Three men with elevated PSAs

BOTSOGO Tumor Board

August 26, 2014

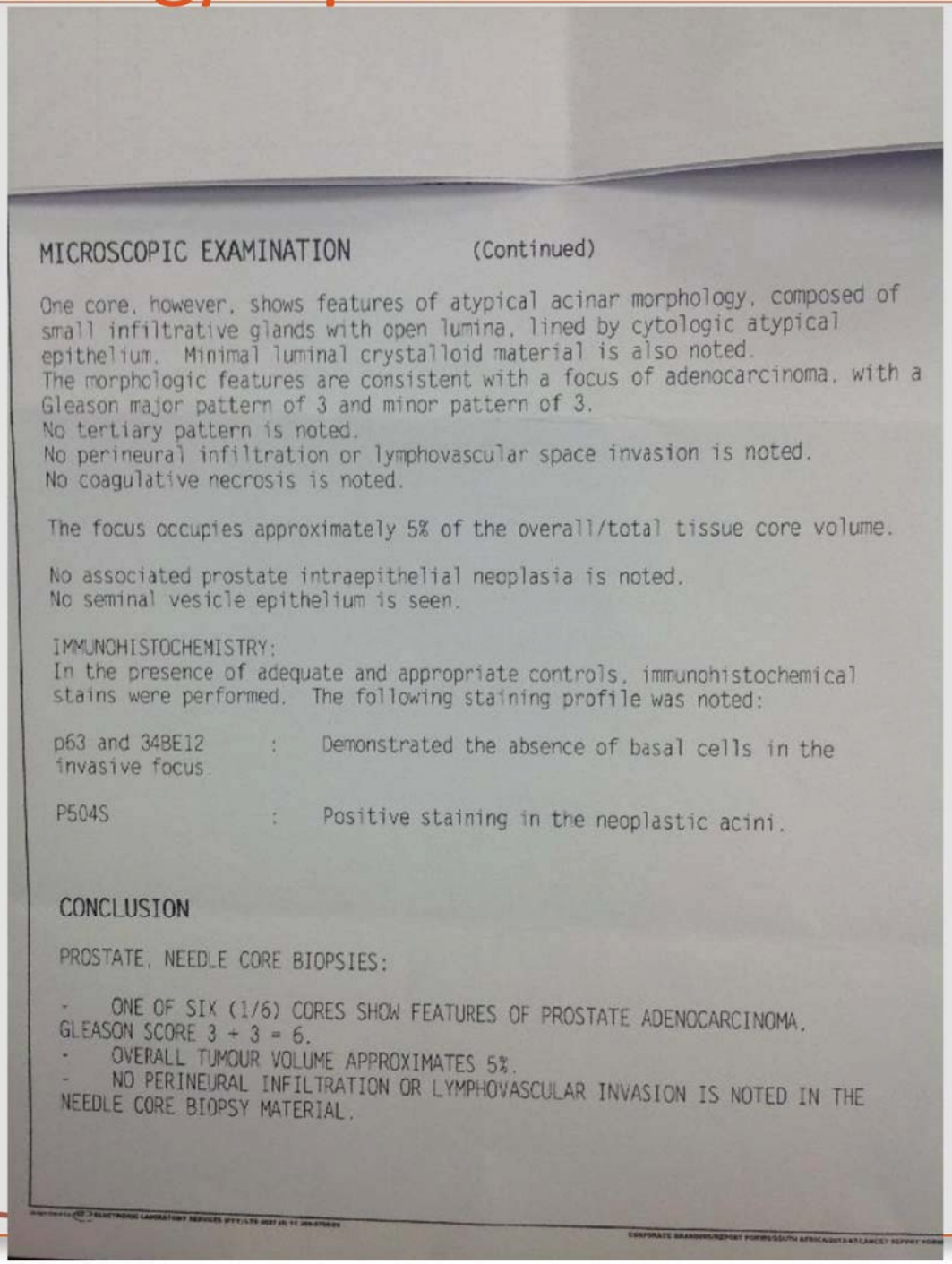
BOTSOGO

BOTSWANA ONCOLOGY
GLOBAL OUTREACH

Case 1:

- 64 year old male
- HIV negative
- Was seeing ortho for mechanical backache
- Routine PSA was elevated 13
- DRE showed an enlarged hard prostate
- Biopsy prostate (6 cores)
  - 1 confirmed adenocarcinoma Gleason 6
- Overall tumour volume 5%
- No perineural infiltration or lymphovascular invasion

Case 1: Pathology Report



MICROSCOPIC EXAMINATION (Continued)

One core, however, shows features of atypical acinar morphology, composed of small infiltrative glands with open lumina, lined by cytologic atypical epithelium. Minimal luminal crystalloid material is also noted.
The morphologic features are consistent with a focus of adenocarcinoma, with a Gleason major pattern of 3 and minor pattern of 3.
No tertiary pattern is noted.
No perineural infiltration or lymphovascular space invasion is noted.
No coagulative necrosis is noted.

The focus occupies approximately 5% of the overall/total tissue core volume.

No associated prostate intraepithelial neoplasia is noted.
No seminal vesicle epithelium is seen.

IMMUNOHISTOCHEMISTRY:
In the presence of adequate and appropriate controls, immunohistochemical stains were performed. The following staining profile was noted:

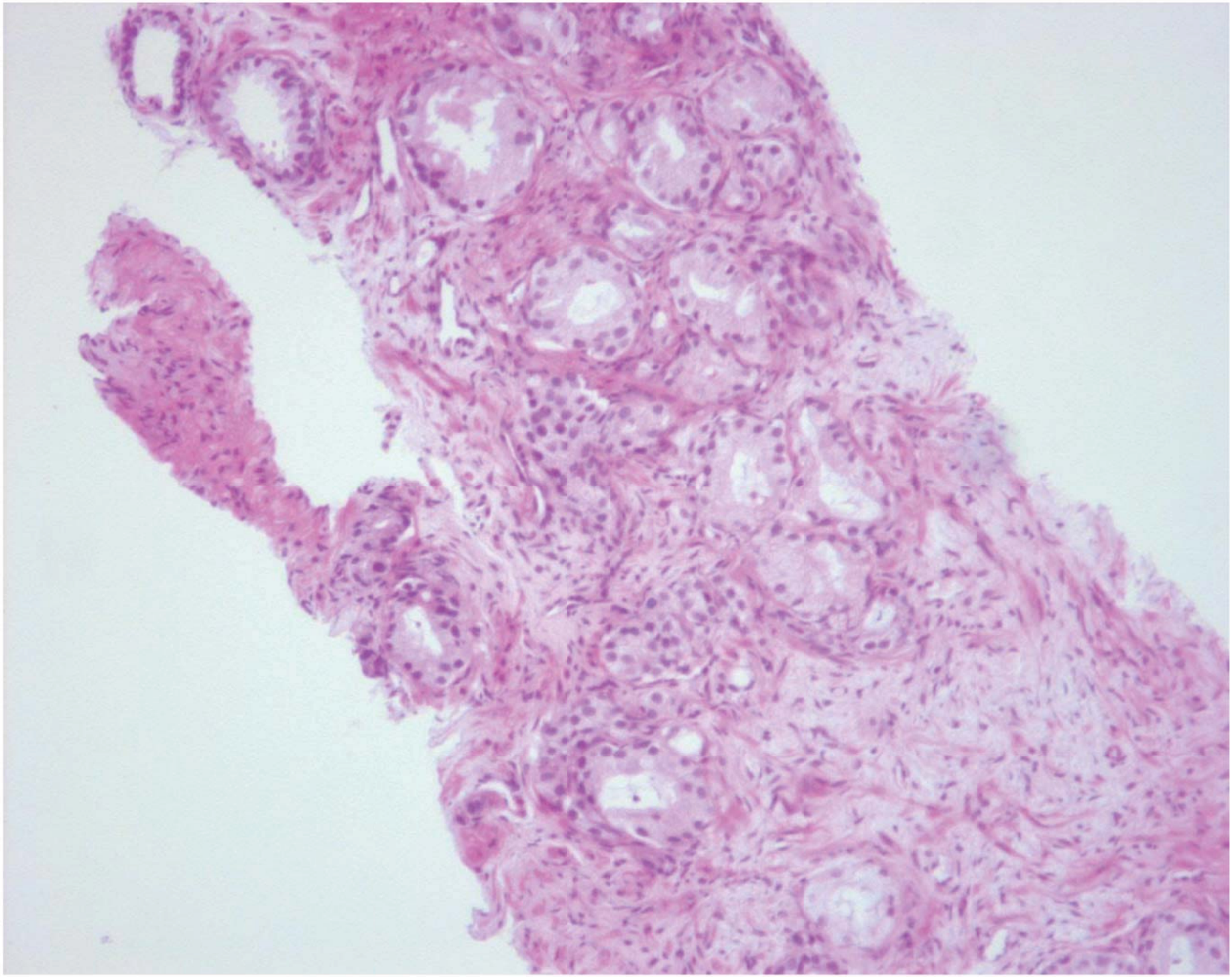
p63 and 34BE12 : Demonstrated the absence of basal cells in the invasive focus.

