Prostate Cancer Treatments
Panel discusses new research on prostate cancer management protocols and treatments

SAN FRANCISCO, May 19, 2018 /PRNewswire-USNewswire/ -- Researchers will present new findings on a Korean FDA-approved robotic system, safety of testosterone therapy after prostate cancer and active surveillance protocol for low-risk prostate cancer patients at the 113th Annual Meeting of the American Urological Association on Saturday, May 19 at 9:30 a.m. (PT) at the Moscone Center in San Francisco, CA. Scott Eggener, MD, AUA spokesperson and Director of the Prostate Cancer Program at the University of Chicago Medicine, will moderate the session.

Study Details
Publication #: MP16-08

Revo-i® Surgical Robotic System: Results of a Korean FDA (KFDA)-Approved Clinical Trial: This is the first study on the Revo-i® robotic surgical system for radical prostatectomy in humans. Doctors performed surgery on 17 men with a mean age of 69 years using the August 2017 KFDA-approved surgical robotic system.

Results from the study showed:

- No serious complications.
- One patient received blood during surgery and two required a blood transfusion post-surgery. The average hospital stay was five days.
- When compared to the da Vinci robotic surgical system, the Revo-i® had similar intra- and perioperative findings, but had a longer console time (106.9±29.3 min vs 77.3±15.5 min, p<0.001).

Study Details
Publication #: MP17-03

Recurrence Rates Following Testosterone Therapy in a Large Clinical Cohort of Men with Prostate Cancer: Limited evidence regarding the safety of testosterone therapy in men with a history of prostate cancer prompted researchers to explore recurrence rates in men who were either diagnosed or underwent prostate cancer treatment followed by testosterone therapy. Researchers identified nearly 200 men with a mean age of 68 years who received testosterone therapy via transdermal gels/liquids, short- and long-acting injections and/or pellets. Prostate cancer treatments included radical prostatectomy (RP), radiotherapy (XRT), high intensity focused ultrasound (HIFU) and active surveillance (AS).

Biochemical recurrence (BCR) was defined as PSA 0.3 ng/ml or higher after RP, and PSA nadir plus 2 ng/ml after XRT. For men on active surveillance, progression was defined as any biopsy showing a higher Gleason score than initial diagnosis.

Results showed:

- With a mean follow-up of approximately 4 years, biochemical recurrence was observed in six men after RP (6.5 percent), in one man after XRT (2.0 percent) and in two after HIFU. Progression was noted in two men on AS (3.5 percent).
- Recurrence rates from this study were consistent with published recurrence/progression rates for the various forms of prostate cancer management.

Study Details
Publication #: PD20-01

When Can Active Surveillance Be Less Active? Prediction of Long-Term Non-Reclassification for Men with Low-Risk Prostate Cancer: Active surveillance is increasingly becoming the preferred management strategy for men with low-risk prostate cancer. However, nearly all AS protocols entail PSA testing every three to six months and prostate biopsies every one to two years. For many men with small volume and slow growing prostate cancer, this regimen can be overly intense and may expose them to the discomfort, risks and costs associated with repeat biopsies. Researchers set out to determine if some men can be safely selected for a less intense AS regimen by predicting the probability of non-reclassification over the next four years of AS.

Using data collected from the multicenter Canary Prostate Active Surveillance Study, researchers developed a risk prediction model assessed at a measurement time of one year post-diagnosis to calculate the risk of recategorization (defined as an increase in their Gleason score) at four years following diagnosis.

Results showed:
Men at the lowest risk of cancer progression faced a six percent (95 percent CI 0-12 percent) risk of reclassification within four years and men at the highest risk faced a 73 percent (55-84 percent) risk of reclassification within four years.

A substantial proportion of men with low-risk prostate cancer can safely follow a de-intensified AS protocol, which would improve the tolerability, safety and cost-effectiveness of this treatment option.

“These studies show prostate cancer management continues to evolve with new technologies, dispelling old myths, and reducing the intensity of active surveillance regimens,” said Dr. Eggener. “These have the potential to improve the quality-of-life, safety and cost-effectiveness of prostate cancer management.”

About the American Urological Association: The 113th Annual Meeting of the American Urological Association takes place May 18-21 at the Moscone Center in San Francisco, CA. Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 21,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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