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MANAGEMENT OF OLIGOMETASTATIC PROSTATE CANCER

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DISCLAIMER AND DISCLOSURES

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- Astellas, Bayer, Ipsen, Janssen

- Oligometastatic prostate cancer is diagnosed more frequently due to improved imaging and sensitive PSA detection
- A definitive definition for oligometastatic prostate cancer is lacking but it is generally considered to be 3-5 metastatic sites
- Management of oligometastatic disease has 3 components:
 - Prostate-directed therapy: surgery or radiation
 - Metastasis-directed therapy (MDT) - stereotactic body radiation therapy (SBRT)/stereotactic ablative radiotherapy (SABR)
 - Systemic therapy: hormone therapy
- Aggressive treatment of the primary tumour or MDT may defer disease progression and therefore delay the need for systemic therapies and associated toxicities
- Data to support MDT for recurrent oligometastatic prostate cancer is presented here

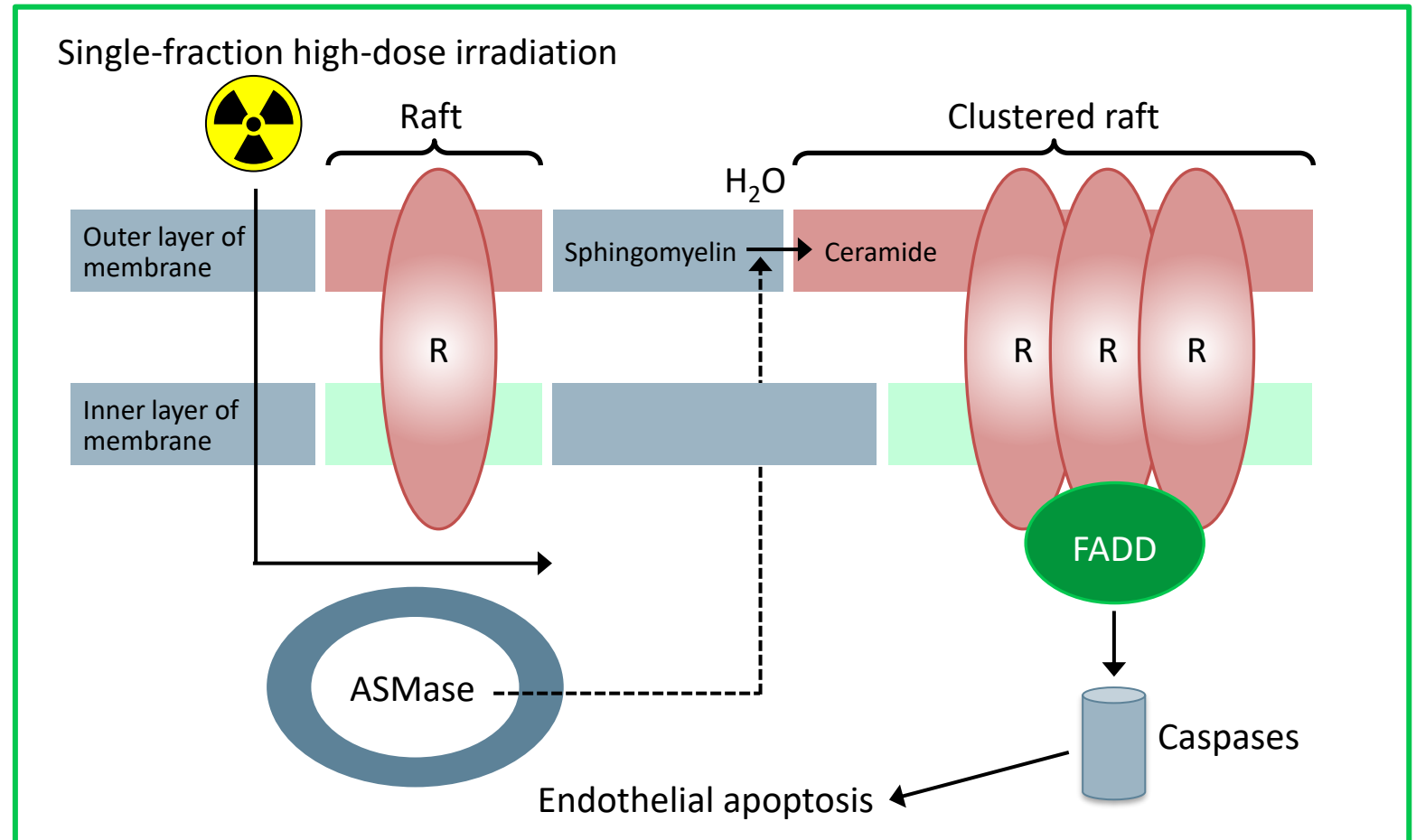
SBRT *aka* SABR

Definition:

