Prostate cancer registry - First treatment data

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Introduction:

A palliative chemotherapy is indicated for hormone-refractory patients with symptomatic progression. A chemotherapy in the palliative situation aims at improving the quality of life. We would like to demonstrate the reality of treatment in oncology practices.

Methods:

Since August 2009, patients with prostate cancer have been recorded in a cancer registry with all therapies from the initial diagnosis until death or loss of contact. 1,195 courses of disease have been reported so far. Out of 186 reported patients who received a Docetaxel-based chemotherapy, 144 have been evaluable so far.

Results:

108 (75.0%) received a 1st-line treatment, 31 (21.5%) a 2nd-line and 5 (3.5%) a 3rd-line therapy. 45 (41.7%) patients have died so far. There is no more contact to 19 (17.6%) of them. The age at the initial diagnosis is 67 (48-83) years. At initiation of therapy, the patients are 72 (51-86) years old. There are no reported comorbidities with 25 (23.1%) patients, 57 (52.8%) have hypertension, 24 (22.2%) diabetes and 13 (12.0%) had CHD (comorbidities >10%).

Treatments	n	administrations
Docetaxel (D)	68 (63%)	5 (1-12)
Docetaxel/Prednisone (DP)	40 (37%)	12 (2-24)
Total	108 (100%)	6 (1-24)

Response (measurable lesions)

	D	**DP**
PR	6 (14.6%)	4 (16.7%)
NC	19 (46.3%)	14 (58.3%)
PD	16 (39.0%)	6 (25.0%)

n=43 not evaluable

PSA-response (≥50%)

	D	**DP**
Response	35 (51.5%)	24 (60.0%)
PD	14 (20.6%)	8 (20.0%)

Toxicities of the chemotherapy: hematologic (degree 3+4 in % D/DP): anemia (4.4/10.0); leukopenia (23.5/15.0); thrombocytopenia (2.9/2.5). Non-hematologic (degree 1-4 in % D/DP): Fatigue (27.9/42.5); pain (33.8/22.5); nausea (30.9/20.0), AP (20.6/22.5); nail alteration (19.1/15.0); diarrhea (17.6/17.5); peripheral neurotoxicity (16.2/15.0); infection (13.2/5.0); edema (10.3/5.0).

The median PFS is at 6.9 months (6.4 months D, DP 14.5 months), median OS was at 15.0 months (13.9 months D; DP not reached; 9.2 months PSA-PD; 22.6 months PSA response ≥ 50%).

Conclusion:

Docetaxel was administered to 67% of patients as monotherapy, Docetaxel/Prednisone in 32%.

Only a third of the practices applied the combination of Docetaxel/Pednisone. This shows the reality of treatment in oncology practices.