

# **Managing Hormone Sensitive, Non-Metastatic Relapse and Castrate-Resistant Metastatic Prostate Cancer**

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## **I. Managing Prostate Cancer**

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Case: A 60-year-old man presents with bone pain, a PSA of 230, and an enlarged prostate on rectal exam, with biopsy showing adenocarcinoma, which is the most common prostate cancer. The treatment that should be administered now to improve his life expectancy and make him feel better is which of the following: chemotherapy, hormone therapy, vaccine therapy such as Provenge, or vitamin D and calcium? Hormone therapy is often chosen as first line of treatment, followed by chemotherapy when hormone therapy fails. The chemotherapeutic agent docetaxel, or Taxotere, has shown a response in lowering PSA and improving life expectancy in metastatic disease.

Other agents have been used in androgen independent disease, or when hormone therapy fails. Vaccine therapy has been used; Provenge is the most recent FDA approved medication for metastatic prostate cancer. Also, novel hormonal therapy agents have been employed prior to resorting to chemotherapy.

Combinations of chemotherapeutic agents have been used but without success in metastatic prostate cancer. Taxotere with high doses of vitamin D showed a slightly higher rate of death versus chemotherapy alone. Avastin works to block the blood supply to the tumor, but unfortunately, when given alone or in combination with other chemotherapeutic agents, did not show much effect against prostate cancer. GVAX, a vaccine made from extracted prostate cancer cells, was tested, but when combined with chemotherapy, showed increased risk of death in prostate cancer. Provenge was the first active immunotherapy to demonstrate improvement in survival, yet requires time commitment by the patient at the beginning of use and is not useful in alleviating symptoms in patients who already have prostate cancer.

In the patient whose PSA is beginning to rise, there is no solid sense regarding when to best start treatment. A recently approved medication called cabazitaxel seems to alleviate symptoms such as pain, as well as increase life expectancy by a few months. Other agents which are in clinical studies are showing effectiveness even after hormone therapy as failed.

Risk versus benefits must be considered with any kind of treatment. The actual value of PSA is not as important as the rate of rise in PSA when deciding an appropriate course of treatment.