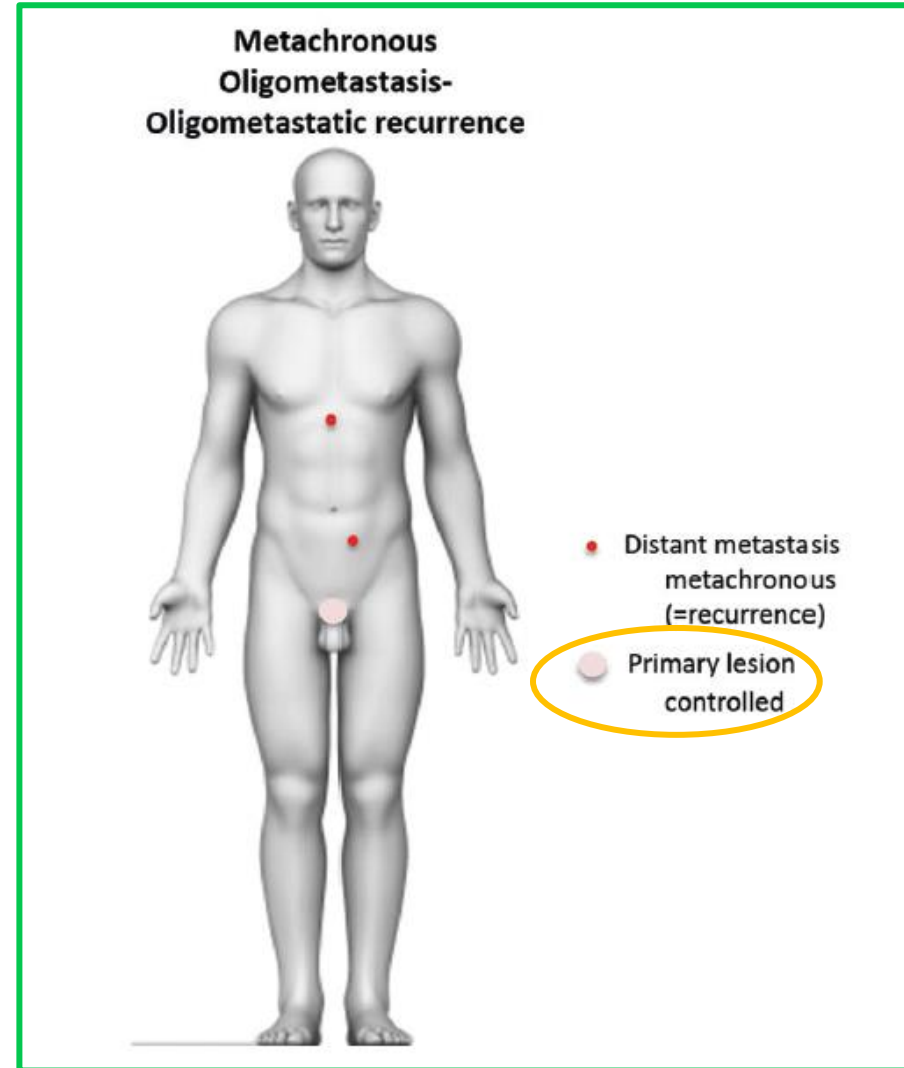
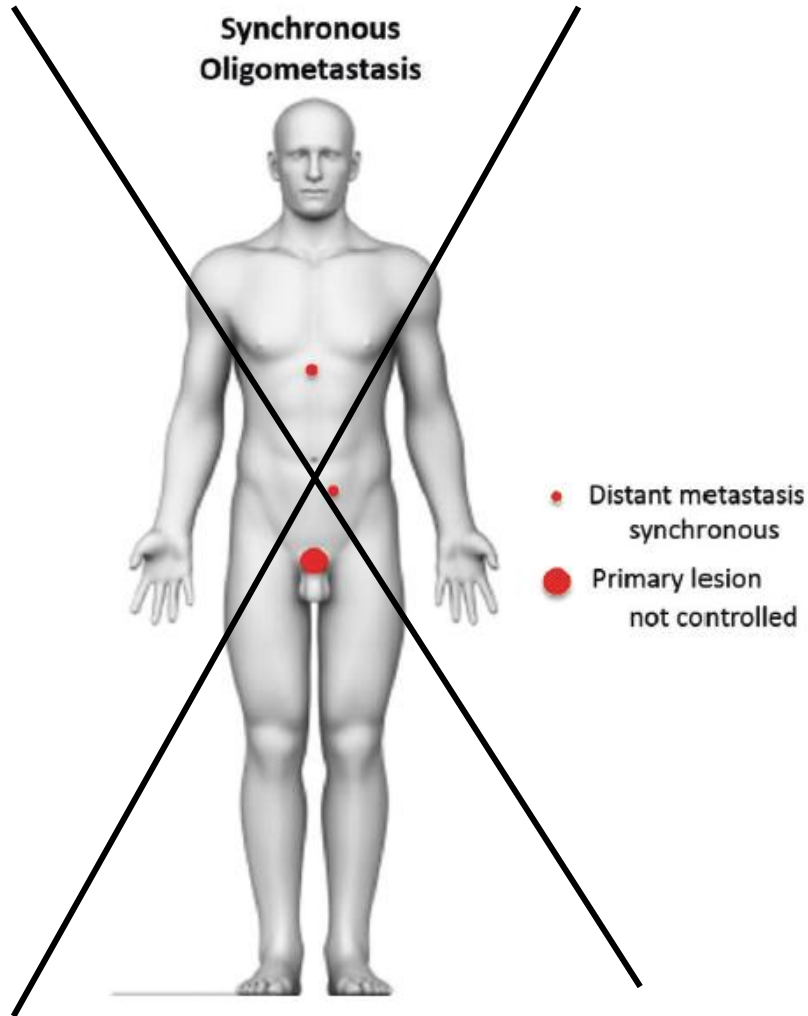
- Maximum 10 fractions
- Dose per fraction 5 Gy or more

Consequence:

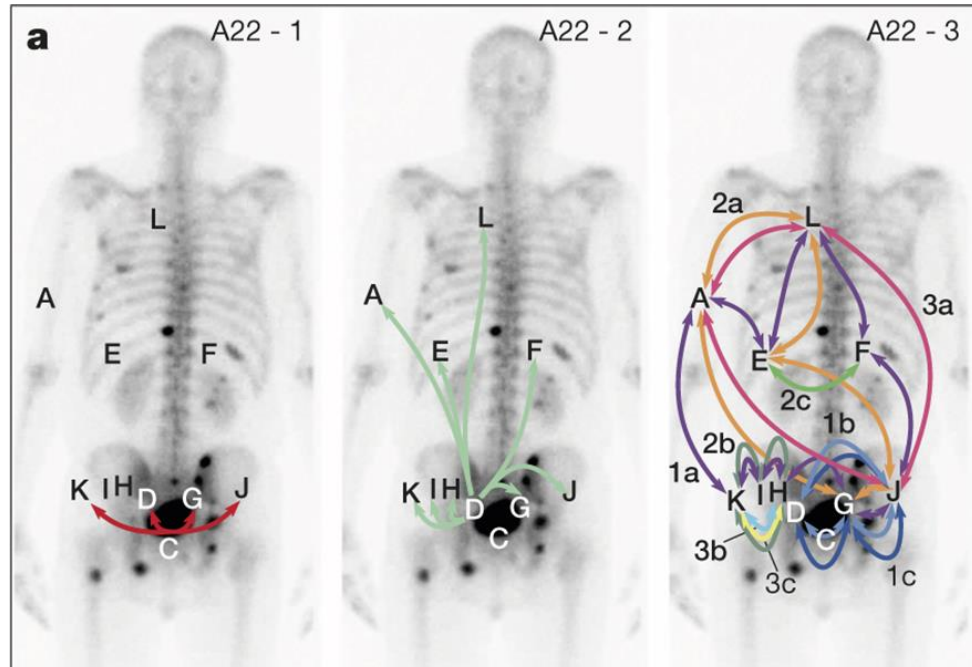
- 30 Gy does not equal 30 Gy!



