

Metastatic Disease and Research:

Panel Discussion: MPCC 12 May, 2017

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Patient with new diagnosis metastatic disease?

- A 56 yr old man presents to his physician with a PSA of 92. He has a prostate biopsy that shows Gleason 4 + 4 in 5 of 12 cores. His bone scan shows 6 probable sites of cancer, but he feels well and has no other areas of disease on CT scan. What options are there for his care now?

The same patient with progression

- After treatment with androgen deprivation and 6 cycles of docetaxel, the patient went into a remission for 4 years. His PSA declined to 0.9, but has been increasing with each of the last three visits that were three months apart to the point that it is now 11.2. A CT scan shows lymph node enlargement in the retroperitoneum and a bone scan shows two areas that appear to be newly active. He feels fine. What options does he have ?

The same patient with further progression

- The patient is now 63 years old. He had the agent abiraterone + prednisone added to his ADT and this worked well to reduce his PSA and decrease the size of the lymph nodes for 2.5 years. Then he progressed and was treated with enzalutamide, but this only seemed to work for 6 months and then the PSA went up again. What should he do now? Is there a role to biopsy the prostate or a site of metastatic disease?

Options for treatment of metastatic cancer: What do we have now? What might we have later?

- Hormonal treatments
- Chemotherapeutic treatments
- Immune-based treatments
- Bone-directed treatments
- Targeted treatments