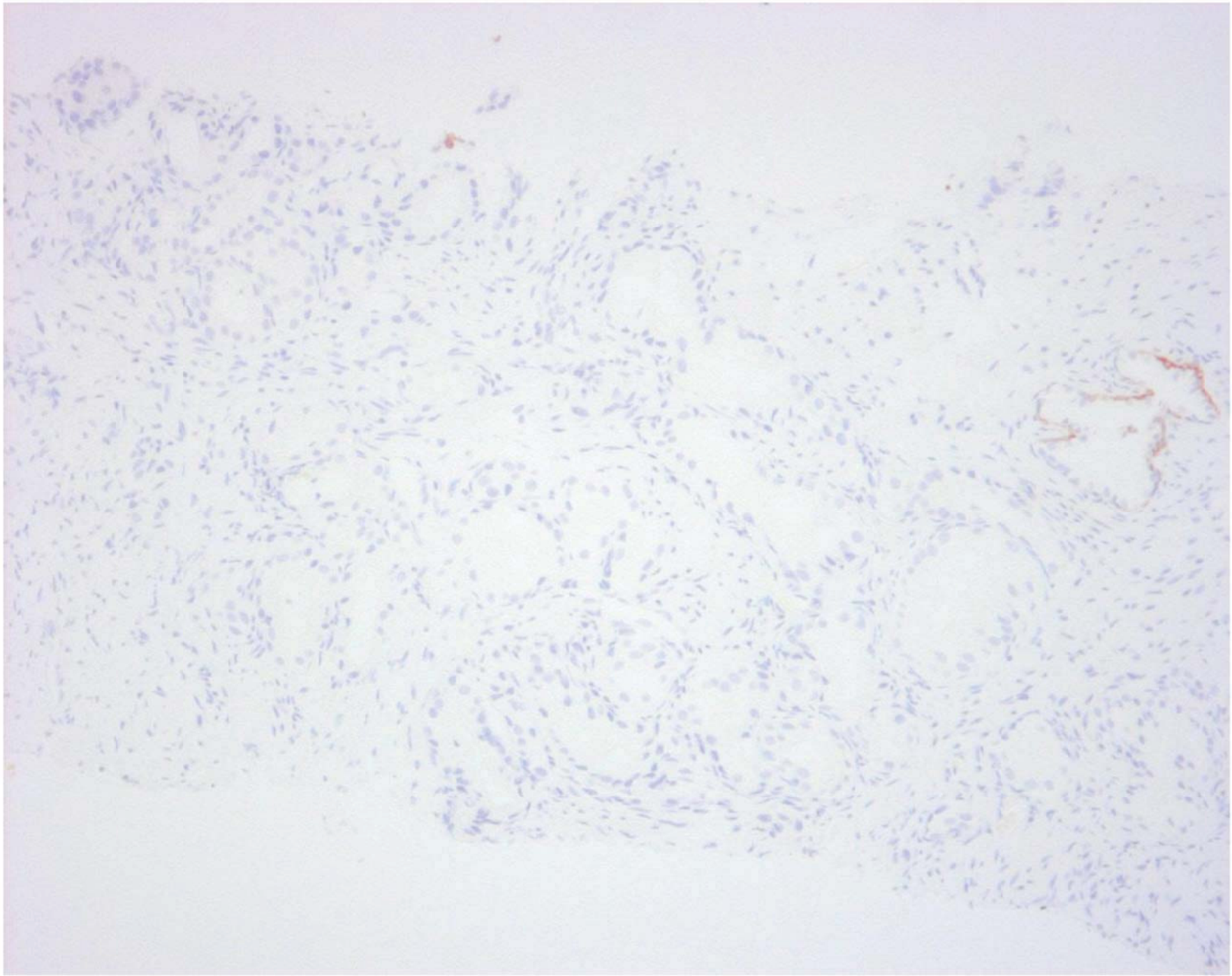
P504S : Positive staining in the neoplastic acini.

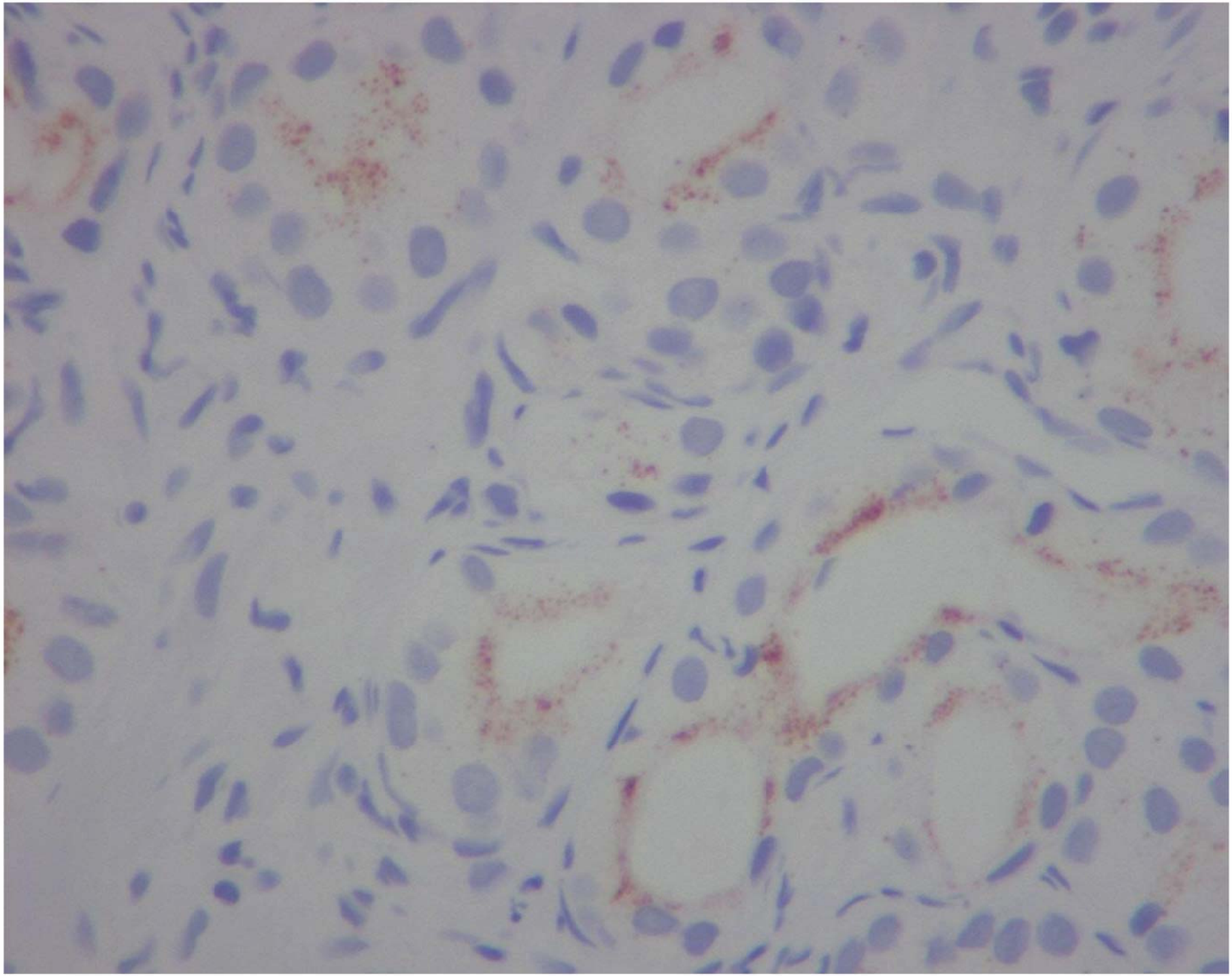
CONCLUSION

PROSTATE, NEEDLE CORE BIOPSIES:

- ONE OF SIX (1/6) CORES SHOW FEATURES OF PROSTATE ADENOCARCINOMA, GLEASON SCORE 3 + 3 = 6.
- OVERALL TUMOUR VOLUME APPROXIMATES 5%.
- NO PERINEURAL INFILTRATION OR LYMPHOVASCULAR INVASION IS NOTED IN THE NEEDLE CORE BIOPSY MATERIAL.







Case 1:

- PMH
  - Hypertension
- Social history
  - No smoking
  - No alcohol
- No family history of cancer

