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Multimodality approach in the treatment of metastatic prostate cancer

Androgen deprivation has been the only treatment recommended by guidelines for metastatic prostate cancer. The radiotherapy and radiopharmaceuticals like Samarium are used mainly as pain killers. Hormonal therapies are well established but the problem is that castration resistant disease eventually emerges and then our patients are expected to survive about two years. Our personalized clinical practice has been to combine different treatment modalities in primarily metastatic prostate cancer in order to decrease the number of cancer cells as low as possible. Diagnostic procedures we start with ermp MRI of the prostate which will be done in most cases already before biopsies, followed by NaF-PET-CT and/or choline-/PSMA-PET-CT. First goal is to get PSA down (<1). All men receive mamillar irradiation with 12Gy, 6/9 Me-V. We combine LHRH analogs or Degarelix with bicalutamide plus zoledronic acid or denosumab and if it appears that we do not reach our first target we combine Docetaxel and most recently we have included also abiraterone/enzalutamide to the systemic therapy per need. Immediately, when our goal has been achieved we start radical VMAT radiotherapy of the prostate. We fuse all of our primary scanning with dose planning-CT and try to irradiate also bone metastases including also the lymph nodes to the target volumes. In addition some patients have received samarium intensified by mitoxantrone. The good feasibility of this multimodality approach and follow up-results will be presented.

Biography

Timo Joensuu is one of the leading European experts in prostate cancer with vast experience in both patient care and clinical studies. His special interests in the field of prostate cancer are multi-modality diagnostics, both internal and external radiotherapy and drug treatments. He can well be called as one of the Nordic pioneers in radiotherapy. He is one of the founders of Docrates Cancer Center, the only Nordic private cancer center providing all aspects of cancer diagnostics and treatments under one roof. The patient-centric care model is a driving force in his medical work, resulting among other things active participation on the patient organizations' work both home and abroad.

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