OLIGOMETASTATIC RECURRENCE



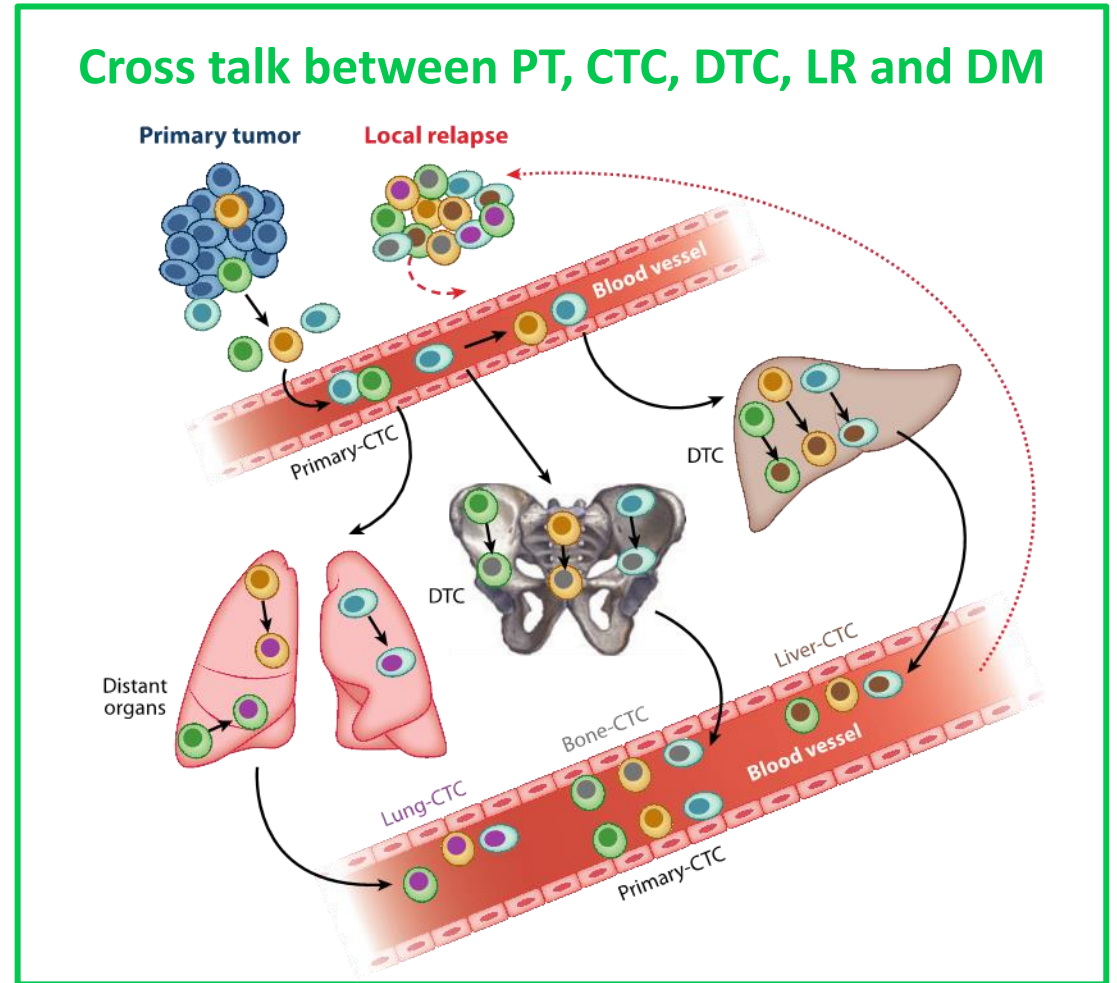
METASTASES METASTASISE!



A - L. humerus BM
D - Sem. vesicle
C - Prostate
E - L. adrenal

F - R. adrenal
G - Bladder
H - Pelvic LN
I - L. pelvic LN

J - R. pelvic LN
K - L. pelvic LN
L - L. media. LN



BM, bone marrow; CTC, circulating tumour cells; DM, distant metastases; DTC, disseminated tumour cells; LN, lymph nodes; LR, local relapse; PT, primary tumour

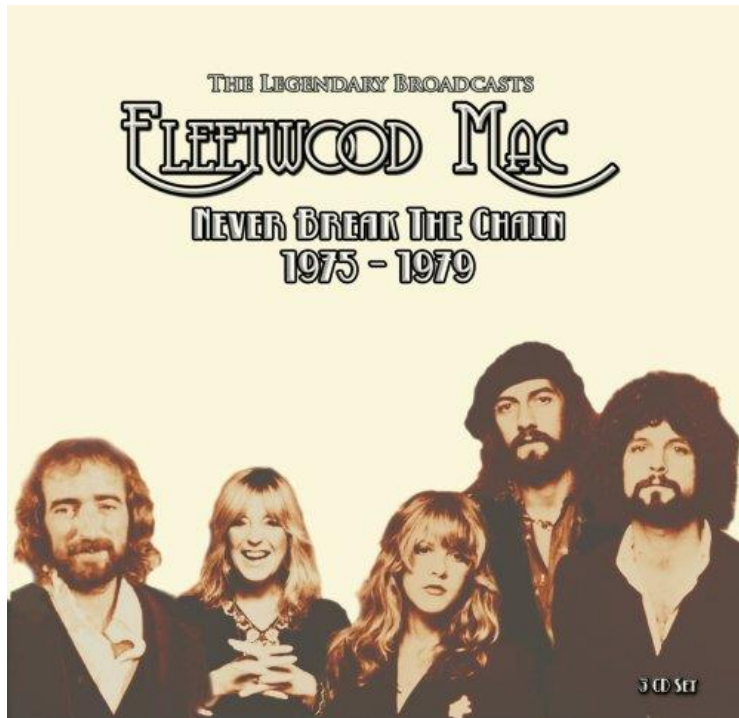
Gudem G, et al. Nature. 2015;520(7547):353-7; Alix-Panabières C, et al. Annu Rev Med. 2012;63:199-215

RATIONALE FOR TREATMENT OF METASTASES IN OLIGOMETASTATIC PCa

1. "Break the chain"