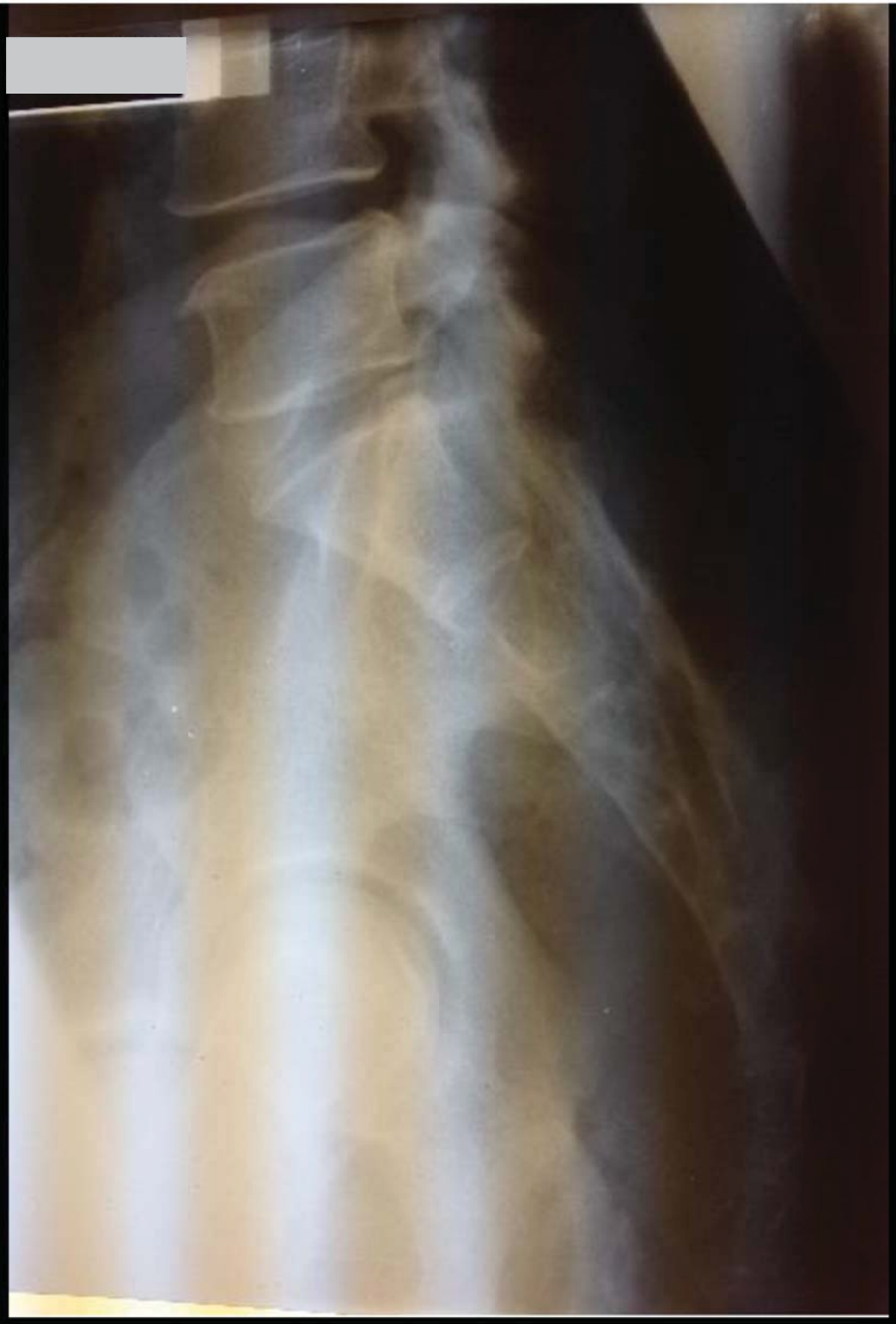
Case 1: Examination

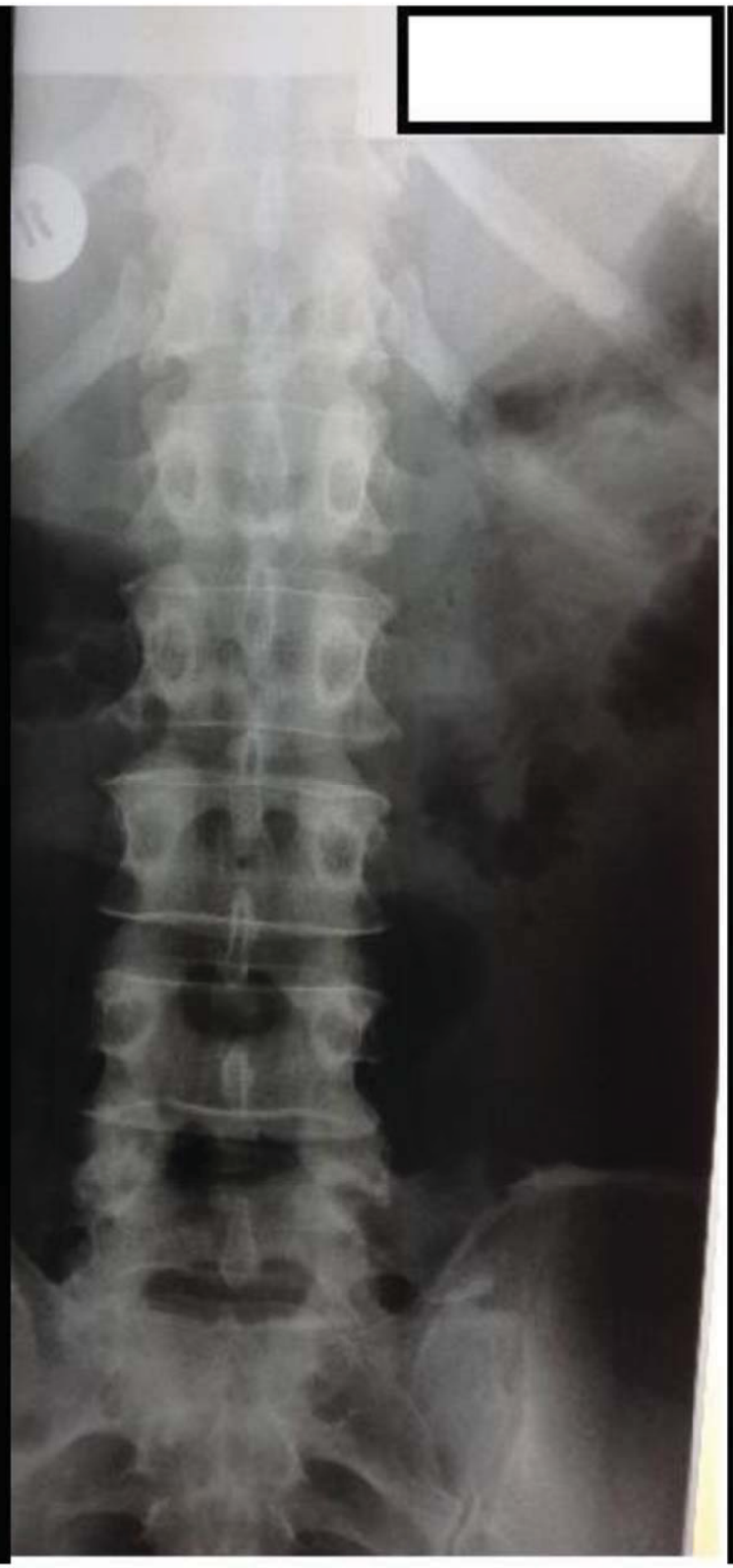
- Well looking
- PS 0
- No pallor, jaundice
- Abdomen: No organomegaly
- DRE: Hardened enlarged prostate gland

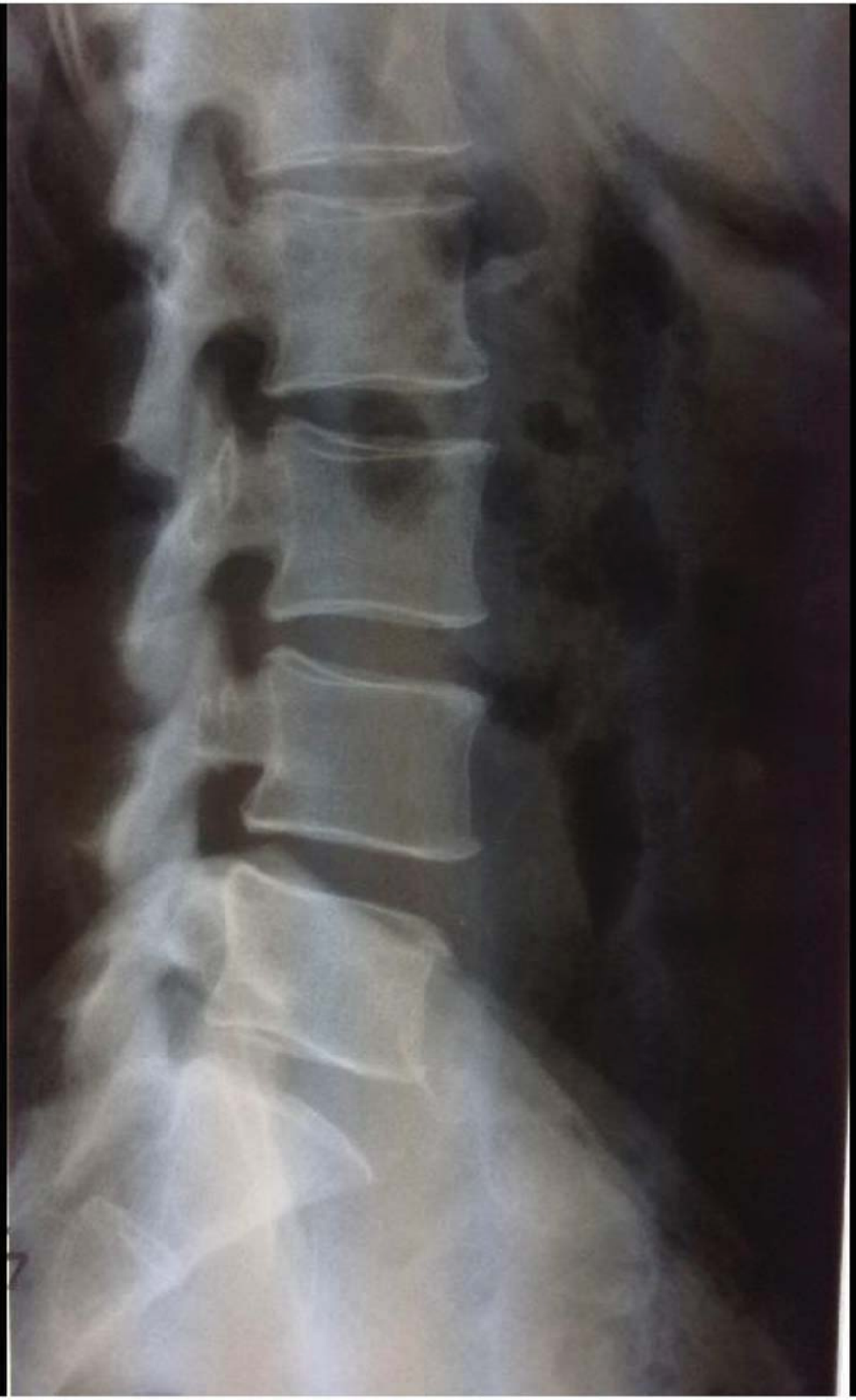
Case 1: Staging

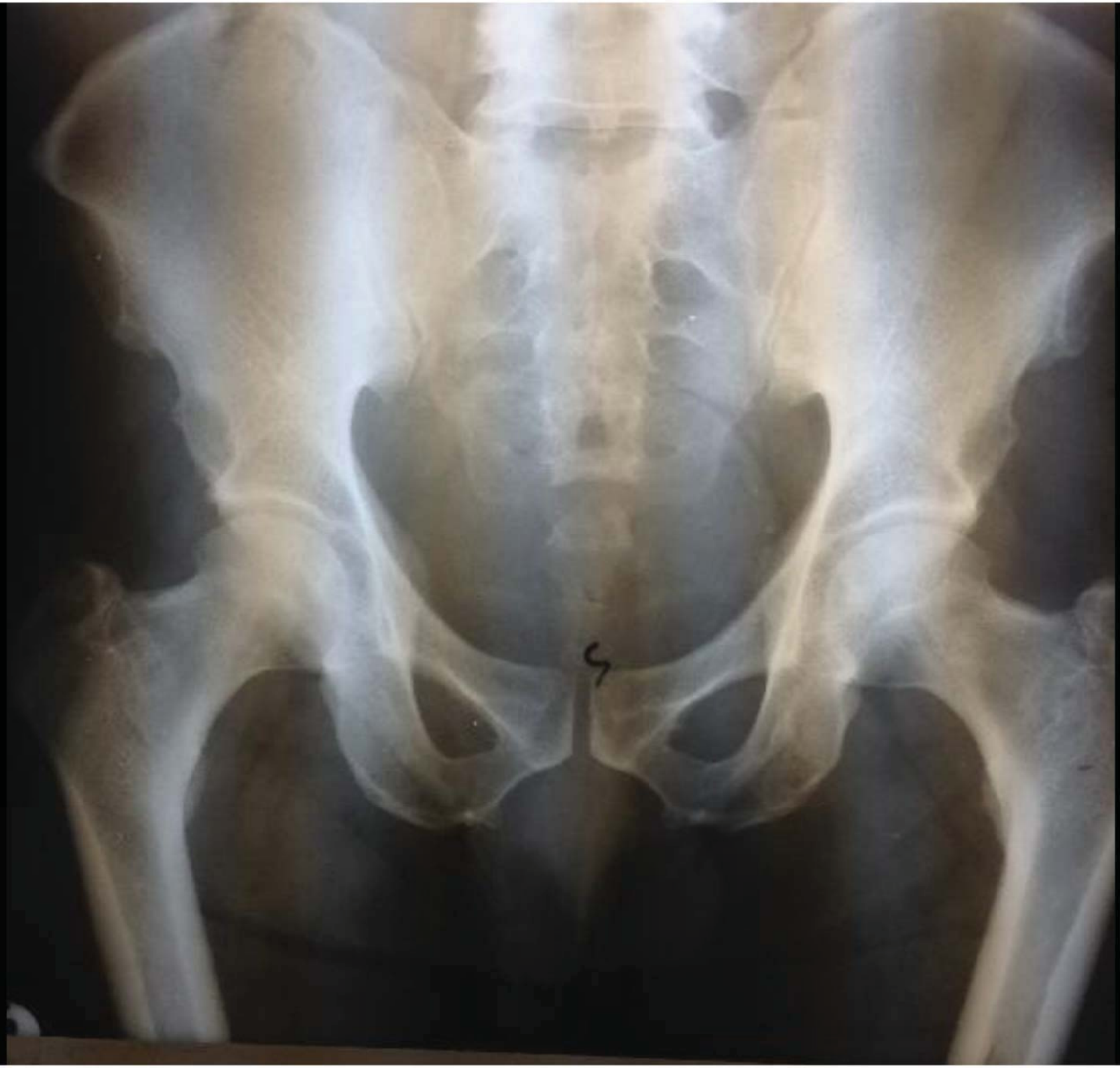
- CXR: NAD
- X ray: Partially sacralised L5 with left pseudoarthrosis
- US Abdomen: Normal liver
- 2.9 x 2.4 calyceal cyst in lower pole of left kidney
- Liver homogeneous; no focal masses
- No ascites, lymphadenopathy

