Treatment failure after primary and salvage therapy for prostate cancer: likelihood, patterns of care, and outcomes.

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Abstract

BACKGROUND: The authors report the likelihood of treatment failure and the outcomes after salvage therapy among men with prostate cancer who initially either received external-beam radiation therapy (EBRT) or underwent radical prostatectomy (RP).

METHODS: Using a national disease registry, the Cancer of the Prostate Strategic Urological Research Endeavor (CaPSURE) database, 5277 men with prostate cancer were identified who initially either underwent RP (4342 men) or received EBRT (935 men). Outcomes after disease recurrence and subsequent salvage therapy were assessed. RESULTS.: Recurrent disease developed in 1590 men (30%), including 1003 patients (23%) in the RP group and 587 patients (63%) in the EBRT group, at a mean of 34 months and 38 months, respectively (P=.003). Patients who had recurrent disease had greater rates of overall death (19% vs 3%; P<.01) and bone metastases (15% vs 1%; P<.01). Data after salvage therapy were available for 1050 patients (620 men in the RP group and 430 men in the EBRT group). Androgen-deprivation therapy (ADT) was the most common salvage treatment in both groups. Overall, 420 men in the RP group (68%) and 319 men in the EBRT group (74%) failed salvage therapy at mean of 43.6 months and 43.8 months, respectively (P=.95). These patients had a greater overall death rate than the 311 patients who did not fail salvage therapy (24.8% vs 6.9%, respectively; P<.001). No survival benefit in terms of prostate cancer-related death (P=.91) was identified with any particular combination of primary and salvage therapy.

CONCLUSIONS: Disease recurrence developed in 30% of patients who were treated for prostate cancer, and ADT was the most common salvage therapy used. Patients who failed salvage therapy had worse overall survival, and no survival benefit was noted for any particular combination of primary and salvage therapy.

Comment in

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