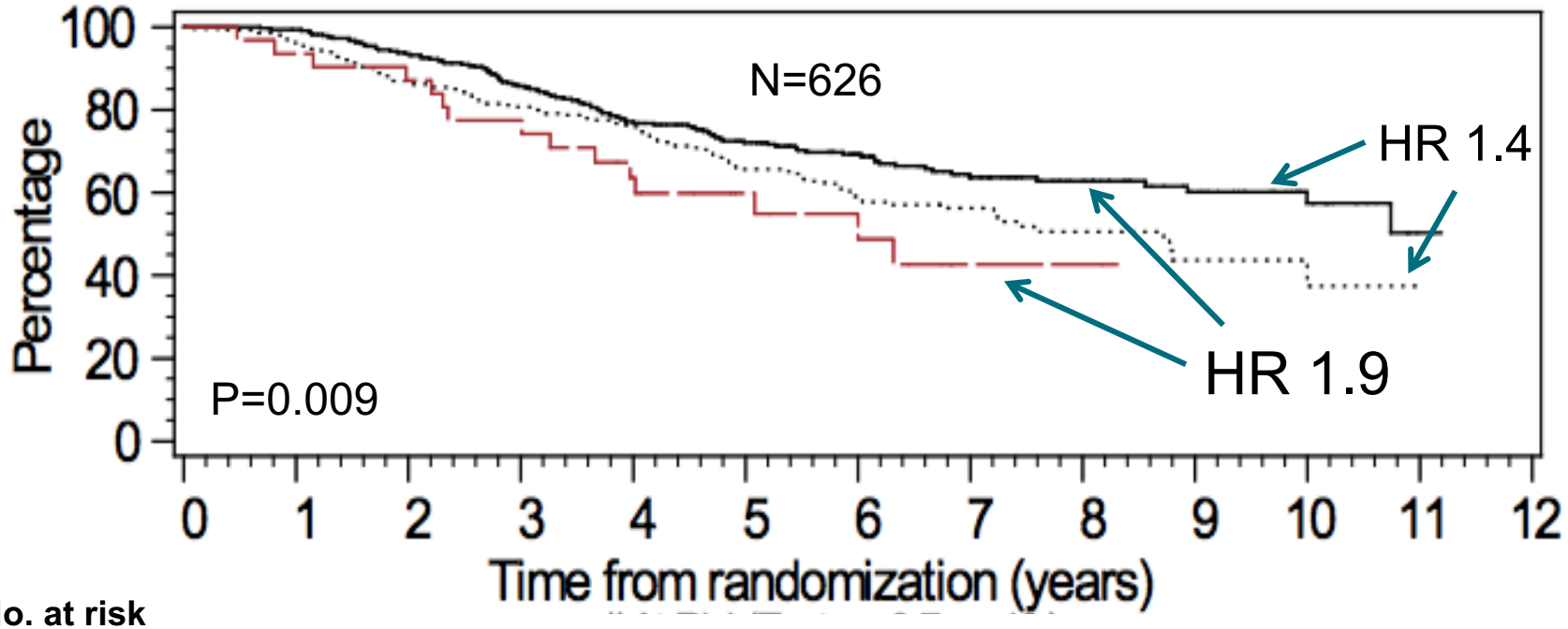


- 9% more Pca deaths in IAS arm
- 8% more non-Pca deaths in CAS arm

- 1300 patients, Median F/U 6.5 years
- Time to progression favours IAS (HR 0.83, p=0.06) but trial design may bias IAS arm
- Overall survival with IAS non-inferior to CAS
- 27% of time was spent on therapy

Crook et al NEJM 367:

PR7 and survival based on T levels



No. at risk

<20	330	326	298	256	218	174	128	87	63	42	21	4	0
20-50	265	252	223	204	184	135	92	56	31	19	6	1	0
>50	31	29	27	24	17	12	9	2	2	0	0	0	0

Comparison Chart of 6 Studies

Primary Author	Year	# of Patients	Retrospective/ Prospective	Delay Disease	Improve Survival	Castration Threshold	Hazard Ratio For Death*
Morote	2007	73	Retrospective	✓	✓	<20	2.8
Perachino	2008	162	Retrospective		✓	<20	1.92
Perachino	2010	129	Retrospective		✓	n/a	1.32
Dason	2013	32	Prospective	✓		<32	n/a
Bertaglia	2013	153	Prospective	✓	✓	<30	0.45**
Klotz	2015	626	Prospective		✓	<20	2.8

* HR for death in patients above castration threshold

**HR for death in patients below castration threshold

Guidelines on Testosterone Castration Levels

Guidelines Inconsistent Regarding Testosterone Suppression Goal

Source: 1. NCCN. Clinical Practice Guidelines in Oncology (NCCN Guideline) Prostate Cancer. NCCN. 2014, 2. Loblaw DA et al. J Clin Oncol. 2007;25
3. http://www.uroweb.org/gls/pdf/09%20Prostate%20Cancer_LRLV2.pdf

Unless you are the lead dog, the scenery is always the same


SONY

Unless you are directing the dogs

E. David Crawford
UC School of Medicine

Time to hang it up