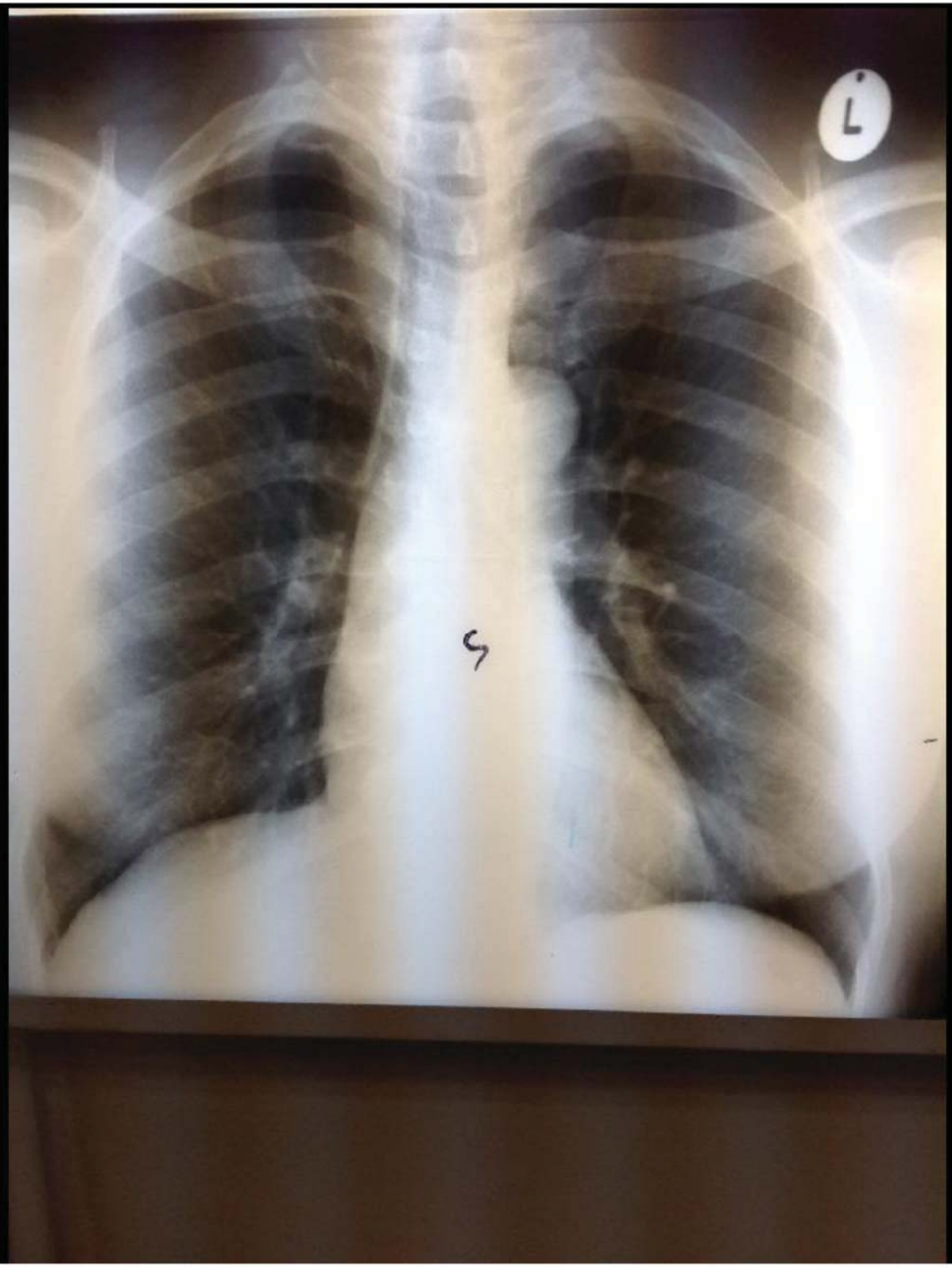
- FBC, U&E, LFTs: Normal







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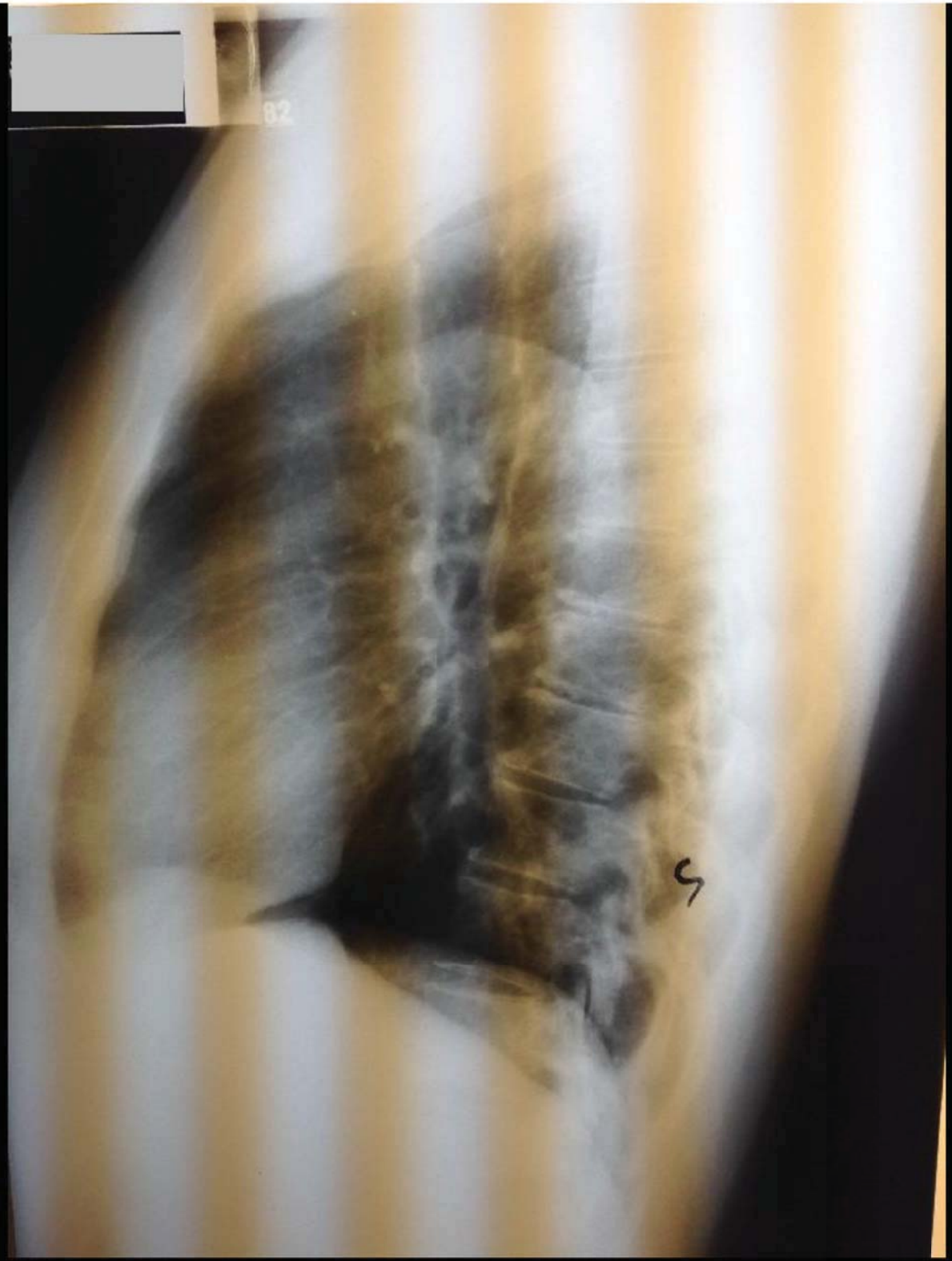