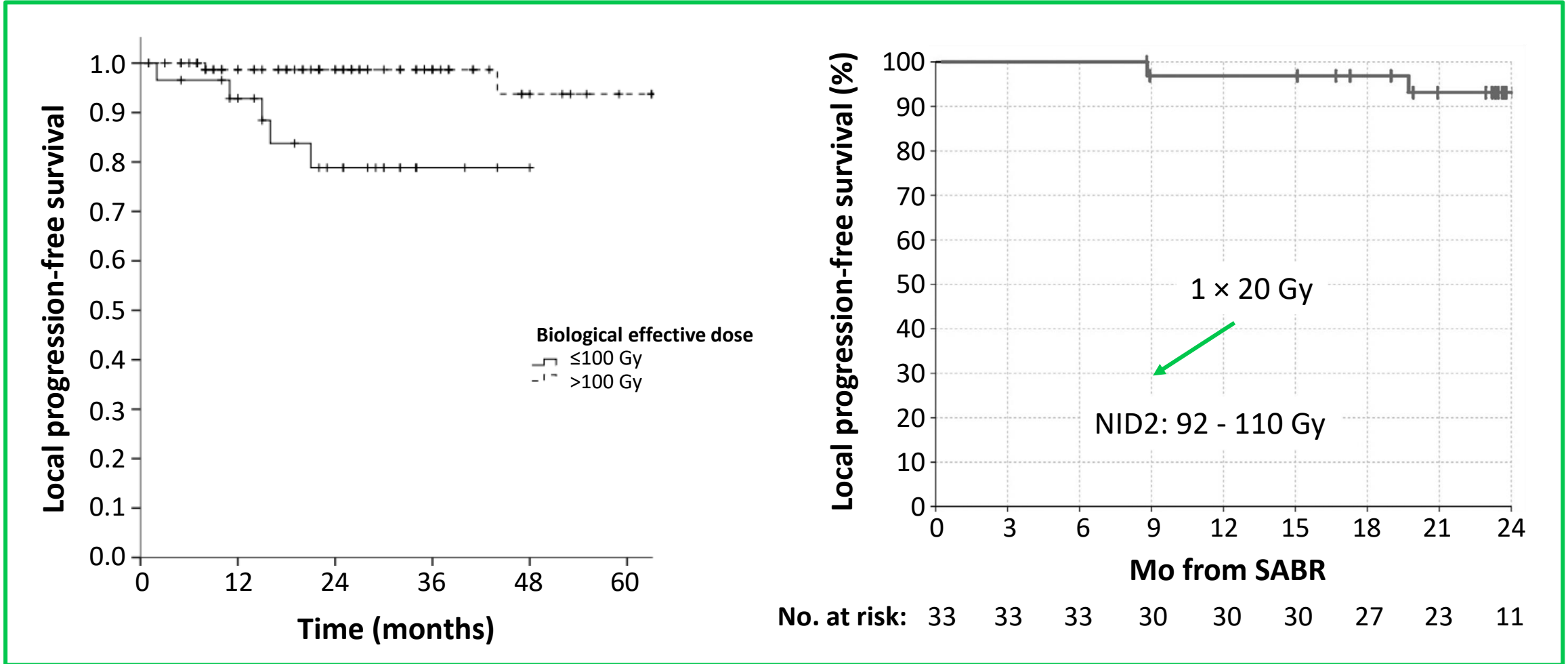
Stop further metastasis



2. "Seek and destroy"



SBRT FOR OLIGOMETASTATIC PROSTATE CANCER: RESULTS



Mo, months; NID2, normalised iso-effective dose in 2 Gu fractions; SABR, stereotactic ablative radiotherapy

Ost P, et al. Eur Urol. 2016;69(1):9-12; Siva S, et al. Eur Urol 2018; 74: 455-462

VOLUME 36 • NUMBER 5 • FEBRUARY 10, 2018

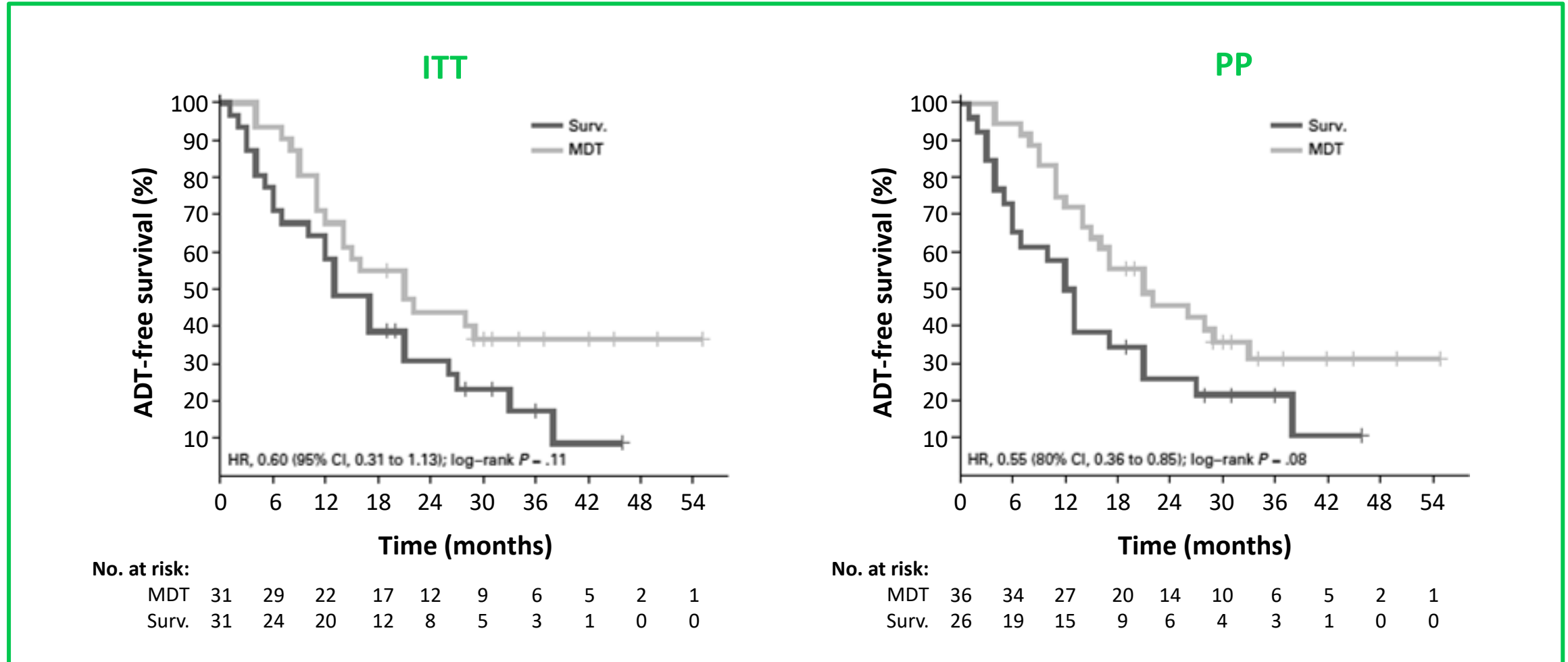
JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

Surveillance or Metastasis-Directed Therapy for Oligometastatic Prostate Cancer Recurrence: A Prospective, Randomized, Multicenter Phase II Trial

Piet Ost, Dries Reynders, Karel Decaestecker, Valérie Fonteyne, Nicolaas Lumen, Aurélie De Bruycker, Bieke Lambert, Louke Delrue, Renée Bultijnck, Tom Claeys, Els Goetghebeur, Geert Villeirs, Kathia De Man, Filip Ameye, Ignace Billiet, Steven Joniau, Friedl Vanhaverbeke, and Gert De Meerleer

