Prostate Men's Health Update

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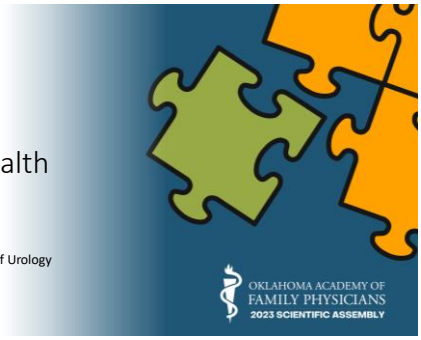

Speaker Disclosure Statement

I have no financial relationships with any individuals or companies that influenced the content of this presentation

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Area of Expertise

- Society of Urologic Oncology Fellowship, 2019
  - Kidney, Bladder, Prostate Ca
  - Robotic Surgery
- General Urology Practice
  - Urinary Reconstruction
  - Voiding Dysfunction/Sexual Health
  - Nephrolithiasis
  - Vasectomy

Hospital Privileges at all OU Health Locations, Oklahoma VAMC, Saint Anthony's Downtown, Comanche County Memorial

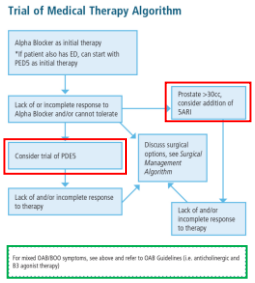
Objectives

- **Prostate Men's Health Update**
  - Benign Prostatic Hyperplasia
    - Medical Strategies
    - Surgical Options
  - Prostate Cancer Screening
    - 2023 AUA Guidelines
  - Prostate Cancer Staging
    - Emergence of PSMA PET/CT
  - Prostate Cancer Treatment Update
    - Localized
    - Advanced (2023 ASCO Highlight)

Updates in Benign Prostatic Hyperplasia (BPH)

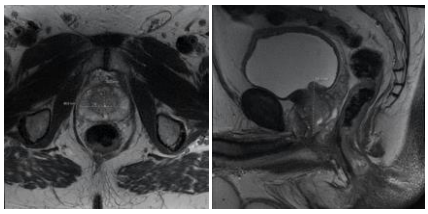
Updates In BPH

- Three Key Factors Drive Management
  - Predominant Type of LUTS
    - Emptying LUTS
    - Storage LUTS
  - Accurate Assessment of Prostate Size
    - MRI > TRUS > CT > Cystoscopy > DRE
  - Degree of Bother



Lerner LB, McVary, KT, Barry MJ et al: Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline part I, initial work-up and medical management. J Urol 2021; **206**: 806.

Prostate Anatomy Informs Treatment Decisions and Prognosis *(3D is best!)*



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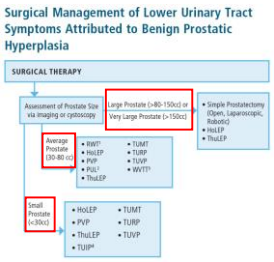
Candidates Who Should Consider Early Surgery

- Acute/Chronic Urinary Retention
- Bladder Stones
- Frequent/Recurrent UTIs
- Intractable Hematuria
- Renal Failure
- Unwilling to Comply with Medication

Lerner LB, McVary, KT, Barry MJ et al: Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline part II, surgical evaluation and treatment. J Urol 2021; **206**: 818.

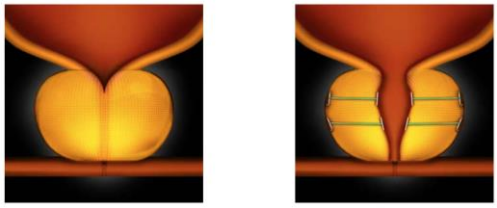
BPH Surgery Options

- Prostate Size and Anatomy
- Sexual Function Preservation
- Risk Tolerance for Complications
- Medical Comorbidities
  - Bleeding disorders
  - Anti-platelet/Anti-coagulation requirements

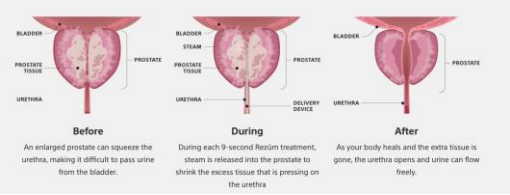


Lerner LB, McVary, KT, Barry MJ et al: Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline part II, surgical evaluation and treatment. J Urol 2021; **206**: 818.

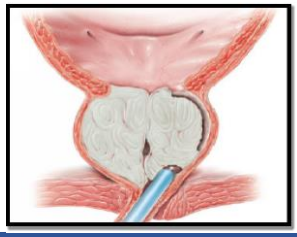
New(ish) Technologies- Urolift



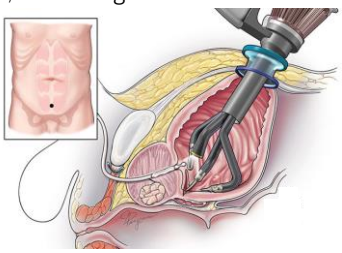
New(ish) Technologies- Rezum



New(ish) Technologies- HoLEP



New(ish) Technologies- Robotics



New(ish) Technologies- Prostatic Artery Embolization (PAE)

American Urological Association

Prostate Artery Embolization (PAE)

41. PAE for the routine treatment of LUTS/BPH is not supported by current data, and benefit over risk remains unclear; therefore, PAE is not recommended outside the context of clinical trials.

Lerner LB, McVary, KT, Barry MJ et al: Management of lower urinary tract symptoms attributed to benign prostatic hyperplasia: AUA Guideline part II, surgical evaluation and treatment. J Urol 2021; **206**: 818.

BPH Surgery: My Soapbox

- Oklahoma does not have a comprehensive BPH Surgery Center of Excellence
  - *No one does it all*
- BPH is a hub for mega-Industry R&D ($$$)
- Opportunity for vulnerable patients to be exploited

THE OKLAHOMAN

Doctor offers outpatient prostate procedure

Eddie Roach

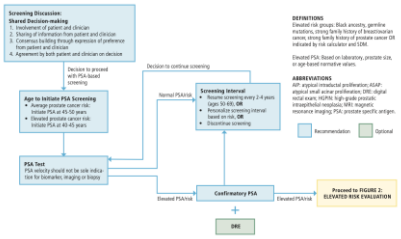
However, one Oklahoma City doctor is performing a new, outpatient procedure that has a 90 percent success rate of treating prostate enlargement also known as benign prostatic hyperplasia (BPH).

Early Detection of Prostate Cancer: 2023 AUA/SUO Guideline

AUA/SUO

Early Detection of Prostate Cancer Algorithm

FIGURE 1: INITIAL SCREENING FOR PROSTATE CANCER



Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part I: prostate cancer screening. J Urol. 2023;210(1):45-53.

INITIAL SCREENING FOR PROSTATE CANCER

Screening Discussion:
Shared Decision-making

1. Involvement of patient and clinician
2. Sharing of information from patient and clinician
3. Consensus building through expression of preference from patient and clinician
4. Agreement by both patient and clinician on decision

Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part I: prostate cancer screening. J Urol. 2023;210(1):45-53.

Decision to proceed with PSA-based screening

Elevated risk groups: Black ancestry, germline mutations, strong family history of breast/ovarian cancer, strong family history of prostate cancer OR indicated by risk calculator and SDM.

Age to Initiate PSA Screening
- Average prostate cancer risk: Initiate PSA at 45-50 years
- Elevated prostate cancer risk: Initiate PSA at 40-45 years

Normal PSA/risk

Screening Interval
- Resume screening every 2-4 years (ages 50-69), **OR**
- Personalize screening interval based on risk, **OR**
- Discontinue screening

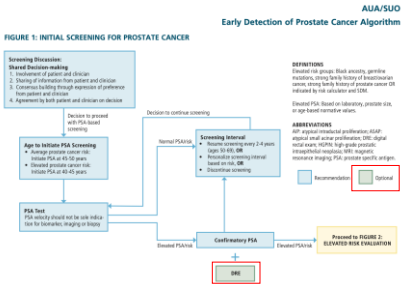
Elevated PSA/risk

Contemporary PSA Thresholds (ng/mL)
- 40-49 = 2.5
- 50-59 = 3.5
- 60-69 = 4.5
- 70-79 = 6.5

→ **Confirmatory PSA**

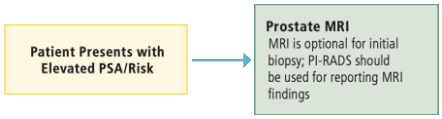
GUIDELINE STATEMENT 9

For people undergoing prostate cancer screening, clinicians should not use PSA velocity as the sole indication for a secondary biomarker, imaging, or biopsy. (*Strong Recommendation; Evidence Level: Grade B*)

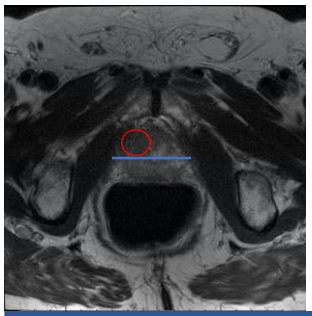


Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part I: prostate cancer screening. J Urol. 2023;210(1):45-53.

ELEVATED RISK EVALUATION



Wei JT, Barocas D, Carlsson S, et al. Early detection of prostate cancer: AUA/SUO guideline part II: considerations for a prostate biopsy. J Urol. 2023;210(1):54-63.



Lesion Targeting

- *Approach Stratification*
  - *Transrectal*
  - *Transperineal*
- *Higher Yield Biopsies*
- *Fewer Cores*
- *Safer Procedures*

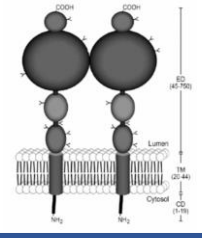
Updates in Prostate Cancer Staging

The Problem…

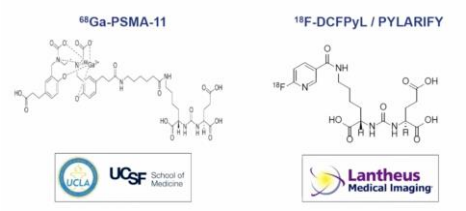
- Conventional prostate imaging (CT/Bone Scan) underestimates the burden of metastatic disease
  - Patients with low PSA
  - Volume (*not just presence*) of metastatic disease drives management
- Applications for metastatic surveys in prostate cancer
  - Biopsy Guidance
  - Initial Staging
  - Etiology of Biochemical Failure
  - Confirm Extent of Disease
  - Response to Therapy

Prostate Specific Membrane Antigen (PSMA)

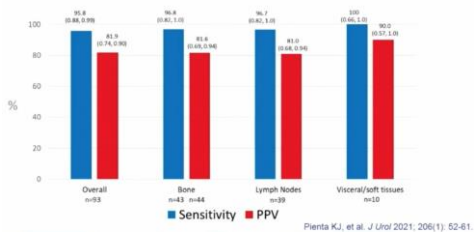
- Dimerized type II transmembrane glycoprotein
- Catalyzes the hydrolysis of N-acetylaspartylglutamate (NAAG) to glutamate
- Overexpressed in prostate cancer epithelial cells



PSMA-Targeted PET Radiotracers Approved in the US

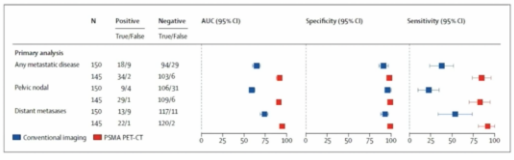


Osprey Trial of ^{18}F-DCFPyl PSMA PET



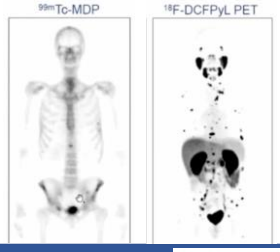
Pienta KJ, et al. *J Urol* 2021; 206(1): 52-61.

Pro-PSMA Trial (Initial Staging)



Hofman MS, et al. *Lancet* 2020; 395(10231): 1208-1216.

Bone Scan vs. PSMA PET



Rowe SP et al., *Clin Genitourin Cancer*. 2016; 14: e115.

National Comprehensive Cancer Network®

NCCN Guidelines Version 2.2023
Prostate Cancer

NCCN Guidelines Index
Table of Contents
Discussion

INITIAL RISK STRATIFICATION AND STAGING WORKUP FOR CLINICALLY LOCALIZED DISEASE

Because of the increased sensitivity and specificity of PSMA-PET tracers for detecting micrometastatic disease compared to conventional imaging (CT, MRI) at both initial staging and biochemical recurrence, the panel does not feel that conventional imaging is a necessary prerequisite to PSMA-PET and that PSMA-PET/CT or PSMA-PET/MRI can serve as an equally effective, if not more effective front-line imaging tool for these patients.

Updates in Localized Prostate Cancer Treatment

Approaching Treatment Discussions in 2023

- Most patients are candidates for *surveillance*!
- For those who elect treatment, options are many
  - And reasons for choosing an option are *nuanced*

Eastham JA, Auffenberg GB, Barocas DA, et al. Clinically localized prostate cancer: AUA/ASTRO guideline, part I: introduction, risk assessment, staging, and risk-based management. J Urol. 2022;208(1):10-18.

Beyond "Surgery vs. Radiation"

- Does any part of the prostate require therapy right now?
- Does the whole prostate require treatment?
- Monotherapy or multi-modal approach?
- Risk tolerance
- Baseline LUTS/ED
- What medical baggage does the patient bring to the table?
- Quality of life is paramount

Eastham JA, Auffenberg GB, Barocas DA, et al. Clinically localized prostate cancer: AUA/ASTRO guideline, part I: introduction, risk assessment, staging, and risk-based management. J Urol. 2022;208(1):10-18.

My Perspective…

- For low-risk patients, active surveillance is standard
  - This cohort is growing
- For high-risk patients, prostate cancer has largely become a radio-hormonal space
  - Early exposure to short durations of ADT are beneficial
  - The guideline-concordant only way to receive ADT is with an XRT regimen
- For the highest-risk patients, we treat as presumed metastatic
  - ADT + XRT + Abiraterone/Prednisone

My Perspective…

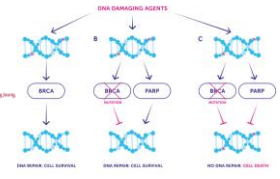
- So where does radical prostatectomy fit into this landscape?
  - Fair to say, it should probably be reserved for select circumstances
    - Patient refuses to consider XRT
    - Patient refuses to consider ADT

Updates in Advanced Prostate Cancer (2023 ASCO Highlight)

TALAPRO-2

PARP Inhibition now FIRST LINE in mCRPC for patients with HRR gene mutations

Talazoparib plus enzalutamide in men with first-line metastatic castration-resistant prostate cancer (TALAPRO-2): a randomised, placebo-controlled, phase 3 trial



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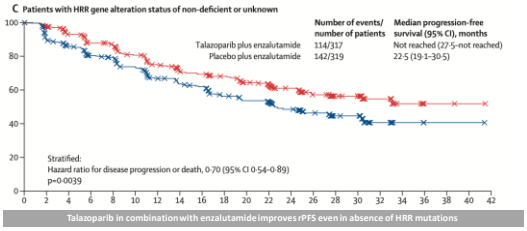

Talazoparib in combination with enzalutamide improves rPFS even in absence of HRR mutations

TALAPRO-2

PARP Inhibition now FIRST LINE in mCRPC for patients with HRR gene mutations

FDA approves talazoparib with enzalutamide for HRR gene-mutated metastatic castration-resistant prostate cancer

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On June 20, 2023, the Food and Drug Administration approved talazoparib (Talzenna, Pfizer, Inc.) with enzalutamide for homologous recombination repair (HRR) gene-mutated metastatic castration-resistant prostate cancer (mCRPC).

*ATM, **ATR**, BRCA1, BRCA2, CDK12, CHEK2, **FANCA**, **MLH1**, **MRE11A**, **NBN**, PALB2, RAD51C*

Questions

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