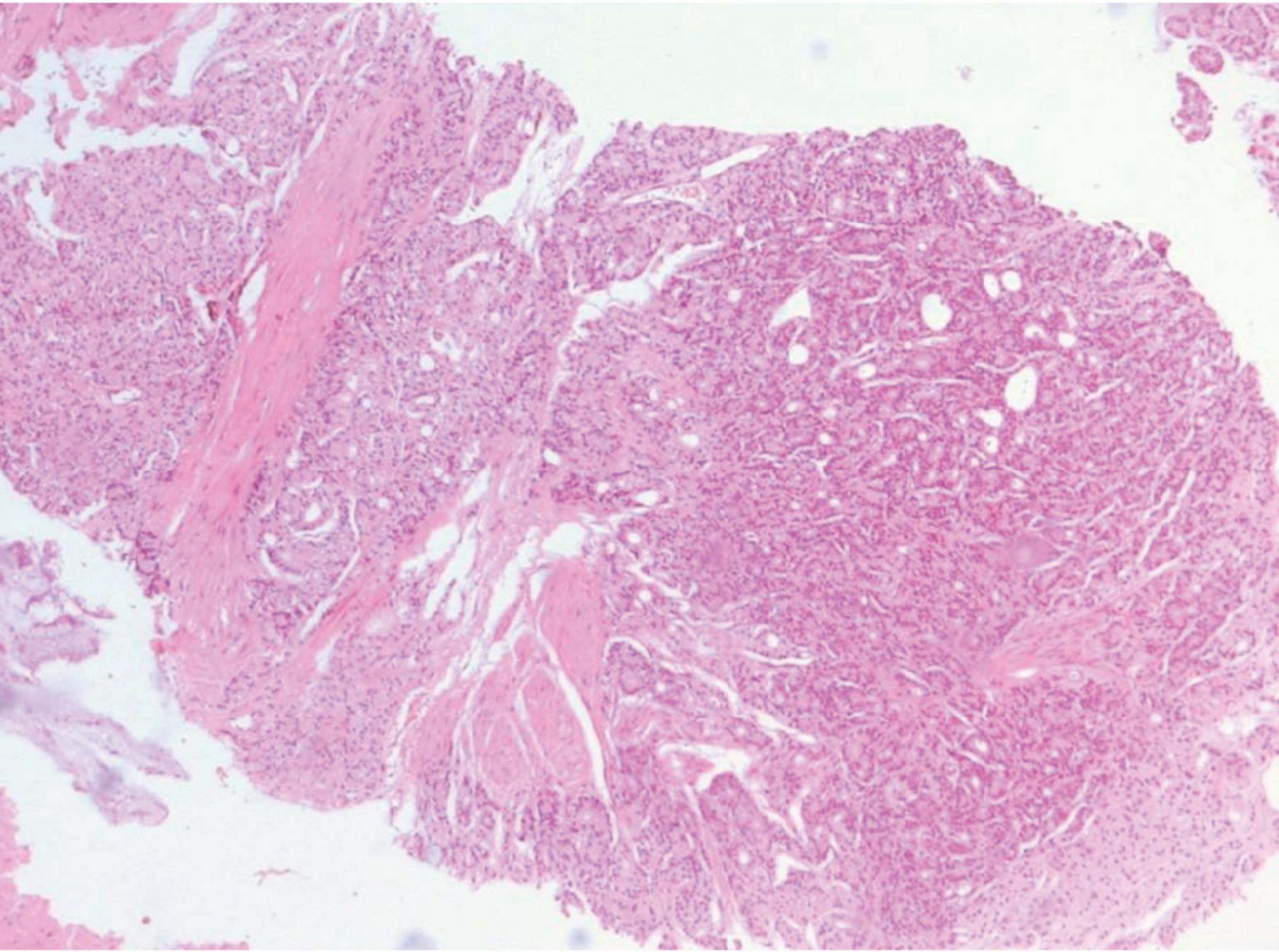
Case 1: Stage

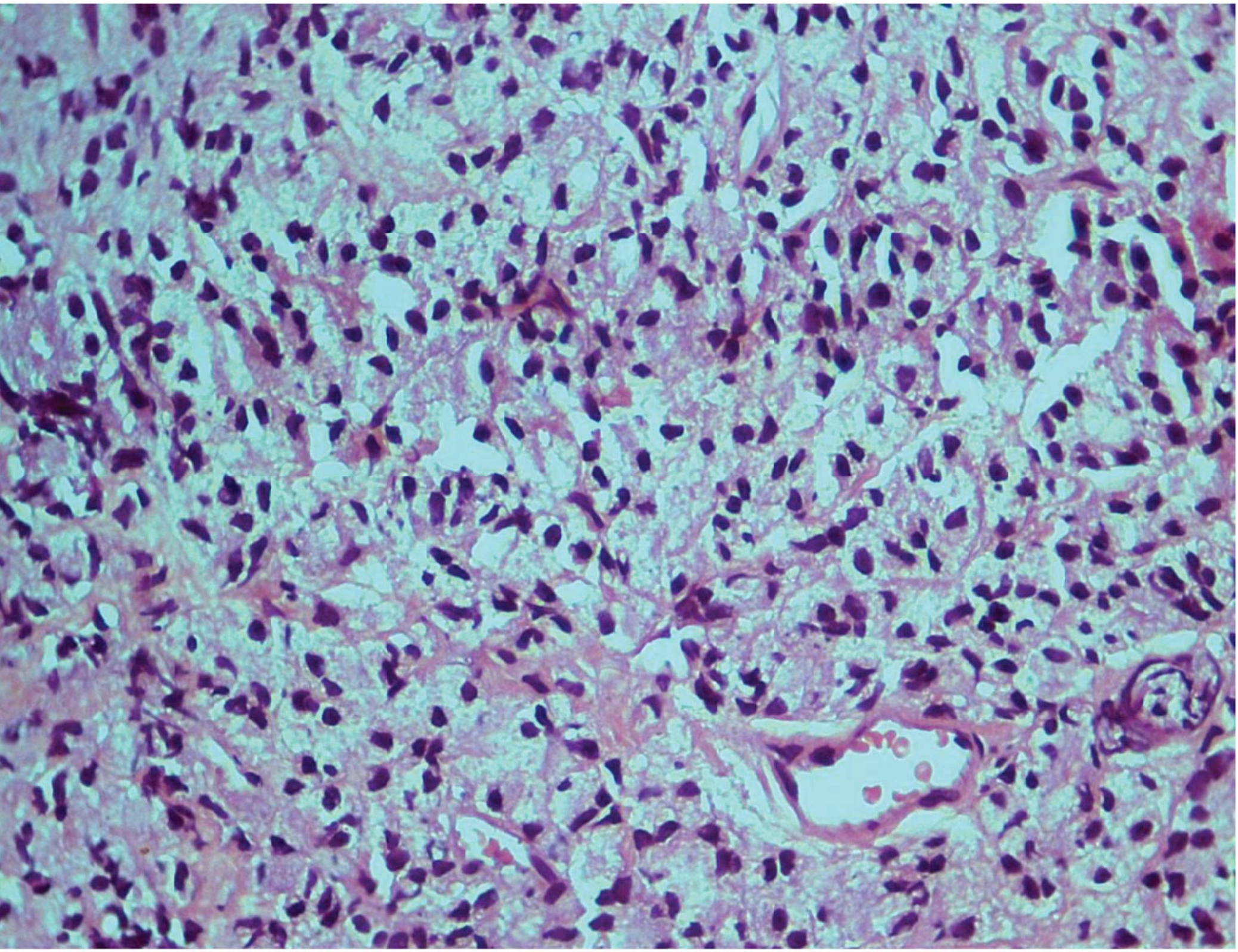
- 64 yo male
- cT2cN0M0, Gleason Score 6, PSA 13

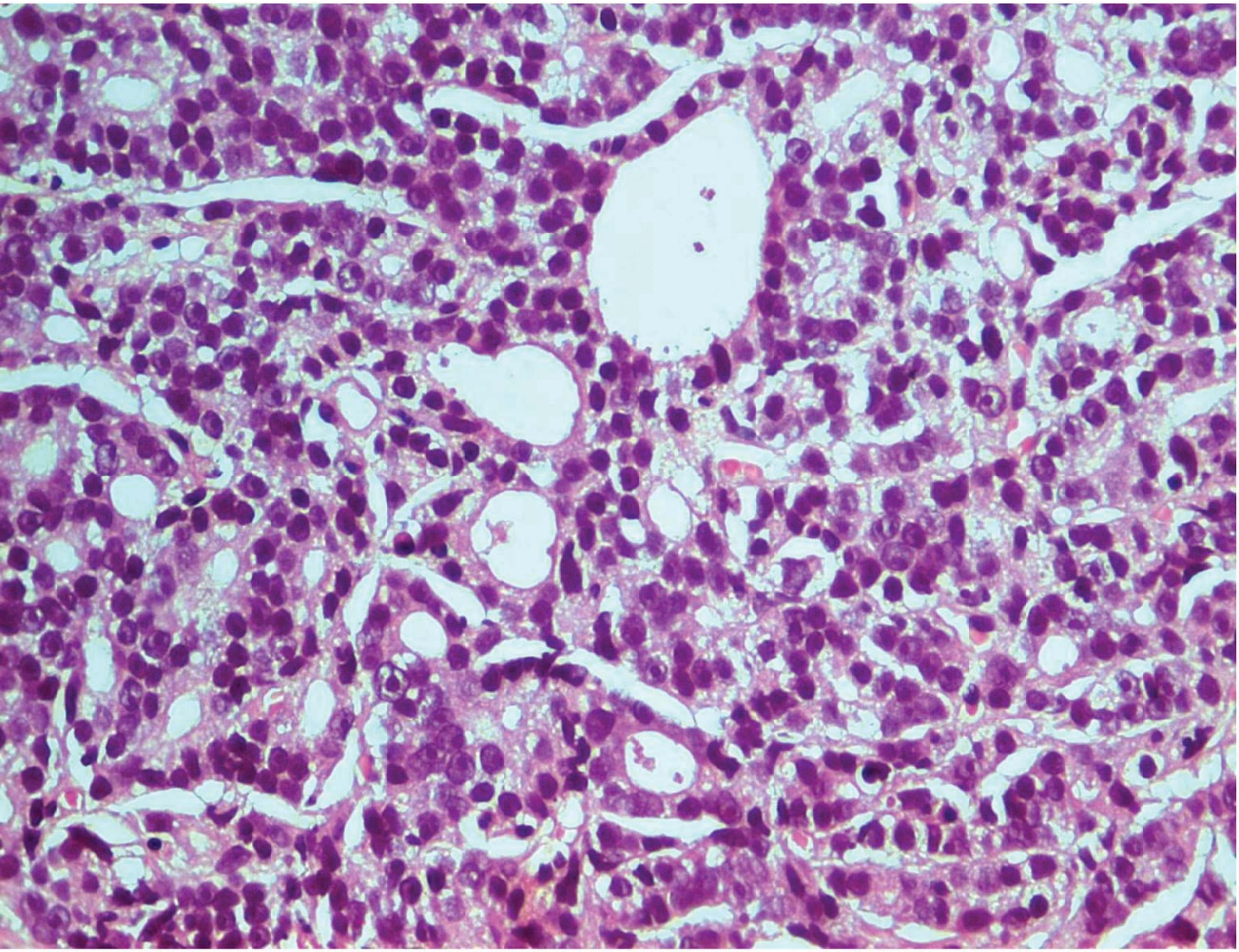
- Management options?