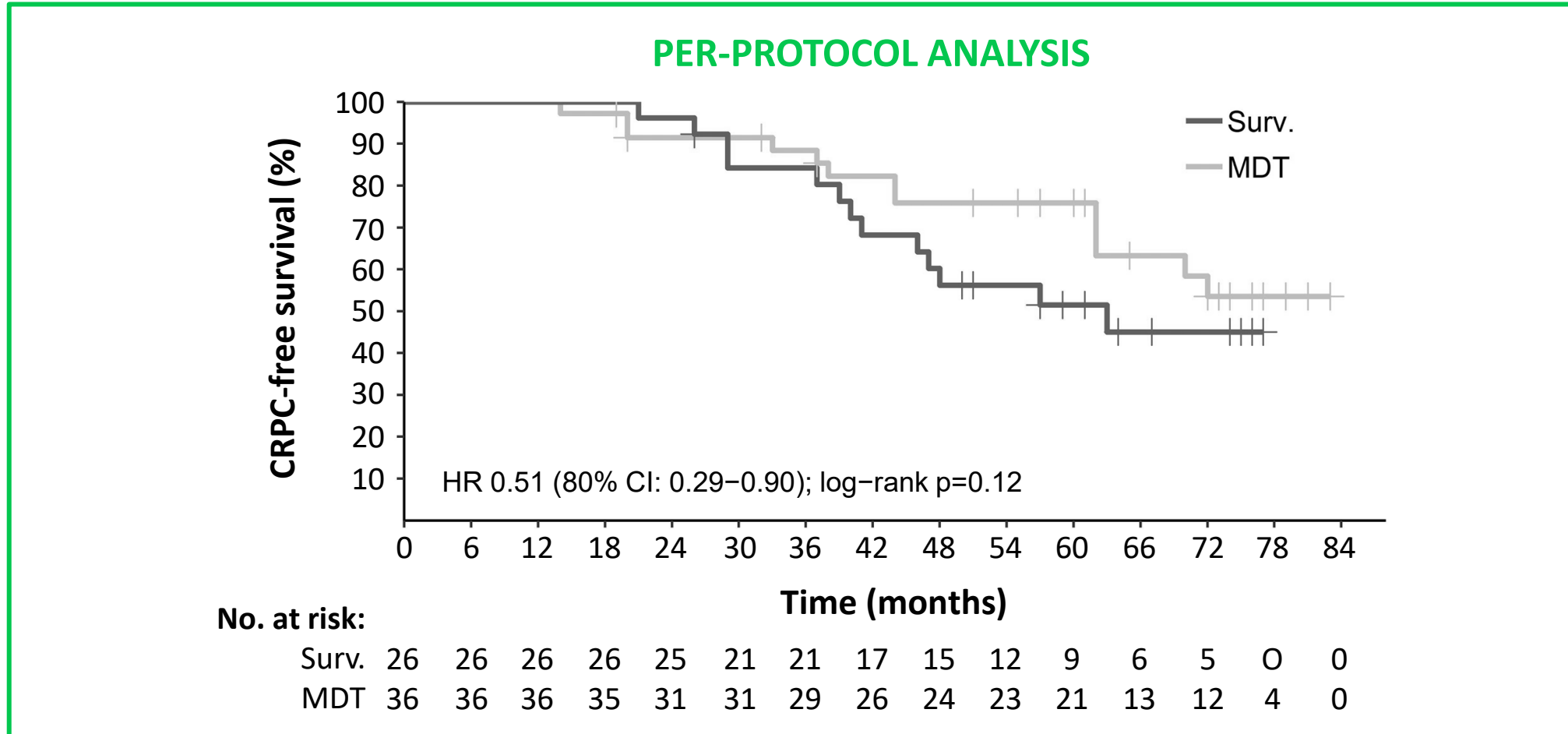
RANDOMISED PHASE 2 STUDY: "STOMP"



MDT = surgery or stereotactic body radiotherapy

ADT, androgen deprivation therapy; CI, confidence interval; HR, hazard ratio; ITT, intention-to-treat; MDT, metastasis-directed therapy; PP, per-protocol; Surv, surveillance

STOMP 5-YEAR RESULTS: CRPC-FREE SURVIVAL



MDT = surgery or stereotactic body radiotherapy

ADT, androgen deprivation therapy; CI, confidence interval; CRPC, castrate resistant prostate cancer; HR, hazard ratio; ITT, intention-to-treat; MDT, metastasis-directed therapy; PP, per-protocol; Surv, surveillance

Ost P, et al. J Clin Oncol. 2020;38(6):10-10 (ASCO GU 2020, oral presentation)

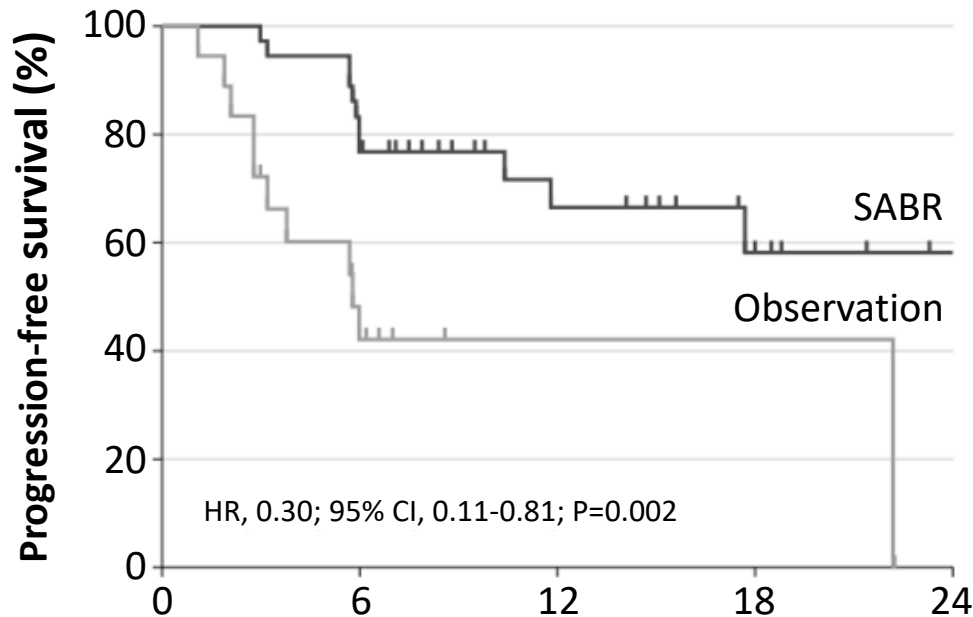
JAMA Oncology | **Original Investigation**

Outcomes of Observation vs Stereotactic Ablative Radiation for Oligometastatic Prostate Cancer The ORIOLE Phase 2 Randomized Clinical Trial

Ryan Phillips, MD, PhD; William Yue Shi, BS; Matthew Deek, MD; Noura Radwan, MD; Su Jin Lim, ScM;
Emmanuel S. Antonarakis, MD; Steven P. Rowe, MD, PhD; Ashley E. Ross, MD, PhD; Michael A. Gorin, MD;
Curtiland Deville, MD; Stephen C. Greco, MD; Hailun Wang, PhD; Samuel R. Denmeade, MD;
Channing J. Paller, MD; Shirl Dipasquale, MS, RN; Theodore L. DeWeese, MD; Daniel Y. Song, MD; Hao Wang, PhD;
Michael A. Carducci, MD; Kenneth J. Pienta, MD; Martin G. Pomper, MD, PhD; Adam P. Dicker, MD, PhD;
Mario A. Eisenberger, MD; Ash A. Alizadeh, MD, PhD; Maximilian Diehn, MD, PhD; Phuoc T. Tran, MD, PhD

