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Upfront Docetaxel in the Post-STAMPEDE Era – An Analysis of Treatment Population, Toxicities and Outcomes

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Purpose: To evaluate real-life tolerance and efficacy of upfront docetaxel in patients with castrate-sensitive metastatic prostate cancer.
Methods: We included all patients in St Bartholomew's Hospital with metastatic prostate cancer treated with upfront docetaxel and androgen-deprivation therapy (ADT) since January 2016. Patients were given 6 cycles of chemotherapy at docetaxel 75 mg/m^2, except the first cycle at 60 mg/m^2 to assess tolerance. Prophylactic ciprofloxacin was given between days 8 and 18 of each cycle, and steroids were given only as pre-medication.
Results: 78 patients were identified. The median age was 67, all had a performance status of 0–1 and 85% had a Gleason score of 8 or above. 45 (57.7%) had high volume metastasis at presentation, including 9 (11.5%) with visceral metastases. Median PSA at starting docetaxel was 14. The median follow-up time was 423 days. Median PSA after 6 cycles was 2.34, with 5 (7.8%) achieving radiological complete response and 30 (46%) achieving partial response. 3 (4.6%) patients progressed despite upfront docetaxel + ADT. 73.5% of patients remain castrate sensitive at analysis, with 26.5% having progressed and switched to second-line treatment. One patient had died from disease progression. Most patients completed 6 cycles of treatment, but 9 (14%) required dose reductions and a further 4 (7.8%) discontinued treatment because of toxicity. 8 (12.5%) patients experienced severe side-effects (grade 3–4), predominantly diarrhoea (2), neutropenia (2) and fatigue (1). The rate of grade 3 febrile neutropenia was only 2.5%, compared with 8–12% in the 3 large clinical trials. There were 2 (3.1%) treatment-related deaths.
Conclusion: Our patient demographics, tolerance and progression-free intervals are comparable with the GETUG-AFU15, CHAARTED and STAMPEDE trials. This reflects the efficacy and tolerability of this treatment in the real-world population. The lower incidence of febrile neutropenia in our cohort may reflect the use of prophylactic antibiotics and omitting daily steroids.

Patient Reported Toxicity, Quality of Life and Biochemical Control Following HDR Brachytherapy: Outcomes from the First 2 Years of a New Service at the Sussex Cancer Centre

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Purpose: To measure patient experience following establishment of high-dose-rate (HDR) brachytherapy for prostate cancer at the Sussex Cancer Centre: to inform service development and patient information.
Methods: Patients treated with HDR brachytherapy are asked to complete a combined toxicity and quality of life PROM, including satisfaction with care. Assessment at baseline and by post/telephone at 3 and 6 months and annually thereafter. We report outcomes from 77 patients treated in the first 2 years (2014–2016).
Results: 66 patients received HDR brachytherapy in combination with EBRT to prostate ± pelvis. 11 patients had monotherapy mainly due to inflammatory bowel disease. Patients fulfilled NCCN high-risk criteria (T3a, Gleason 8–10, PSA > 20). Age range 51–78 (median 67) with 24–48 months of follow-up (median 31). 94% are free from biochemical recurrence. 4 patients have metastatic disease and 2 have died (1 each from prostate and bladder cancer). Follow-up PROMS data are available for 94% of patients with data at 24–48 months for 75%. 88% report no GI toxicity, with the remainder reporting 'small' or 'very small' problems. 65% report no GU toxicity, 10% 'small' or 'very small' and 25% 'moderate' problems. 13% have documented urethral strictures. Patients were asked to rate their ability to enjoy life and to conduct their usual activities. 74% and 75%, respectively, reported that this was 'good' or 'very good'. Within the limitation of the small numbers of patients with poor outcomes there was no clear correlation between symptoms and quality of life or association with disease characteristics or treatment. 89% reported that they were 'extremely satisfied' or 'satisfied' with treatment received.
Conclusion: Our toxicity and quality of life data are consistent with published data [1]. These real-world data more accurately reflect the local patient population than RCT data and so provide useful estimates to include when counselling patients prior to treatment.
Reference
[1] Hoskin PJ, Rojas AM, Ostler PJ, Hughes RM, Lowe GJ, Bryant L. Quality of life after radical radiotherapy for prostate cancer: longitudinal study from a randomised trial of external beam radiotherapy alone or in combination with high dose rate brachytherapy. Clin Oncol 2013;25(5):321–7.

Does Using Choline PET Scans in Patients with Prostate Cancer Alter Management? A South Wales Experience

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Purpose: To determine whether using choline-PET scans in patients with prostate cancer changes patient management compared with the use of conventional imaging alone.
Methods: Clinical details of patients who had a choline-PET were sought, including: stage of disease, the clinical scenario (including PSA relapses), past medical history, histopathology results, conventional scan (MRI/CT/bone scan) and PET scan results. The clinical question being asked resulting in each PET scan was documented. It was noted what the management plan would have been without a PET scan. The PET scan result was then reviewed and subsequent management undertaken was documented. These two management strategies were compared leading to three outcomes: 'no change', 'change in management' or 'management influenced' if the PET helped guide treatment or support between two pre-defined options. Two consultant clinical oncologists and a registrar checked these cases, with a rigorous assessment of the management to be undertaken without access to PET.
Results: Between 2013 and 2016, of the 52 patients: 37% demonstrated a 'change' in management as a result of a PET scan, for 23% the PET scan 'influenced' patient management and for 18% there was 'no change' to patient management based on the patient having a PET scan or not.
Conclusion: Although evidence is lacking to show an improved survival using choline-PET scans, there is evidence that they detect disease beyond the resolution of conventional imaging. We suggest that choline-PET scans are useful for men with an initial diagnosis of prostate cancer, confirming ambiguous conventional imaging or on PSA relapse after focal therapy, to guide local treatment options. Our study has shown that in these groups the most common outcome was that the PET scan changed management.

Evaluating the Safety of Up-front Docetaxel in the Treatment of Metastatic and Locally Advanced Prostate Cancer

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