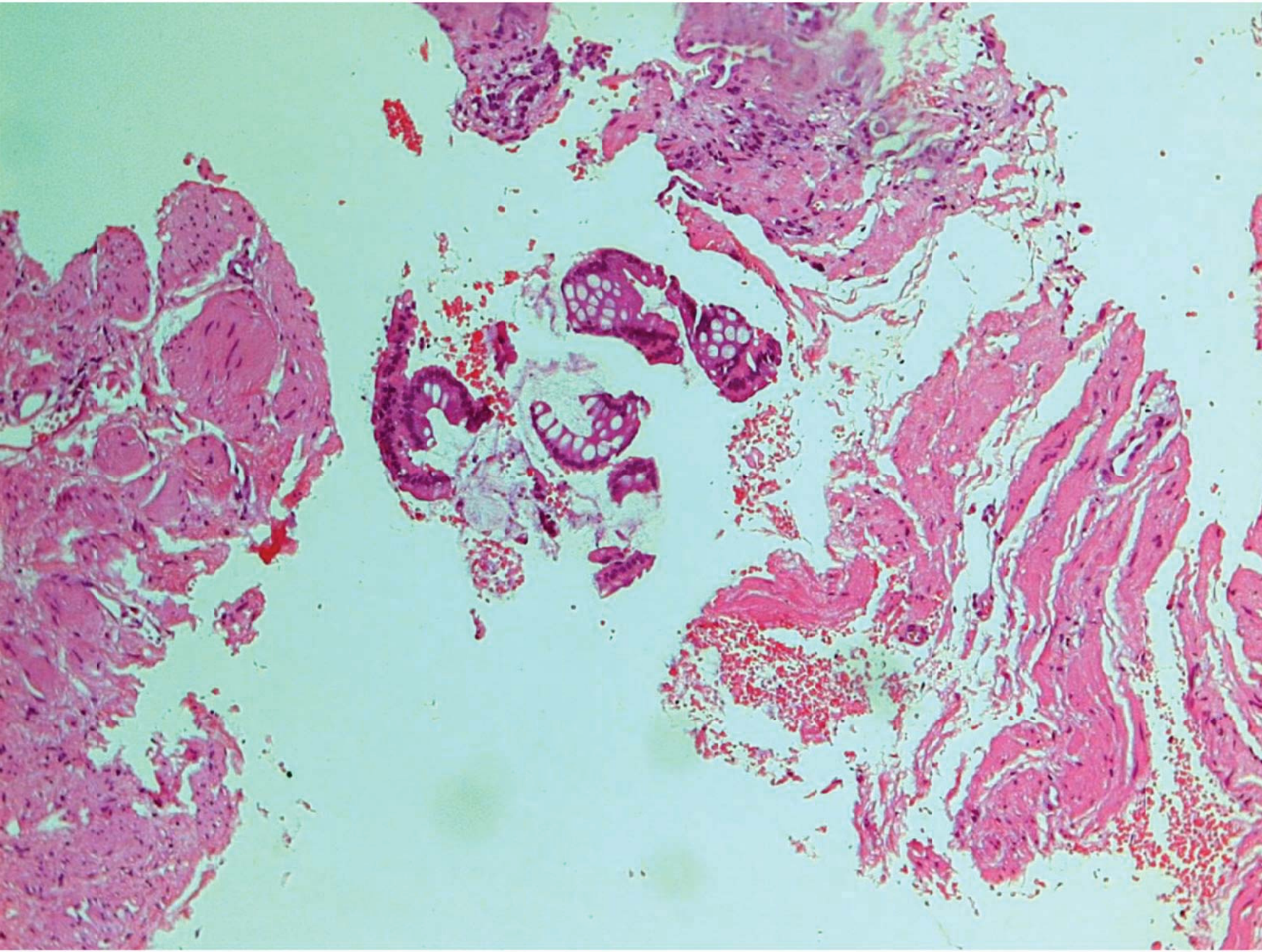
Case 2

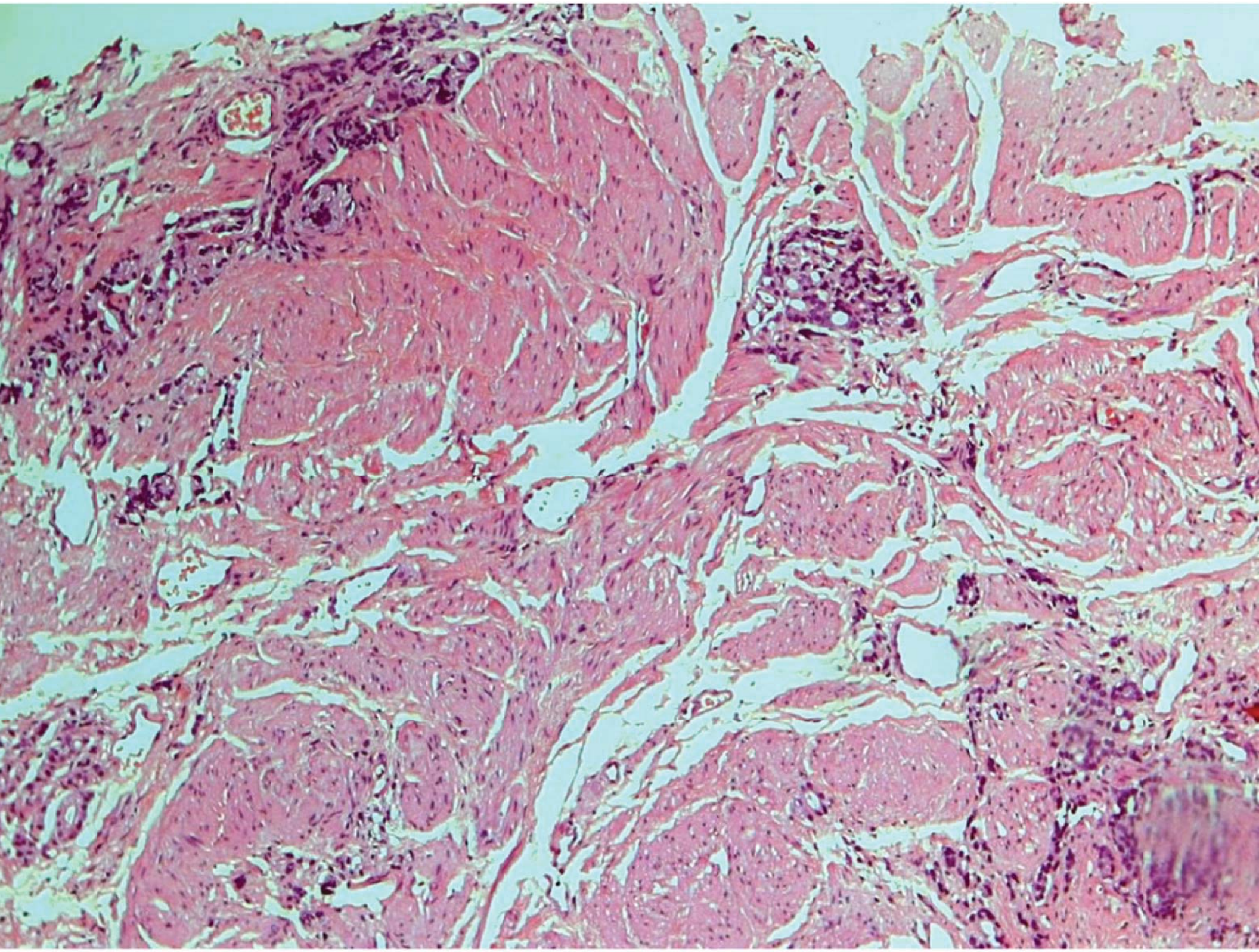
- 82 year old EX Nyangabwe rural hospital
- HIV negative
- 2 year history of difficulties passing urine
  - Hesitancy and poor stream
- DRE showed an enlarged hard prostate
- US showed an enlarged prostate
- Catheterized at clinic and was changed monthly
- PSA was 87
- Trucut biopsy showed prostate adenocarcinoma Gleason 8.

