Clinically Localized Prostate Cancer: AUA/ASTRO/SUO Guideline High-Risk Disease

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- Medivation: Consultant or Advisor, Scientific Study or Trial
- Janssen: Consultant or Advisor, Investment Interest
- Tokai: Consultant or Advisor, Scientific Study or Trial
- Bayer: Consultant or Advisor, Scientific Study or Trial
- Dendreon: Consultant or Advisor
- Genetech: Scientific Study or Trial
- Sanofi: Consultant or Advisory
The Panel did not substratify high-risk patients into high-risk and very high-risk (as has been proposed by the NCCN). The rationale to not further substratify is not based upon differences in outcome, but rather the lack of clinical utility as a context for decisions about treatment options is generally similar between high-risk and very high-risk men.

| High Risk: | PSA ≥20 ng/ml OR Grade Group 4-5 (i.e., Gleason score ≥ 8) AND T1-T2 (stage≥T3 is beyond the scope of these guidelines) |
Staging High-Risk Patients

• Clinicians should stage high-risk localized prostate cancer patients with cross-sectional imaging (CT or MRI) and bone scan (Clinical Principle)
Standard Therapy

- Clinicians should recommend radical prostatectomy or radiotherapy plus ADT as standard treatment options for patients with high-risk localized prostate cancer (Strong Recommendation, Evidence Level A)
GUIDELINE STATEMENTS

Alternative Management

- Clinicians should NOT RECOMMEND active surveillance. Watchful waiting should only be considered in asymptomatic men with limited life expectancy (≤5 years) (*Moderate Recommendation; Evidence Level C*)
- Cryosurgery, focal therapy and HIFU treatments are NOT RECOMMENDED outside of a clinical trial (*Expert Opinion*)
- Clinicians should NOT RECOMMEND primary ADT unless the patient has both limited life expectancy and local symptoms (*Strong Recommendation; Evidence Level A*)
Additional Recommendation

• Clinicians may consider referral for genetic counseling for patients (and their families) with high-risk localized prostate cancer and a strong family history of specific cancers (e.g., breast, ovarian, pancreatic, other gastrointestinal tumors, lymphoma) (Expert opinion)
GUIDELINE STATEMENTS

Additional Recommendation

• Clinicians should inform patients about suitable clinical trials and encourage patients to consider participation in such trials based on eligibility and access (Expert Opinion)
Emerging Data

- **ProtecT** (active surveillance, prostatectomy, radiotherapy with ADT)
  - Longer follow-up and risk-stratified outcomes
- **RTOG 0232** (brachytherapy alone versus combined with external radiotherapy)
- Imaging modalities
  - Prospective studies of new imaging techniques (e.g., MRI [low-/intermediate-risk], 18F-fluciclovine-PET [high-risk])
- Randomized trials of focal ablative techniques
- Patient education: digital tools to facilitate shared decision making
## ACKNOWLEDGEMENTS

### Localized Prostate Cancer Panel
- Martin G. Sanda, MD (Chair)
- Jeffrey A. Cadeddu, MD (Vice Chair)
- Ronald C. Chen, MD (ASCO)
- Tony Crispino (Patient Representative)
- Stephen Freedland, MD (ASCO)
- Kirsten Greene, MD (AUA)
- Laurence H. Klotz, MD (SUO)
- Danil V. Makarov, MD (AUA)
- Joel B. Nelson, MD (SUO)
- George Rodrigues, MD (ASTRO)
- Howard M. Sandler, MD (ASTRO)
- Mary Ellen Taplin, MD (AUA)

### AUA Staff
- Erin Kirkby, MS

### ECRI Institute

We would also like to acknowledge the contribution of ASCO, ASTRO and SUO in the development of this guideline.

## GUIDELINE COURSE

**Friday, May 12**
**130-330pm**