

# ACONTECEU NO EAU 2024

Apresentado por: Daher Chade



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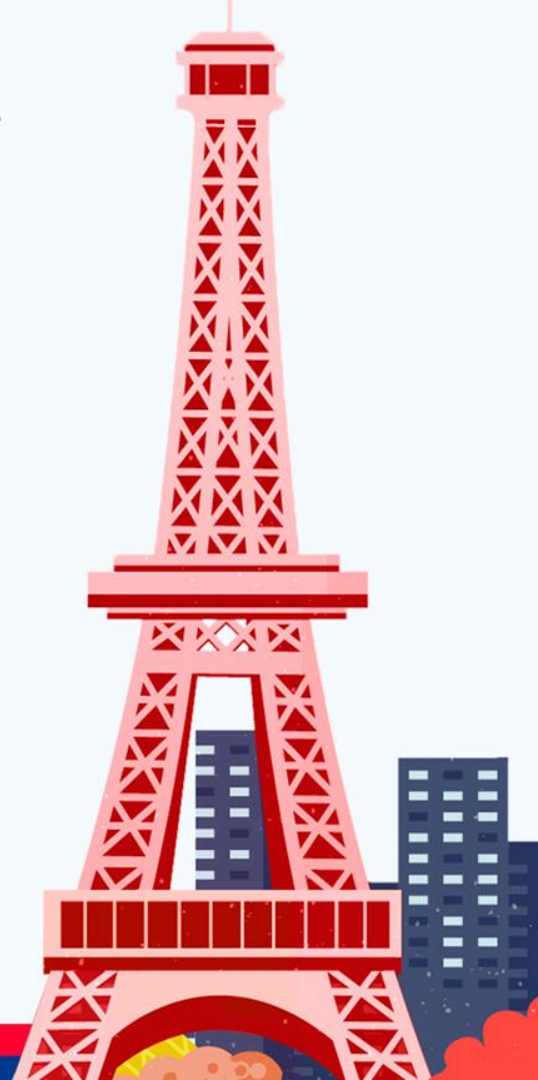


SOCIEDADE BRASILEIRA DE UROLOGIA

Apoio:



PHARMACEUTICAL COMPANIES OF *Johnson & Johnson*



# A0428: The impact of radical prostatectomy versus radiation therapy on cancer-specific-mortality for non-metastatic prostate cancer: Analysis of an other-cause-mortality matched cohort

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Event



A0428: The impact of radical prostatectomy versus radiation therapy on cancer-specific-mortality for non-metastatic prostate cancer: Analysis of an other-cause-mortality matched cohort

### Introduction & Objectives

- patients undergoing RT have a higher risk of other-cause mortality (OCM)
- impact of RP vs RT on cancer-specific mortality (CSM) over a cohort with equivalent OCM risk.



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### Materials & Methods

(SEER) database with non-metastatic PCa between 2004-2009, treated with RP or RT.

- A Cox-regression model was used to calculate the 10-year OCM risk.
- Propensity-scores based on the calculated OCM risk were used to match RP and RT patients.
- Cumulative incidence curves and multivariable Fine-Gray regression analyses were used to examine the impact of type on CSM in the matched cohort.



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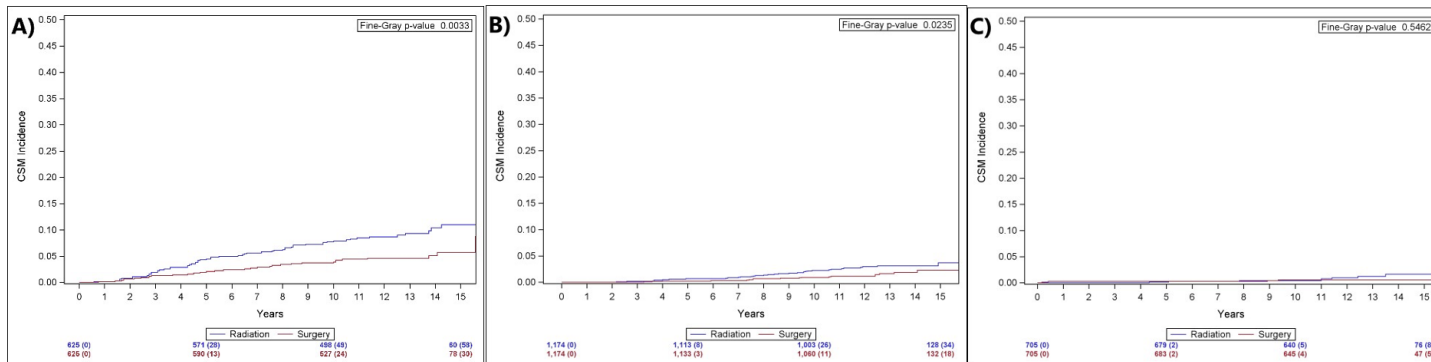
### Results

- 55,106 pts RP vs 36,674 pts RT.
- After match, 6,506 patients equally distributed for RT vs RP, with no difference in OCM rates ( $p=0.2$ ).
- 10-year CSM rates
  - 8.8% vs 0.6% ( $p=0.01$ ) for RT vs RP in (Gleason Score 4+3)
  - 7.9% vs 3.9% ( $p=0.003$ ) for high-risk disease.
  - There was no difference in CSM rates among RT and RP patients for favorable-intermediate-risk (Gleason Score 3+4) and low-risk disease.



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**Figure 1.** Cumulative incidence curved depicting cancer-specific mortality in propensity-score matched cohort. Patients are stratifying based on initial treatment type (RP vs RT) and curves are depicted according to d'Amico score in: **a) high-risk b) intermediate-risk and c) low-risk** patients.



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## **Conclusions**

In a matched cohort of PCa patients with comparable OCM between the two arms, RP yielded a more favorable CSM rate compared to RT only for unfavorable-intermediate- and high-risk groups.



**Preliminary Communication**

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April 6, 2024

# Prostate Cancer Screening With PSA, Kallikrein Panel, and MRI

## The ProScreen Randomized Trial

Anssi Auvinen, MD, PhD<sup>1</sup>; Teuvo L. J. Tammela, MD, PhD<sup>2,3</sup>; Tuomas Mirtti, MD, PhD<sup>4,5,6,7,8</sup>; et al

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**Question** What were the rates of prostate cancer detection among men randomized to be invited to undergo prostate cancer screening compared with a control group not invited to undergo screening?



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**Question** What were the rates of prostate cancer detection among men randomized to be invited to undergo prostate cancer screening compared with a control group not invited to undergo screening?

### Findings

- ongoing clinical trial: 60 745 men randomized (50 - 63 years)
- invited to screening with a PSA test, a 4-kallikrein panel for those with a PSA of 3.0 ng/mL or higher, and MRI or not to be invited for screening (control group).
- The risk difference (invited vs the control group): 0.11% for low-grade and 0.51% for high-grade prostate cancer.



## Interventions

- PSA level  $\geq 3.0$  ng/mL  $\rightarrow$  4-kallikrein panel risk score.
- kallikrein panel score of 7.5% or higher  $\rightarrow$  MRI  $\rightarrow$  Bx

## Results

- screening intervention detected 1 high-grade prostate cancer per 196 men and 1 low-grade prostate cancer per 909 men invited to be screened

## Gotenburg trial (MRI)

High-grade: 0,9% (ProScreen 1,6%)

Low-grade: 0,6% (ProScreen 0,9%)