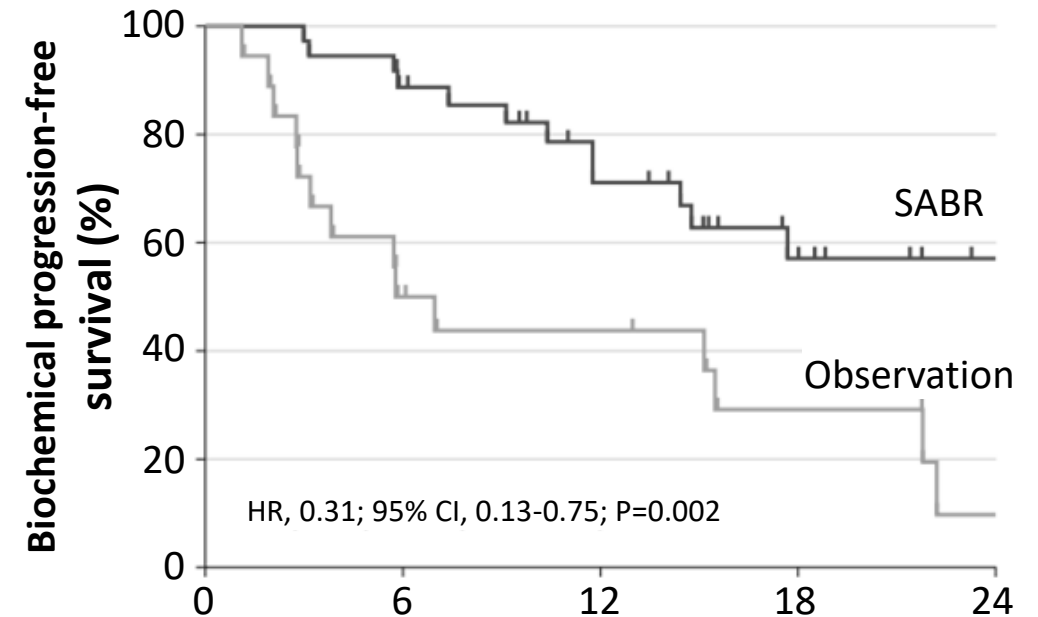
RANDOMISED TRIAL: "ORIOLE"

COMPOSITE PFS STRATIFIED BY STUDY ARM



No. at risk:	Time from randomisation (month)				
	0	6	12	18	24
SABR	36	26	13	7	2
Observation	18	8	1	1	0

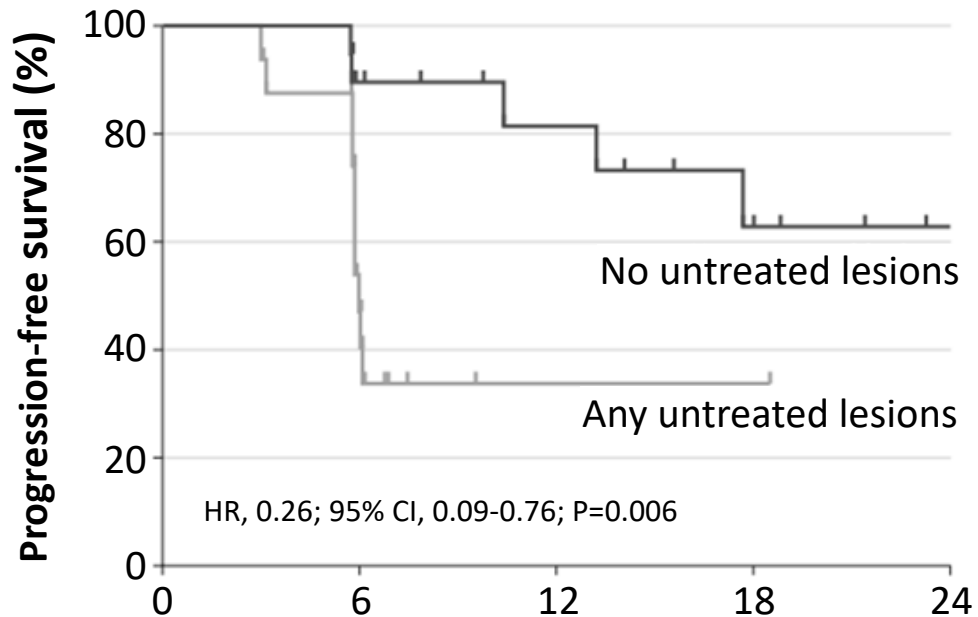
BIOCHEMICAL PFS STRATIFIED BY STUDY ARM



No. at risk:	Time from randomisation (month)				
	0	6	12	18	24
SABR	36	28	20	10	4
Observation	18	9	7	4	1

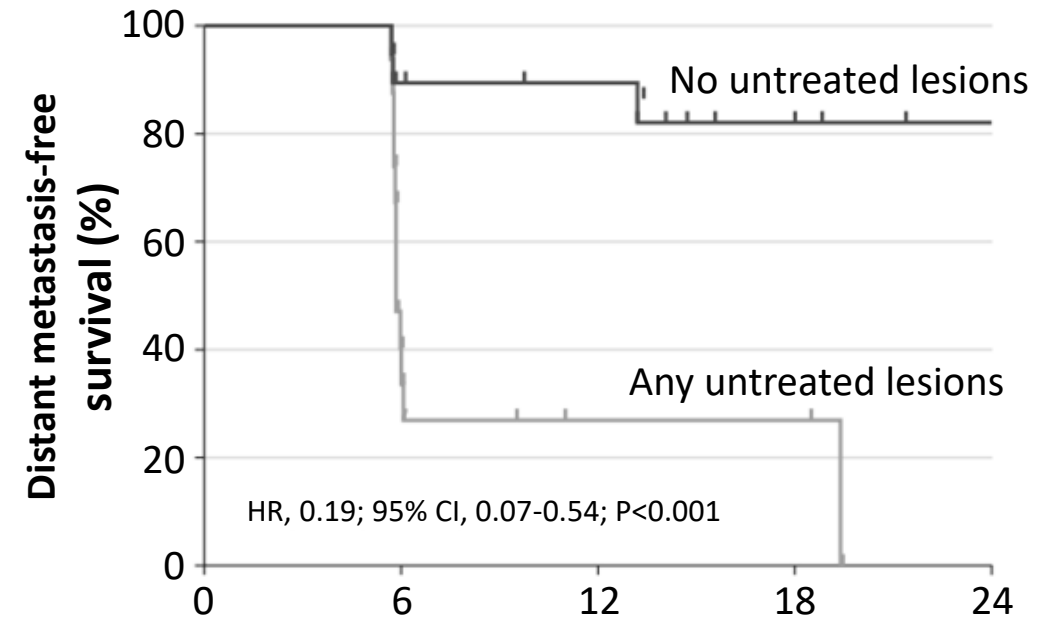
RANDOMISED TRIAL: "ORIOLE"

