Hormone-Resistant Prostate Cancer

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Case Presentation

- 76 yo man presented in 2002 with elevated PSA (190)
- Treated with external beam radiation and androgen deprivation
- Stayed on leuprolide for a year after radiation was completed
- PSA started rising again in 2008; leuprolide was resumed and PSA fell
- After a short interval PSA began to rise again and Casodex was added
- PSA stabilized briefly but started rising again
- Went from 5 to 11 in the several months prior to being seen at Medical Oncology office

Case, continued

- Already placed on Boniva by internist
- Additional labs obtained:
  - Repeat PSA 14.5
  - H/H=12.6/40
  - 25-OH vitamin D3 26.5 (normal)
  - Erythropoietin level 13.9 (normal for nl Hgb)
  - Other chemistries, thyroid function normal
- Bone Scan normal
- Asymptomatic

Case Summary

- Rising PSA in a man who is on maximal androgen blockade
- Bone Scan negative for metastases
- Asymptomatic

- What should we do?
- Opinions??

Role of Anti-Androgen withdrawal

- Seems to be real
- Several studies done confirm existence of this phenomenon
- Range of response 29-75%
- Range of duration of response: 5-14.5 months
- What determines who will respond?

Androgen Withdrawal Response, continued

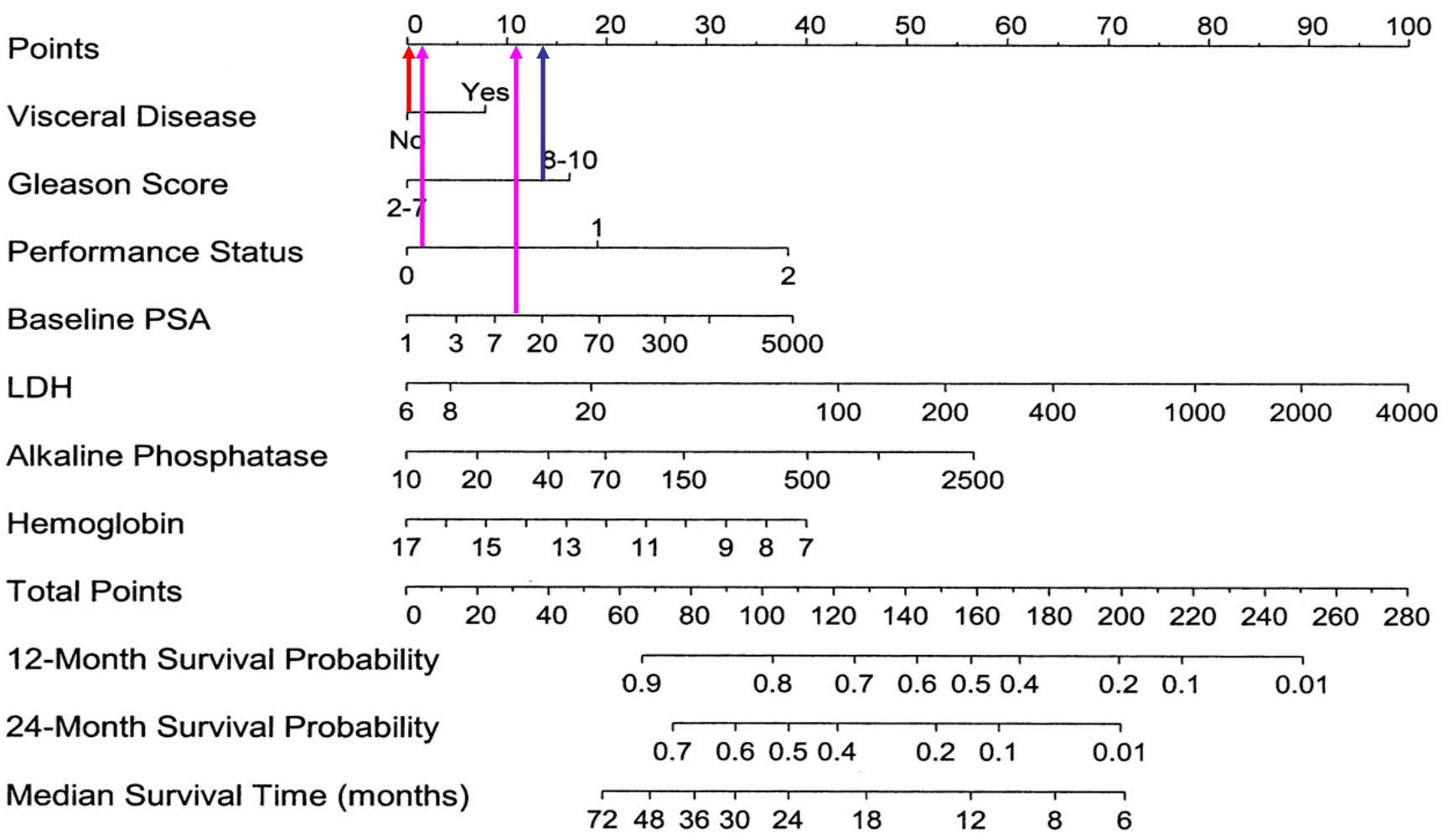
- Small provocative study looked at this
- Measured DHEA levels in these patients
- Only patients with low baseline DHEA levels responded to anti-androgen withdrawal
- Postulated that in those patients who responded the anti-androgen acted as weak androgen agonist and caused suppression of DHEA levels by feedback
- Not used routinely clinically but perhaps should be

After Anti-Androgen Withdrawal, What Next?

- Weak anti-adrenal benefit from Ketoconazole – potential benefit from blocking relatively weak adrenal androgens
- Some authors recommend combining with anti-androgen withdrawal
- Somewhat morbid with GI toxicity at full dose
- May produce adrenal insufficiency

What Next?

- Consider the natural history of HRPC
- Nomogram has been developed to aid in treatment planning



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Cabozantinib

- Hot new drug at GU ASCO; google it
- Abiraterone may be useful also