

Radiation therapy and radical prostatectomy further explored for initial diagnosis of advanced prostate cancer

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A database study examining surgical removal of the prostate gland (radical prostatectomy) or a form of radiation therapy known as IMRT to treat prostate cancer that has spread to other parts of the body (metastatic) shows an association between each of these treatments and improved overall survival. The work is being presented at the 58th Annual Meeting of the American Society for Radiation Oncology (ASTRO) in Boston this week.

"While numerous treatment options exist for those with early stage prostate cancer, therapies are more limited for those with advanced disease that has spread beyond the prostate," notes the work's senior investigator, Rutgers Cancer Institute radiation oncologist Rahul R. Parikh, MD, who is the co-director of proton beam therapy at Rutgers Cancer Institute of New Jersey and its flagship hospital Robert Wood Johnson University Hospital (RWJ). With that, investigators wanted to examine the survival benefit in patients newly diagnosed with [metastatic prostate cancer](#) who were treated with modalities typically used in localized disease.

The National Cancer Database, which captures oncology data from more than 1,500 facilities accredited by the Commission on Cancer, was utilized in the study. Identified were 6,051 eligible patients who were diagnosed with metastatic prostate cancer between 2004 and 2013. 5,224 patients had no therapy to treat the initial disease site, while more than

800 patients had treatment to the prostate. 622 patients had a radical prostatectomy, 52 had intensity-modulated [radiation therapy](#) (IMRT), and 153 had 2D/3D conformal radiation therapy. Treatment with local therapy was associated with males younger than 70 years old, fewer co-existing health conditions, being treated at a facility with a comprehensive cancer program and academic/research components, and the type of insurance, among other things. Clinical features and survival outcomes were evaluated using various statistical tests and models.

In those patients who received a radical prostatectomy or IMRT, the five-year overall survival rate was 45.7 percent versus 17.0 percent for those who did not receive treatment at the initial site of the cancer (the prostate). These two forms of treatment also were independently associated with an improvement in overall survival.

"As a National Cancer Institute-designated Comprehensive Cancer Center, Rutgers Cancer Institute and its flagship hospital RWJ provide advanced technologies in radiation therapy and both open and robotic forms of prostatectomy. By identifying new treatment paradigms focusing on these therapies as our work suggests, we have an opportunity to provide needed treatment alternatives for those initially diagnosed with advanced disease," notes Dr. Parikh, who is also an assistant professor of [radiation oncology](#) at Rutgers Robert Wood Johnson Medical School.

"As radiation therapy and [radical prostatectomy](#) are not traditionally utilized in metastatic prostate cancer, we are hopeful that our findings will provide the foundation for new clinical research to further explore these therapies," notes John Byun, MD, who is the lead investigator on the work and a resident physician in the Department of Radiation Oncology at Rutgers Robert Wood Johnson Medical School.

Other investigators on the work include Sharad Goyal, MD, and Isaac Yi

Kim, MD, PhD, both of Rutgers Cancer Institute and Robert Wood Johnson Medical School.

Provided by Rutgers Cancer Institute of New Jersey

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