#330 - Rising serum PSA 25 years post Radical Prostatectomy and Patient Autonomy

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No Conflict of interest

Introduction

HYPOTHESIS / AIMS OF STUDY

Informed consent is required for all treatment decisions. Consent can only be given by someone who has capacity for that treatment decision. So, the concepts of informed consent and capacity are core to medical practice. Consent is an expression of a person's autonomy to make decisions about their own body and healthcare. In Ontario, this is enshrined in the Health Care Consent Act (1). Serum Prostatic Specific Antigen (PSA) is a protein that has been found useful in detecting and monitoring response to treatment in prostate cancer management. Rising serum PSA > 0.25 ug/l post-prostatectomy, is an indication for additional therapy as progression of disease and mortality increase (2) The healthcare professional recommends treatment following clear, guided informed consent process and the patient makes the decision. There is room for persuasion but coercion is forbidden.

We present a case of a 57year old gentleman with a serum PSA 4.5ug/l who chose radical prostatectomy for presumed localized disease that turned to locally advanced pathologically in addition to rising serum PSA after one year. Counselled regarding preferred/prevailing treatment options, he elected and stayed on watchful waiting for over 25 years. He had a stable life with co-morbid factors well controlled, good urinary control with highest serum PSA 14.5 ug/l Bereaved of his wife, sometime, he lived in his home with support and love of family and passed away from another malignancy from the lungs.

Learning Objectives

- Discuss the decision making process in management options for Rising PSA post Radical Prostatectomy.
- Identify the value of second opinion ,the challenges and possible outcomes of watchful waiting in men with prostate cancer.
- Describe the nuances of 'autonomy' and 'beneficence' in the area of "informed consent" for treatment.

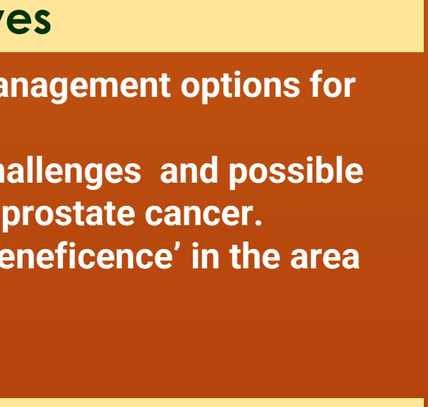
Methodology

CASE STUDY from 1997

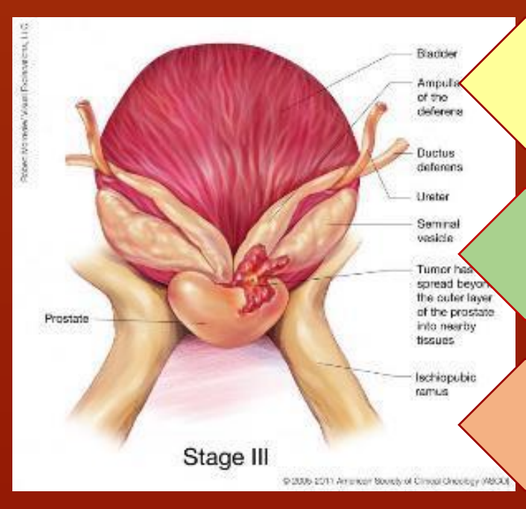
- 57 year old. Routine Serum PSA 4.5. Family Hx Prostate Ca
- Co-morbid: NIDDM on Metformin 500mg BID; Rheumatoid Arthritis on Methotrexate; Hypertension; Peptic ulcer disease; Degenerative disc disease.
- Family History: Mom Coronary Artery Disease; Brother had prostate cancer; Sister –Breast cancer and Thyroid disease.

DIAGNOSTIC TESTS AND TREATMENT OPTIONS

- Repeated Serum PSA
- Transrectal U/S guided biopsy of prostate
- CT Scan Abdomen and Pelvis
- Bone Scan
- Review of Diagnostic tests and Counseling re: Treatment options.
- Opportunity for second opinion and thoughtful reflection



SURGERY, PATHOLOGY, FOLLOW-UP PSA



Bilateral Lymph Node Dissection + Radical Prostatectomy and Vesiculectomy.

Satisfactory. 7 Days in hospital post op-uneventful.

Post-op follow-up PSA Testing; Urinary Control – good; ED; Excellent progress in healing