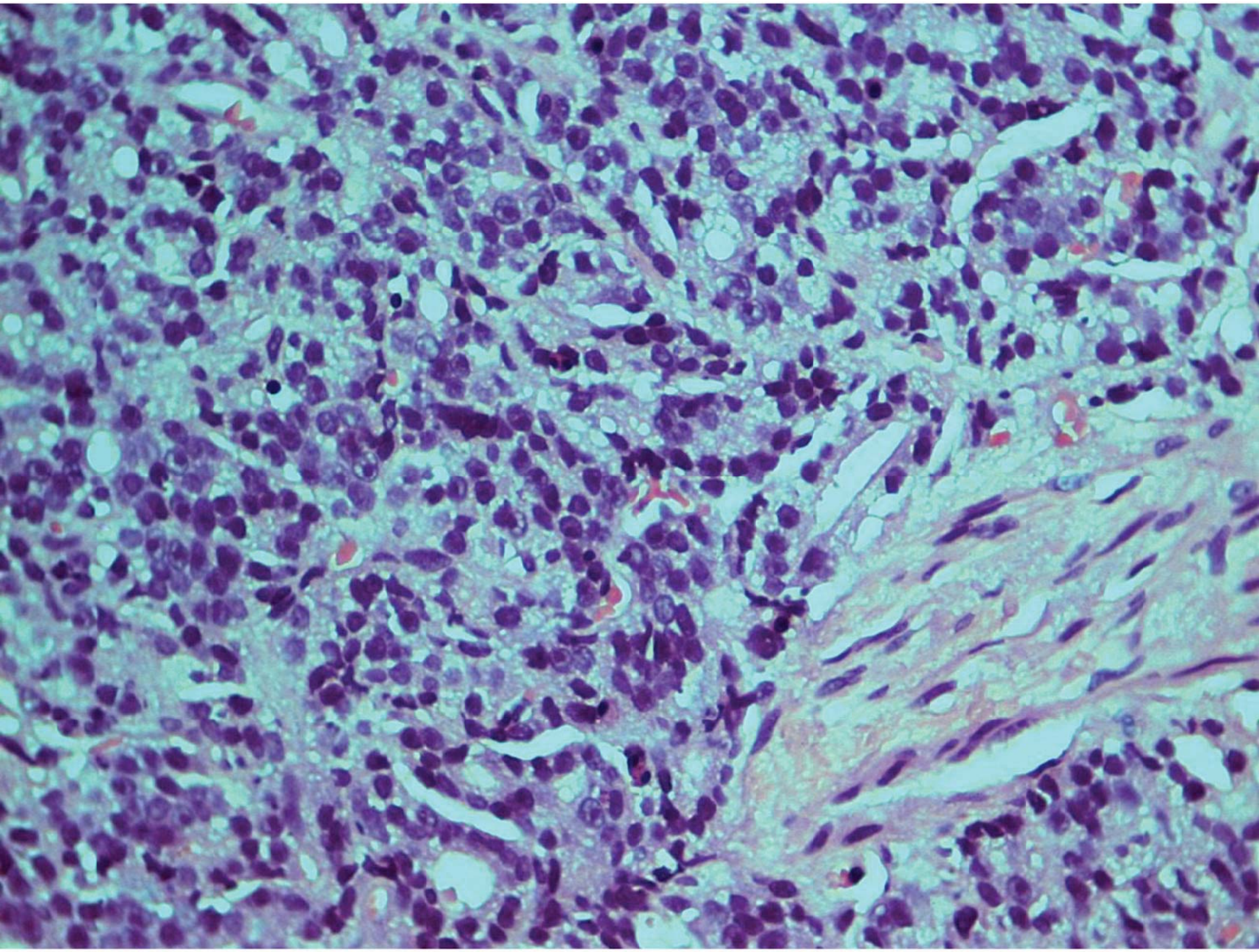


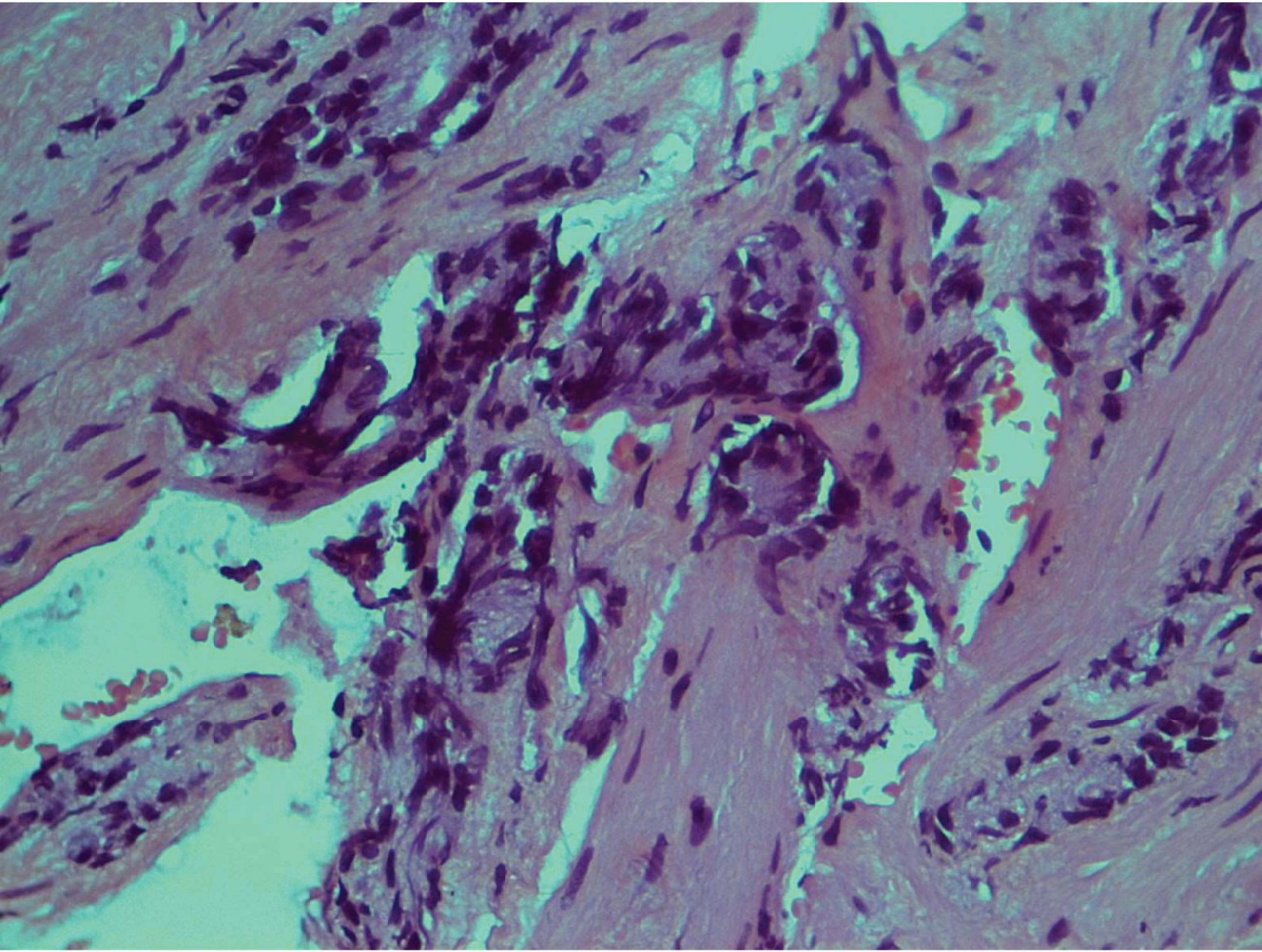












Case 2

- PMH
  - Hypertension
- Family History
  - Albino nephew on radiation for SCC skin
- Social history
  - 13 children
  - Chief
  - Stopped smoking and drinking ‘years’ ago

Case 2: Examination

- Well Looking, well nourished pleasant gentleman
- (Life expectancy > 5 years)
- PS 0-1
- No pallor, jaundice
- Abdomen: No organomegaly
- Urinary catheter: clear urine
- DRE: Hardened enlarged irregular prostate gland

Case 2: Staging

- CXR: NAD
- X ray:
- Ex Nyangabwe: patient not in possession of X-rays
- USS abdomen: normal, no ascites, lymphadenopathy
- FBC, U&E, LFTs: Normal

Case 2: Blood

- Hb: 13.3
- Plt: 230
- WCC: 6.63
- Neut: 4.07
- S Bil 6 normal
- ALP: 130 (normal 53-128)
- LDH: 176 Albumin 42 Normal
- eGFR: 85

Case 2: Treatment

- Patient had commenced on Leuprolide 10, 8mg 3 monthly x 2
- Commenced radiation to pelvis
- 2 weeks into treatment complained of dysuria, weak with fever
- Admitted to PMH. Succumbed and sadly died
- ?Septicemia/UTI

Case 3

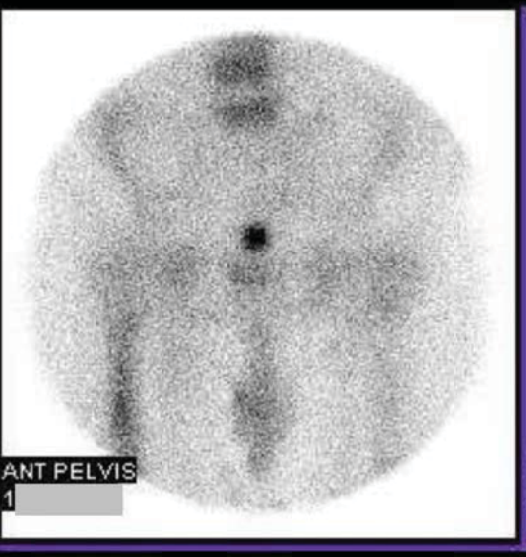
- 67 year old who was diagnosed with bony METASTATIC adenocarcinoma of the prostate in 2013, said to be limited to the lumbar spine. Gleason 9.
- He was treated with zoladex, casodex and bisphosphonates
- He was responsive until early 2014 when he developed haematuria
- US confirmed bilateral hydronephrosis and bladder mass
- He was anaemic and compromised renal function
  - eGFR 23 mL/min

Case 3

- Referred for radiotherapy in February
- Received palliative radiation to limited pelvic volume 60 Gy with good palliation of mass, pain and haematuria
- Had Zoladex in May/continued casodex

