

PROSTATE CANCER CASE

Case #1

Prostate Cancer Case

A 72-year-old man presents with bone pain and dysuria. He has an abnormal prostate on DRE and an elevated PSA of 350. The remainder of his physical examination is normal. Blood work (CBC, Lytes, Ur, Cr, LFTs) is normal. Alkaline phosphatase and LDH are abnormal. He has no other co-morbid illnesses, and is not on any medications

1. How would you investigate this patient?

He is referred to the urologist and has a biopsy and TURP, which shows adenocarcinoma with a Gleason's score of 8 out of 10. Bone scan is reported as a 'super scan'. CXR and CT abdomen and pelvis are normal.

2. What treatment options should be discussed with this patient?
3. How do you decide between orchidectomy and complete androgen blockade?

The treatment is initiated with complete androgen blockade and his PSA gradually returns to normal and his bone pain improves. One year later his PSA begins to rise again.

4. How would you advise the patient at this time regarding his systemic treatment?

You elect to discontinue his complete androgen blockade, and his PSA starts to fall. Unfortunately, over the next few months he begins to develop bone pain again, and his PSA is found to be rising.

5. What are his treatment options at this time?
6. Under what scenario would you consider offering chemotherapy?
7. What patient factors would influence you to offer docetaxel vs. abiraterone vs. enzalutamide?
8. What are the differences between these treatments with respect to toxicities, response rates and overall survival?
9. What are the goals of treatment in metastatic prostate cancer?

Prostate cancer usually metastasizes to bone.

10. What type of bony metastases is most common and what complications are commonly observed?
11. What treatment options exist to deal with symptomatic bone metastases?
12. What is the role of radiation in the management of metastatic prostate cancer?
13. When would you consider offering Radium 223?

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