PFS STRATIFIED BY PRESENCE OF UNTREATED LESIONS



No. at risk:	Time from randomisation (month)				
	0	6	12	18	24
No untreated	19	14	10	6	2
Any untreated	16	7	1	1	0

DMFS STRATIFIED BY PRESENCE OF UNTREATED LESIONS



No. at risk:	Time from randomisation (month)				
	0	6	12	18	24
No untreated	19	14	12	8	4
Any untreated	16	6	2	2	0

cancers

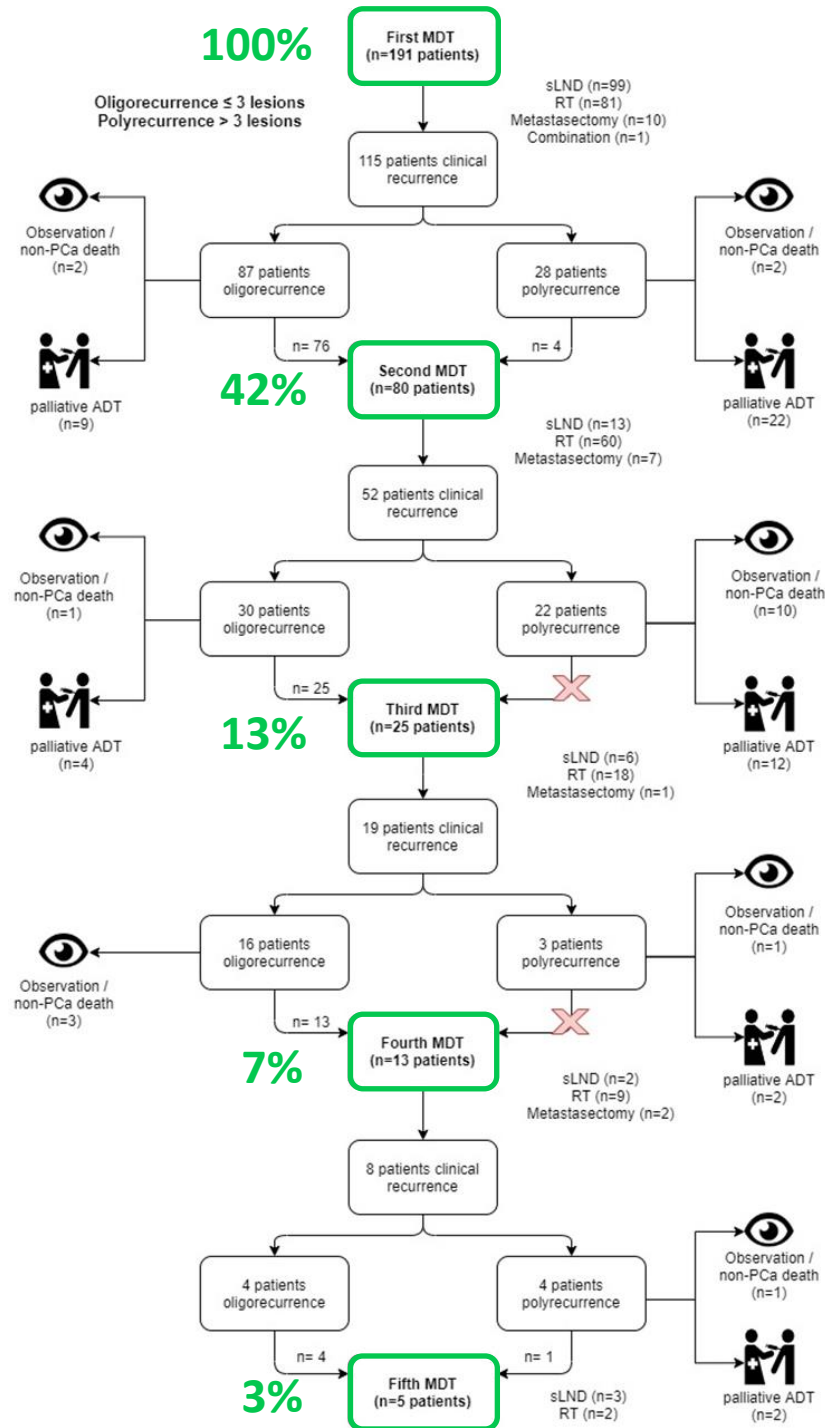
Article

Oncological Outcomes of Metastasis-Directed Therapy in Oligorecurrent Prostate Cancer Patients Following Radical Prostatectomy

Gaëtan Devos, Charlien Berghen, Henri Van Eecke, Arthur Vander Stichele, Hendrik Van Poppel, Karolien Goffin, Cindy Mai, Liesbeth De Wever, Maarten Albersen, Wouter Everaerts, Gert De Meerleer and Steven Joniau

