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Consensus or Controversy?
Clinical Investigators Provide
Perspectives on the Current and Future
Management of Prostate Cancer

Thursday, February 14, 2019

6:45 PM – 8:45 PM

San Francisco, California

Moderator

Neil Love, MD

Faculty

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Disclosures for Moderator Neil Love, MD

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Agenda

Module 1 – Dr Smith: *Incorporation of Androgen Receptor Antagonists into the Management of M0 Prostate Cancer (PC)*

Module 2 – Dr Sternberg: *Management of Metastatic Hormone-Sensitive PC (mHSPC)*

Module 3 – Dr Scher: *Current and Future Management of Metastatic CRPC (mCRPC)*

Module 4 – Prof Antonarakis: *Biologic Rationale for and Ongoing Evaluation of PARP Inhibitors in the Management of mPC*

Module 5 – Dr Sartor: *Bone-Targeted Therapies and Other Emerging Radiopharmaceuticals*

The patients I saw today... (23)

2/6/19

57	F	Low grade gastric NET - octreotide
64	M	MM - Post ASCT on lenalidomide maintenance
66	M	Castrate-resistant metastatic prostate cancer - PD on enzalutamide, to start docetaxel
42	F	Breast cancer, refused adjuvant chemotherapy, now with metastatic disease in the right axilla and bone.
66	F	CML – CR to imatinib
98	F	MDS – receiving ESAs
58	F	Glioblastoma multiforme - Maintenance temozolomide and optune device
85	F	Recurrent atypical meningioma on observation
60	F	Metastatic ER + HER2 - breast cancer - almost complete response in the breast after 4 months
82	M	Breast cancer 8 years ago - followup
48	M	CML – considering third line bosutinib
61	M	Primary appendyceal low grade cancer - surgery

62	F	IgM MGUS for years, now with pancytopenia, bone marrow biopsy showing low grade NHL (possibly WM)
38	F	mCRC – 2L FOLFIRI/Bevacizumab
59	M	Lupus anticoagulant/Pulmonary embolism - rivaroxaban
70	M	Metastatic melanoma - in remission on nivolumab for almost 3 years
67	M	Melanoma – PD on ipi/nivo, pt not doing well
67	F	Metastatic RCC – cape/bev maintenance
68	M	Metastatic lung adenocarcinoma, PD-L1 70% - 1L pembro, SD for 3 months
59	M	Stage IIIB Lung adenocarcinoma - Consolidation durvalumab post XRT/Chemo
59	F	Breast cancer 11 years ago – follow up
86	M	Anemia secondary to chronic kidney disease - ESA
48	F	Recurrent cervical SCC – CR to cis/pac/bev, on bev maint 18 months later

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Adjuvant! Online

Decision making tools for health care professionals

Adjuvant! for Breast Cancer (Version 8.0)

BreastApplet

Patient Information

Age:

40

Comorbidity:

Minor Problems

ER Status:

Negative

Tumor Grade:

Grade 3

Tumor Size:

3.1 - 5.0 cm

Positive Nodes:

1 - 3

Calculate For:

Mortality

10 Year Risk:

52

Prognostic

Adjuvant Therapy Effectiveness

Horm:

Tamoxifen (Overview 2000)

Chemo:

2nd Generation Regimens

Hormonal Therapy:

0

Chemotherapy:

44

Combined Therapy:

44

No additional therapy:



47.1 alive in 10 years.

51.8 die of cancer.

1.1 die of other causes.

With hormonal therapy: Benefit = 0.0 alive.



With chemotherapy: Benefit = 18.4 alive.



With combined therapy: Benefit = 18.4 alive.



Print Results PDF

Access Help and Clinical Evidence

Images for Consultations

Scenario 19: Adjuvant Treatment

- Node positivity: 2 positive nodes
- ER status: Negative

What would you estimate to be this patient's likelihood of 5-year disease-free survival after receiving...

N = 28	Median	Range
No adjuvant therapy	63%	20 - 92
Chemotherapy/H	82%	35 - 94
Chemotherapy/HP	86%	40 - 95
Chemotherapy/H -> neratinib	83%	37 - 94
Chemotherapy/HP -> neratinib	86%	45 - 95

H = trastuzumab; P = pertuzumab