NEW ADVANCEMENT IN MANAGEMENT OF CANCER PROSTATE

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ABSTRACT
Prostate cancer in the 2nd most frequently diagnosed malignancy in male and 6th most common cause of death among males. Diagnosis of prostate cancer is done by Trus Guided prostate biopsy when the patient has raised PSA. or Abnormal per rectal finding Management of castration resistant cancer prostate (CRCP) was a real challenge to urologists in the past. Recent development in better biopsy facilities by MRI. and ultrasound fusion methods result in very early detection of cancer prostate. Many new drugs like Enzulutamide, Degarelix, Abiraterone, Radium 223 and Satraplatin has given the Patient better hope to survive. The role of immuno-therapy with Prostovac, Ipilimumbautologoudendritic cell therapy has showed great promises. Focal therapy in the form of cryoablation, high intensity focused ultrasound (HIFU.) Radio frequency ablation (RFA) and photodynamic therapy has shown encouragement results.

FULL TEXT :
Prostate cancer in the most commonly diagnosed malignancy among men. In U.S.A. it is the second most commonly malignancy diagnosed among males, Over 240,000 new cases are diagnosed every year with 30,000 death due to the malignancy – 2014 review.

RISK FACTOR: - The most common risk factors (1) Age (2) Obesity (3) Family history (4) Genetics (5) Diet & (6) Medication this malignancy commonly start at the age of 60 years and older. The male, more the chance of the developing this malignancy Obesity due to hypercholesteromia in another risk factor. Men with first degree family history of cancer prostate has double the risk of getting the disease. Black men are genetically more predisposed to develop this malignancy than compared to whites. Hispanic or orients. Mutation of certain genes like BRCA – 1, BRCA – 2, HPC gene 1 are implicated in development of cancer prostate. Men consuming more red meat and cholesterolrich diet are prone to develop prostate cancer than compared to those who consume more vegetables & fruits in their diet. Medicines like statin, 5 alfa reducetase inhibitor reduces the chance of cancer prostate. Per say cancer prostate has no typical signs and symptoms apart from those of lower urinary tract symptoms (LUTS) A raised PSA and abnormal per rectal examination findings raises as suspicion of cancer prostate. Trans rectal ultrasound guided prostate biopsy clinches the diagnosis. Isotope bone scan, MRI. abdomen are done to stage the disease. Management of cancer prostate in streamlined as long as the disease in hormone dependant. Once the cancer becomes castration resistance (CRPC) then there is a delima for the Urologist to manage.

In the recent past a lot of advancement has taken place not only in early diagnosis but also in treatment. At present newer drugs like Cabazitexel, Docetaxel, Abiraterone, Degarelix, Enzulutamide, Radium 223 has greatly improved the prognosis of CRPC.
Immuno therapy in the form of sipuleucel, ipilimumab, prostvac and autologous dendritic cell therapy has show good results.

Angiogenesis inhibitors like bevacizumab, aflibercept, Tasquinimod, Cabozantinib has also show encouraging result in management of CRPC.

Targeted therapy for bone metastasis using Denosumab, Samarin153 and Strontium 89 has show relief of bone pain to metastatic cancer prostate patient.

Now a days more Emphasis is given on focal surgical therapy for cancer prostate rather than performing radical surgeries. Cryo ablation therapy, high intensity focused ultrultrasound therapy, radio frequency ablation and photodynamic therapy are making in roads in management of cancer prostate. Cancer prostate affects men after 60 years of age. Early diagnosis and starting right management schedule will be the right aproach in treating such malignancy with good survival period.

REFERANCE:
1 - BEER TM STEMBERG CN et all"Enzalutamide in men with chemo –therapy naïve metastatic prostate cancer” Ann Oncol 2013. 24;1807
2 - RYAN cs et all” Interim analysis, results of COO-AA-302 randomised study of abiraterone acetate in chemo – Therapy naïve Patients in MCRPC” J. clinoncol 2013, 31 (Suppl 6;abst14)

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