RETROSPECTIVE COHORT STUDY OF POST-PROSTATECTOMY OLIGORECURRENT PCa PATIENTS

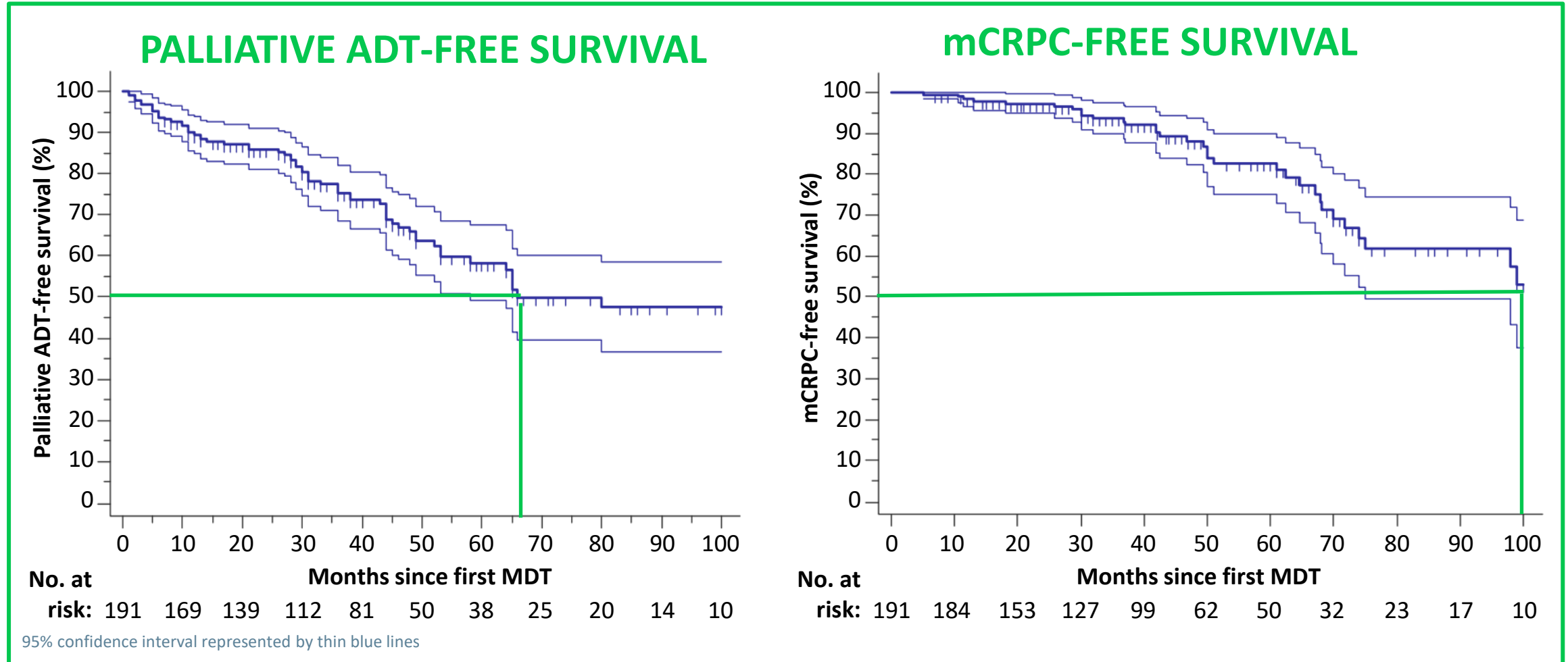
- Breakdown of patients who received multiple MDT



ADT, androgen deprivation therapy; MDT, metastasis-directed therapy; PCa, prostate cancer; RT, radiotherapy; sLND, salvage lymphadenectomy

Devos G, et al. Cancers (Basel). 2020;12(8):2271

RETROSPECTIVE COHORT STUDY OF POST-PROSTATECTOMY OLIGORECURRENT PCa PATIENTS



ADT, androgen deprivation therapy; mCRPC, metastatic castration resistant prostate cancer; MDT, metastasis-directed therapy; PCa, prostate cancer

SUMMARY

- Oligometastatic disease is being diagnosed more frequently due to advances in imaging techniques
- Results from randomised clinical trials have demonstrated that treating oligometastatic disease with MDT can postpone palliative ADT without added toxicity
- Patients presenting with oligo-recurrent prostate cancer should be considered for MDT to reduce disease-burden, postpone disease progression and delay the use of long-term ADT
- MDT may be combined with short-term ADT. In the future, this could potentially be extended to new ARTA therapies

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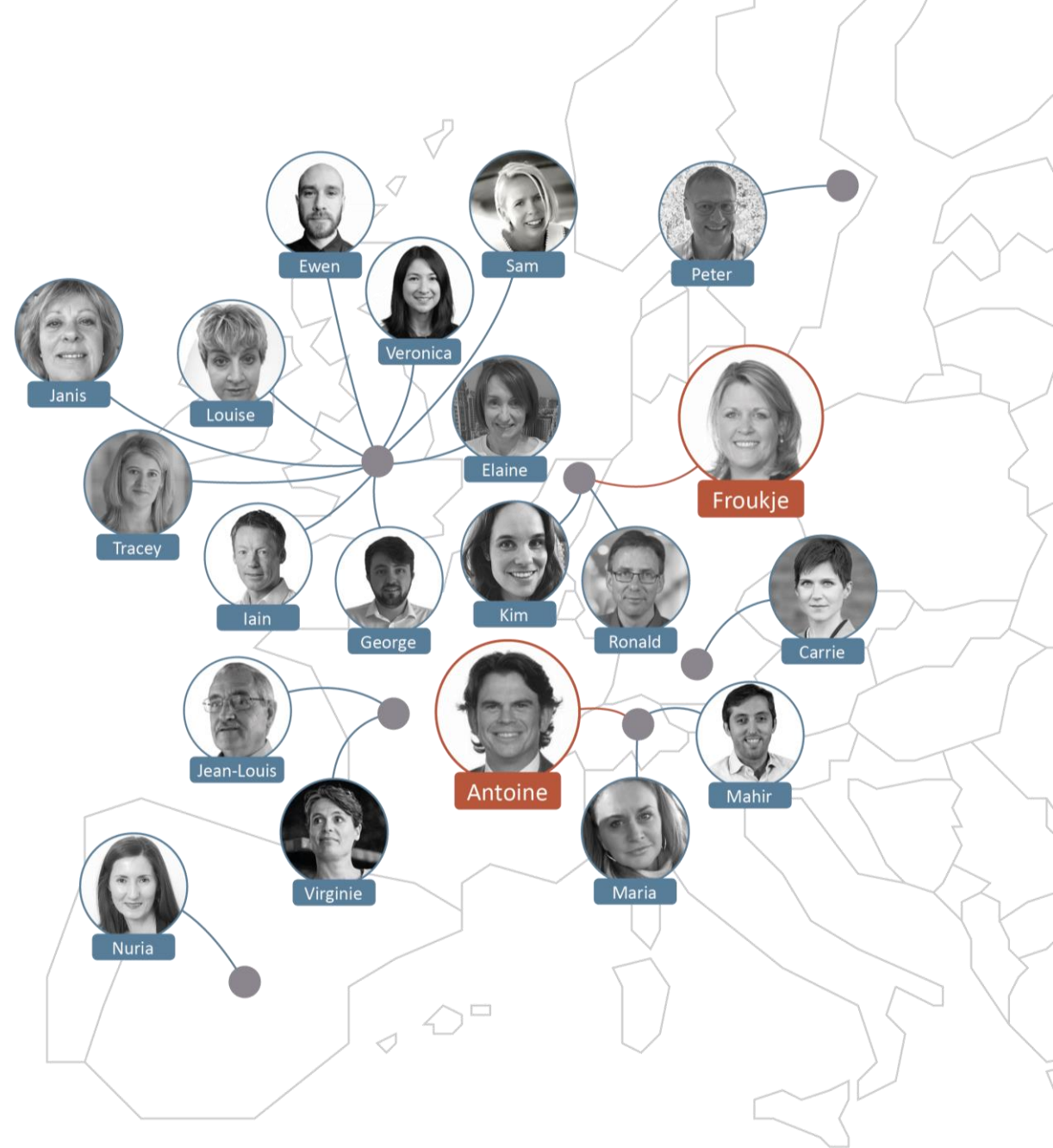
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