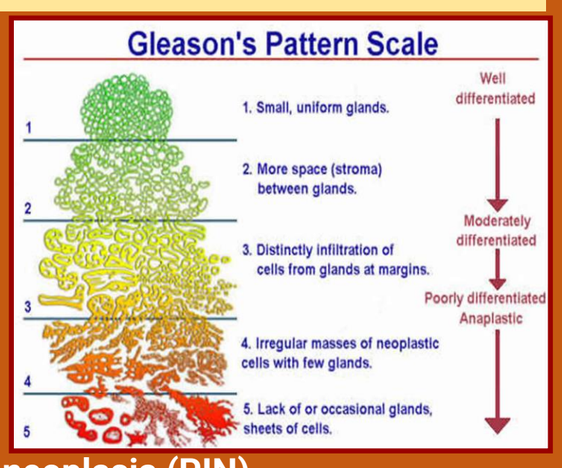
* *with same ethnographic features*

** *patient did not want to see medical oncologist*

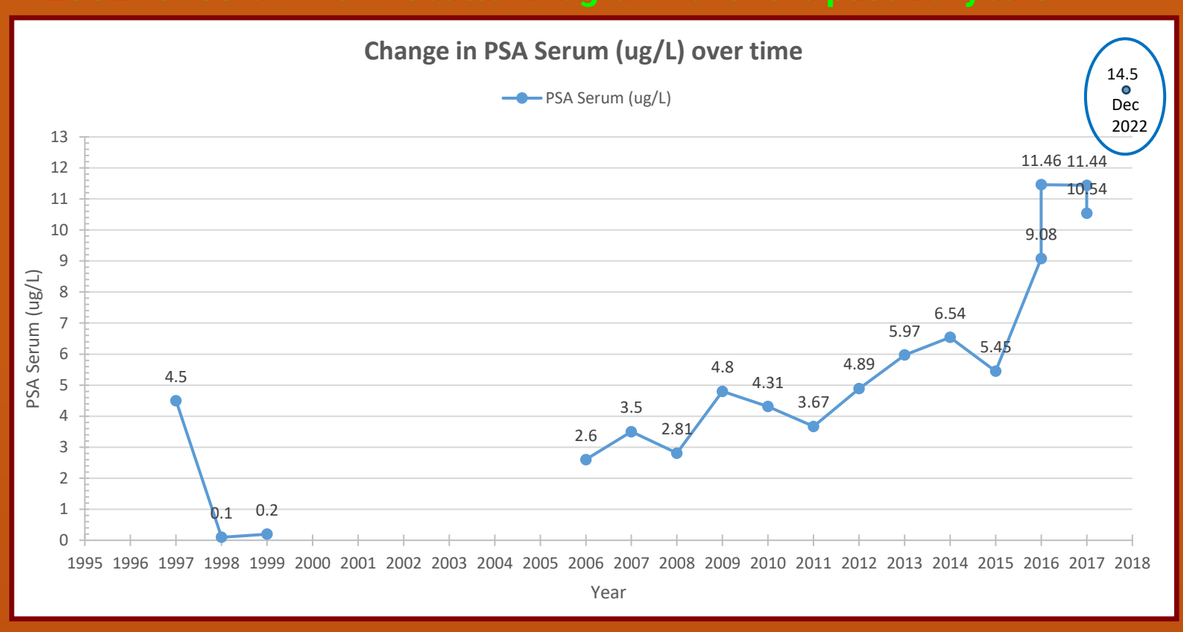
Results

PATHOLOGY REPORT

- MACRO Prostate gland 25gm. Adeno Ca 80% Right lobe, 20% left
- Tumour involved base of right seminal vesicle and distal resection margin
- Gleason 7/10 (3+4) T3 N0 M0'
- No vascular/lymphatic invasion. 7 large nodes t-free
- Multifocal Prostatic Intraepithelial neoplasia (PIN)
- Multifocal Atypical Basal cell hyperplasia



RESULTS: Serum PSA "Scatter Diagram" over the past 20 years



AFTER 20 YEARS

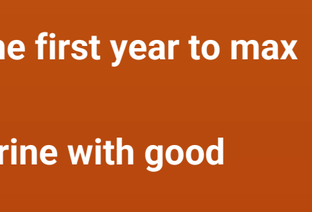
- On going clinical assessment, various diagnostic studies-CT Scan, Bone Scan, u/s; numerous counseling sessions
- Serum PSA pre-op 4.5 ug/l to nadir 0.1ug/l in the first year to max PSA 11.46 ug/l in the 20th year post-op.
- PATIENT REMAINS ASYMPTOMATIC voiding urine with good control and co-morbid conditions stable.

AFTER 25 YEARS

- Aug 2022 Rib cage and Pelvic bone pain
- PSA 14.5
- Biopsy Rib and pelvic bone after CT scan, Bone Scan, MRI Pathology Adeno Ca ?Lungs ?Pancreas/GI; Negative for Ca P; 'Tumor cells stain positive for CK7,CK19,CK20(focal)&TTF(focal). The CDX2,GATA3,PAX8,PSA & PSAP stains were negative'

Discussion

- Decision-making process
- Options for managing rising serum PSA post radical Prostatectomy or definitive therapy
- Value of second opinion and COLLABORATIVE TEAM CARE
- Family support
- Good Communication Skills and Professionalism
- Nuances of Patient Autonomy
- Ethics of 'Autonomy' and 'Beneficence' in 'Informed Consent' for treatment



Conclusion

- Rising serum PSA post radical prostatectomy is generally considered a sign of recurrent disease.
- Various management options should be explained to patients and their relatives as they are guided to make the decision that resonates with their situation.
- Multidisciplinary collaborative approach works well in a 'win-win' situation.
- This is not a 'one size fits all' scenario!

Acknowledgements

REFERENCES

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