Castration-Resistant Prostate Cancer

AUA Guideline (Amended 2018)

Index Patient 1

Asymptomatic or non-metastatic CRPC

One of the first presentations of CRPC occurs in a patient with a rising PSA who does not note any radionodular evidence of metastatic disease. Prostate Cancer Clinical Trials Working Group (PCWG) defines CRPC as any rising PSA that is greater than 25 ng/mL higher than the nadir, that then plateaus or begins to slowly decrease over 18 to 25 months after the nadir confirmed by a second PSA at least 3 weeks later. In addition, the patient is generally healthy and has no symptoms attributable to his prostate cancer. However, one must then consider whether the patient required regular opioid pain medications for pain relief, they are not included in this category.

Index Patient 2

Asymptomatic or minimally symptomatic mCRPC with non-metastatic or asymptomatic serologic progression.

These patients represent a relatively common clinical presentation seen in the course of the disease (frequently for non-metastatic disease). These patients are characterized as having serologic progression (i.e., a rising PSA) in the absence of radiographic imaging and to a lesser extent, biochemical progression treated according to the PCWG criteria as non-metastatic CRPC.

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Fully active, able to carry on all pre-disease performance without restriction
Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
Ambulatory and capable of all self-care but unable to carry out any work activity; up and about more than 50% of waking hours
Capable of only limited self-care, confined to bed or chair more than 90% of waking hours
Dead

Guideline Statements on Bone Health (not specific to any one index patient)

Several factors conspire to place the average patient with metastatic prostate cancer at a higher risk of bone complications. First, the median age of onset of the disease is in the late 60s, meaning the average patient with metastatic disease may be in the 70s (or beyond), clearly a population at risk of physiologic, age-related bone loss. Second, a primary therapeutic intervention in patients with recurrent disease, androgen-deprivation therapy, is associated with progressive loss of bone mineral density. (Expert Opinion)

The complete Castration-Resistant Prostate Cancer Guideline is available at www.AUAnet.org/Guidelines

APPENDIX A: ECOG PERFORMANCE STATUS

ECOG PERFORMANCE STATUS*

Grade ECOG
1 Fully active, able to carry on all pre-disease performance without restriction
2 Ambulatory and capable of all self-care but unable to carry out any work activity; up and about more than 50% of waking hours
3 Capable of only limited self-care, confined to bed or chair more than 50% of waking hours
4 Capable of only limited self-care, confined to bed or chair more than 90% of waking hours
5 Dead

* As published in J Clin Oncol 2011, 30: