(MP67-18) Impact of treatment modality on overall survival in localized ductal prostate adenocarcinoma: A National Cancer Database analysis

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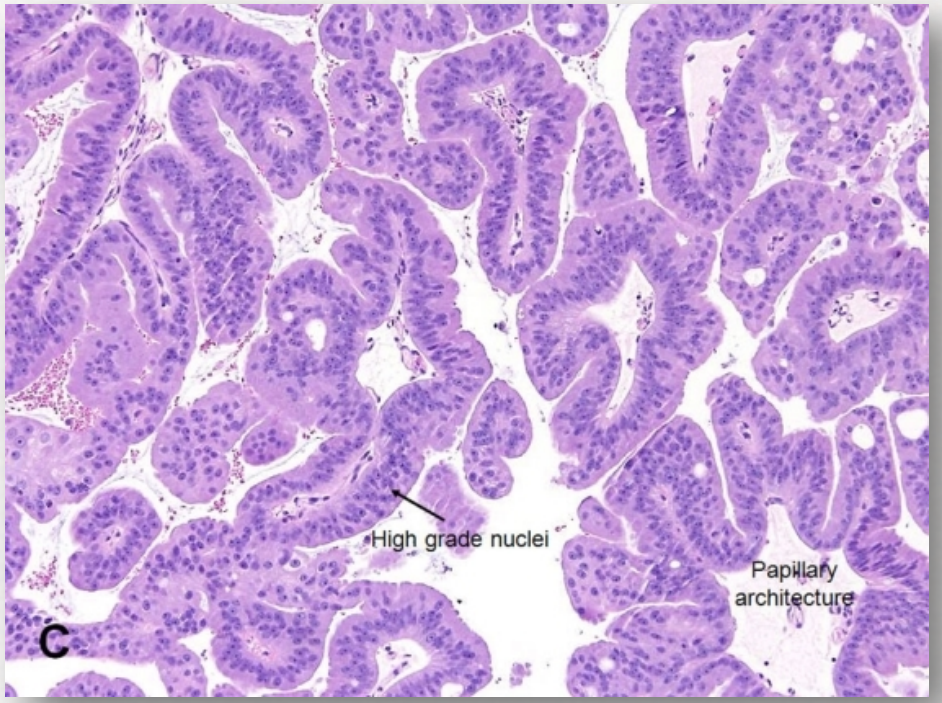
Objective

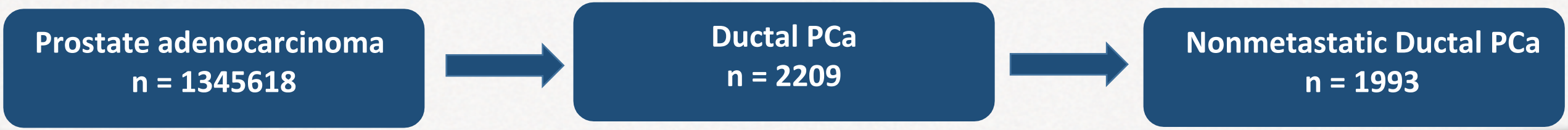
- Given the rarity of ductal prostate adenocarcinoma (PCa), optimal treatment strategies for men with localized disease is largely unknown.
- Aim: to describe the impact of surgery, radiotherapy, and systemic therapy on overall survival (OS) in men with nonmetastatic ductal PCa.



Source: auanet.org

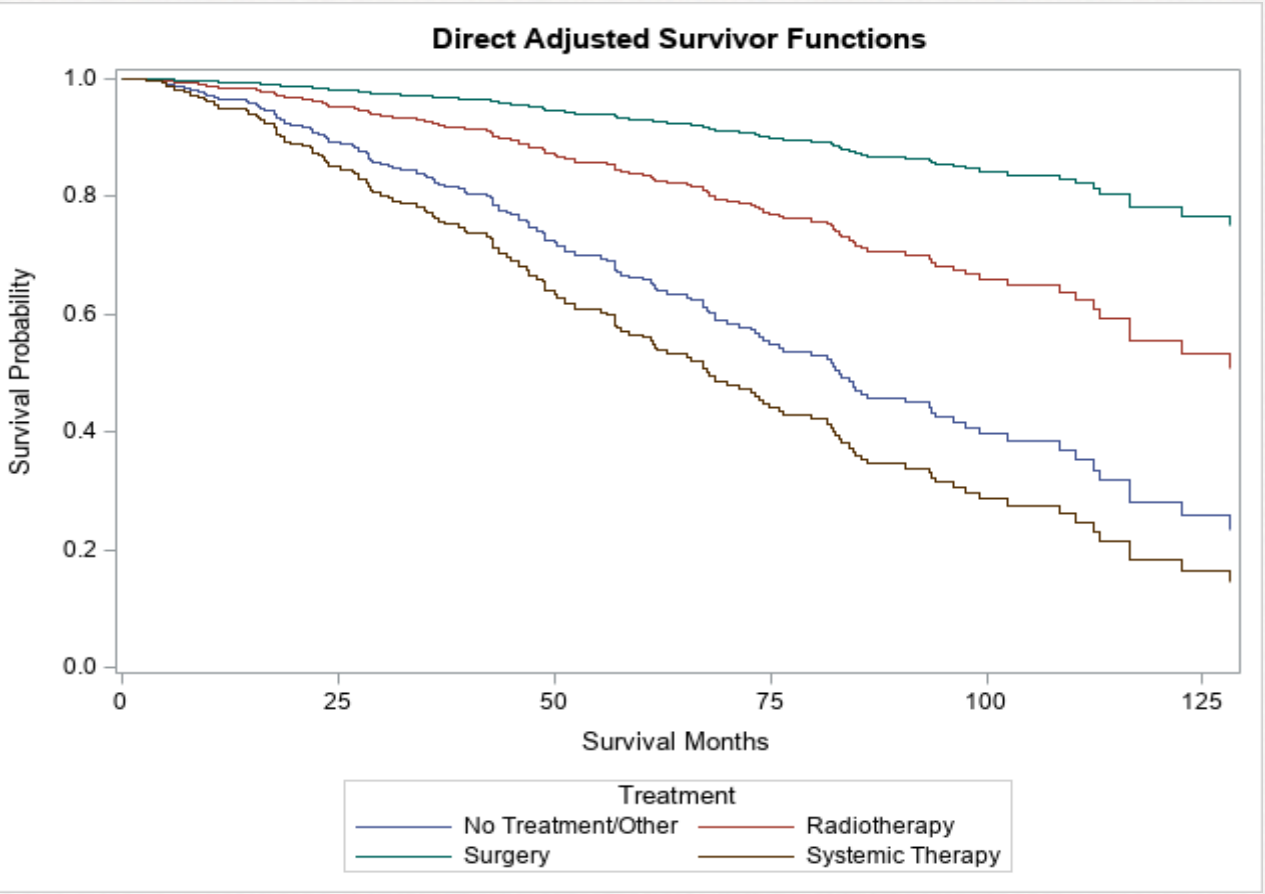
Methods

- Cases from National Cancer Database (NCDB) from 2004-2015.
- Cox regression analysis tested impact of treatment on OS:
  1. Surgery
  2. Radiotherapy
  3. Systemic therapy
  4. No treatment or other treatment



Results

Variable	
Median Age (IQR)	67 (61-74)
Median PSA, ng/ml (IQR)	6.3 (4.3-10.8)
Stage ≥ cT3, n (%)	195 (9.8)
Charlson Comorbidity Score ≥4, n (%)	68 (3.4)
Gleason biopsy score ≥4, n (%)	808 (40.6)
Treated surgically, n (%)	1212 (60.8)
Treated with radiotherapy, n (%)	406 (20.4)
Treated with systemic therapy, n (%)	102 (5.1)



Compared to men treated surgically, OS was significantly lower for patients receiving radiotherapy (HR 2.6; 95% CI 1.7-4.0) and systemic therapies (HR 9.1; 95% CI 5.0-16.5).

Conclusions

- In the rare ductal PCa variant, starting treatment with surgery offers more favorable long-term OS outcomes than radiotherapy and systemic therapies.
- Given the rarity of ductal PCa, the presented data represents the best available level of evidence on this topic.