Case 3

- He presented again in late June with anorexia, malaise and general body pains, especially back
- PSA was markedly raised at 1320 ng/mL, renal function remained poor
- X-rays whole spine were not quite conclusive on evidence of disease
- Bone scan was reported as a ‘super scan’ with possible marrow infiltration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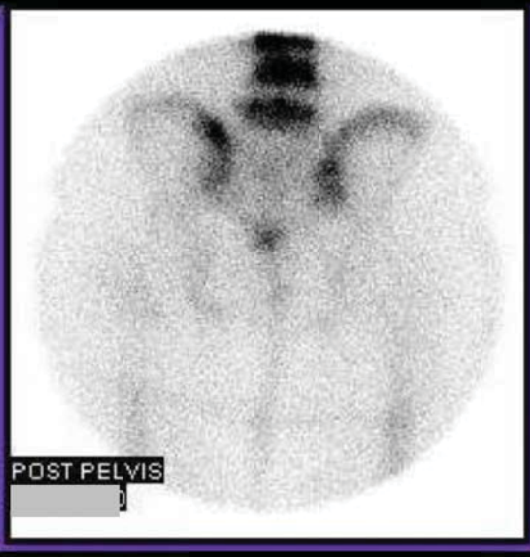
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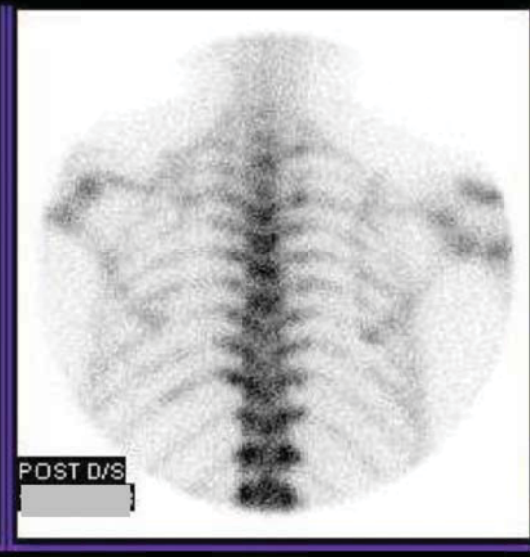
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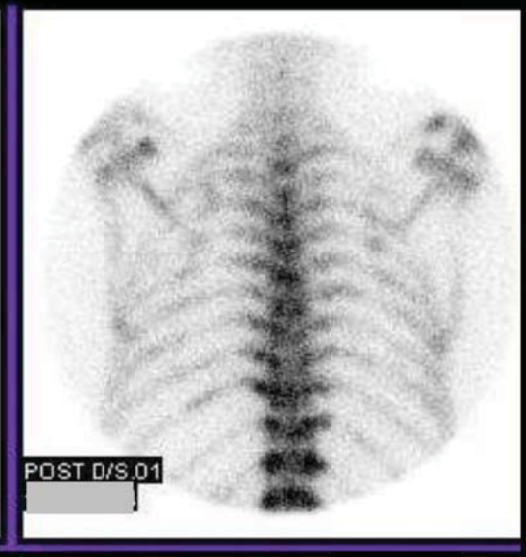
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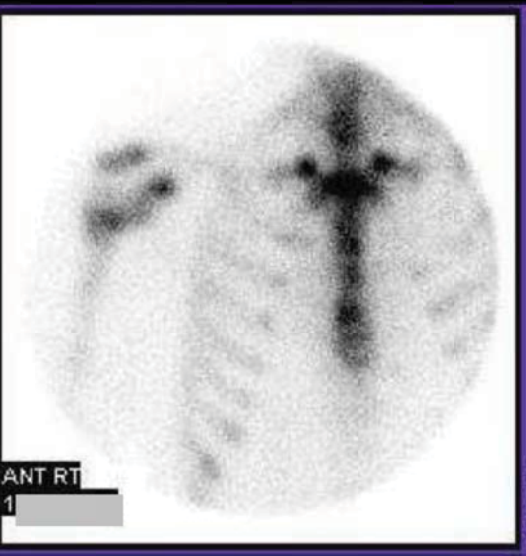
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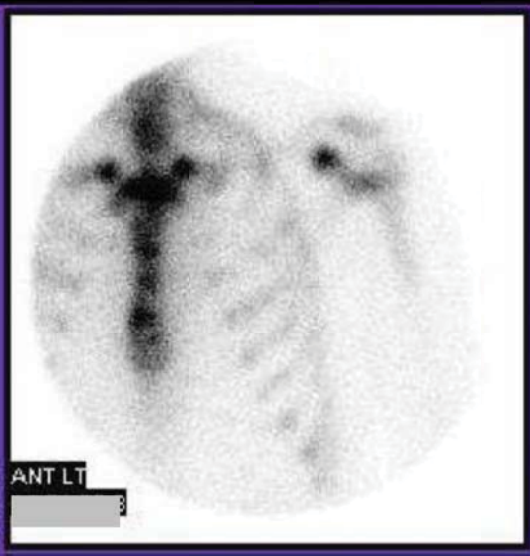
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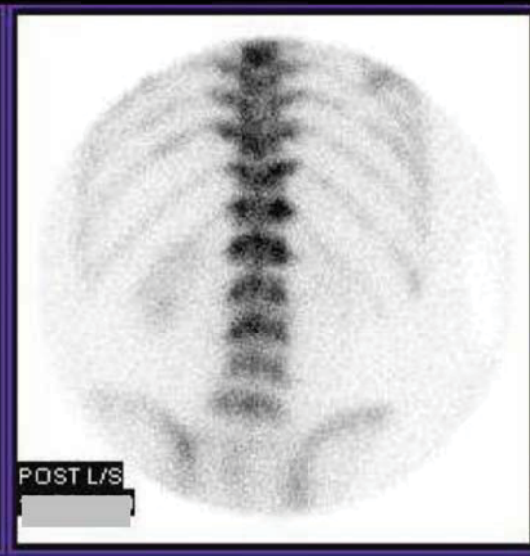
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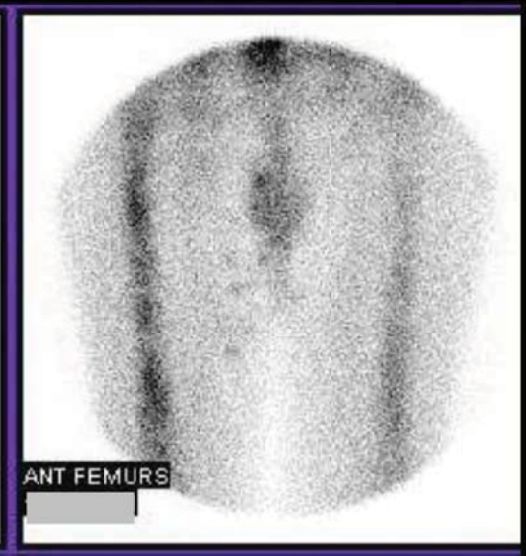
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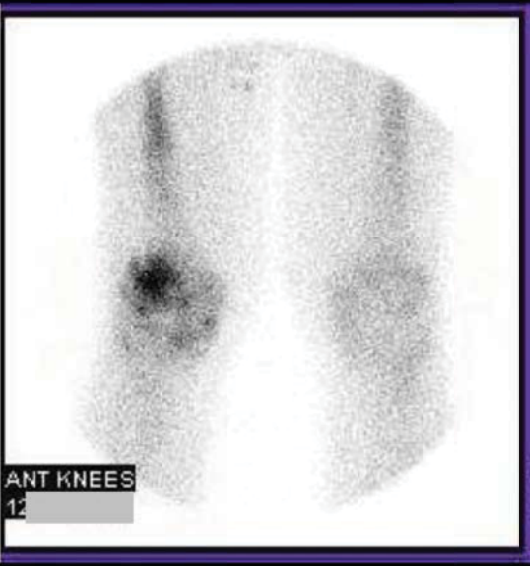
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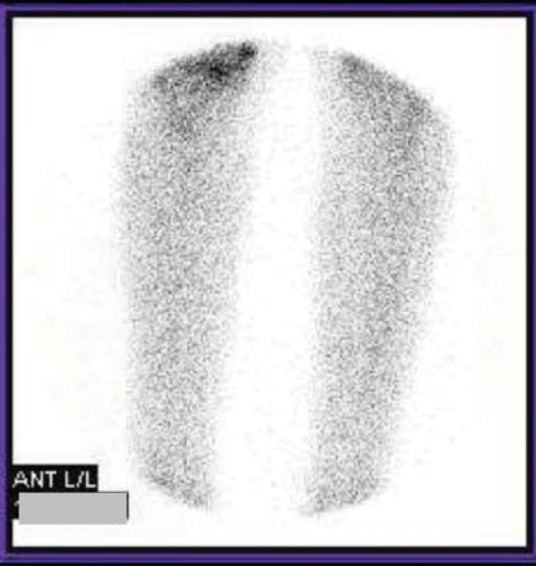
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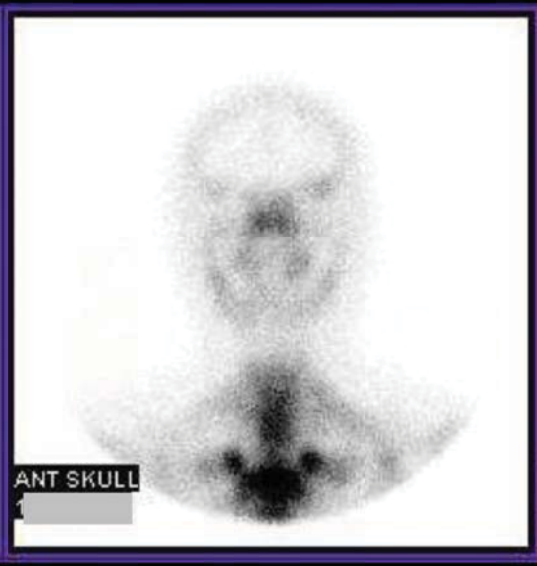
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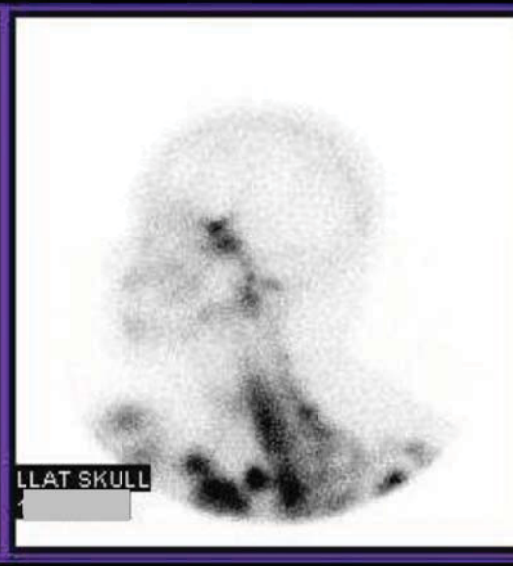
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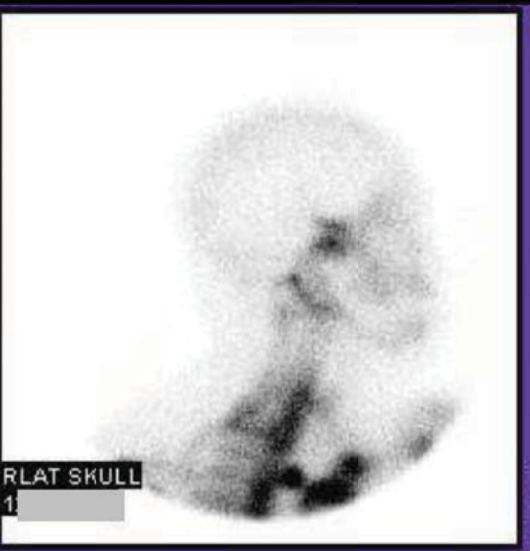
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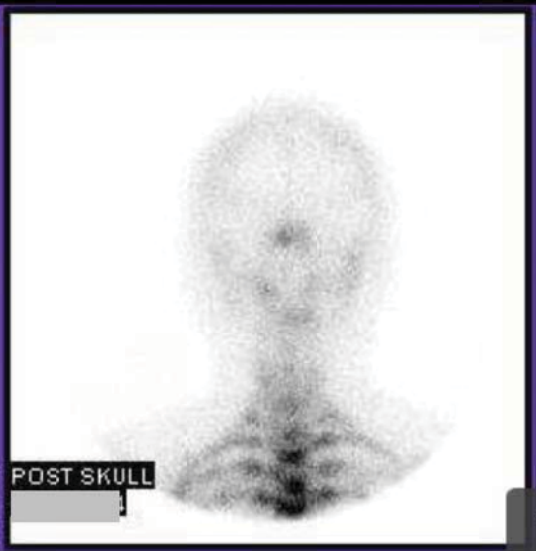
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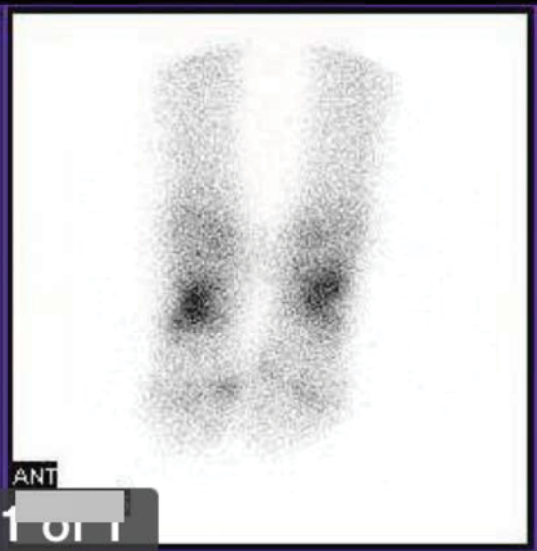
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Case 3

- FBC at lowest counts
  - Hb 7
  - Platelets 52
  - WCC 2.6
  - ANC 1.1

Case 3

- Offered referral to South Africa
- Presented on day of travel with hyperglycemia and urine sepsis
- Worsened by acute gout and hypertension
- Recommended best supportive care

Case 3

- Patient stabilized
- Discharged
- PS improved
- 1 week ago commenced low dose prednisolone
- Reviewed few days ago sugar still well controlled at 6-10.
- Bloods have improved
  - Hb10.1
  - Platelets 97
  - WCC normal
- PS 2

- Way forward?