

Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone ¹, Christopher J D Wallis ², Ilias Cagiannos ³, Robert J Hamilton ⁴, Naveen S Basappa ⁵, Cristiano Ferrario ⁶, Geoffrey T Gotto ⁷, Ricardo Fernandes ⁸, Tamim Niazi ⁹, Christopher Morash¹⁰, Ricardo Rendon¹¹ Fred Saad ¹², Sebastien J Hotte ¹³, Brendan Osborne ¹⁴, Katherine Chan¹⁴, Anousheh Zardan ¹⁴, Bobby Shayegan ¹⁵

¹Division of Radiation Oncology, The Ottawa Hospital, University of Ottawa, Ottawa, ON, Canada; ²Division of Urology and Surgical Oncology, Department of Surgery, Princess Margaret Cancer Centre, University Health Network, University of Toronto, Toronto, ON, Canada; ³Division of Urology, The Ottawa Hospital, University of Ottawa, Ottawa, ON, Canada; ⁴Department of Surgery, University of Toronto, Princess Margaret Cancer Centre, Toronto, ON, Canada; ⁵Department of Oncology, Cross Cancer Institute, University of Alberta, Edmonton, AB, Canada.

⁶Department of Oncology, McGill University, Segal Cancer Centre, Jewish General Hospital, Montreal, QC, Canada; ⁷Department of Surgery, Southern Alberta Institute of Urology, University of Calgary, Calgary, AB, Canada; ⁸Division of Medical Oncology, London Regional Cancer Program, London, ON, Canada; ⁹Radiation Oncology Department, Jewish General Hospital, McGill University, Montreal, QC, Canada; ¹⁰The Ottawa Hospital, University of Ottawa, Ottawa, ON, Canada; ¹¹Queen Elizabeth II Health Sciences Centre, Dalhousie University, Halifax, NS, Canada; ¹²Genitourinary Oncology, Centre Hospitalier de l'Université de Montréal, University of Montreal, Montréal, QC, Canada.; ¹³Department of Oncology, McMaster University, Juravinski Cancer Centre, Hamilton, ON, Canada.; ¹⁴Medical Affairs, Janssen Inc, Toronto, ON, Canada. ¹⁵Institute of Urology, St Joseph's Healthcare, McMaster University, Hamilton, ON, Canada.



Click anywhere to view this interactive poster

<https://www.congresshub.com/Oncology/GU2025/Apalutamide/Malone>

Copies of this presentation obtained through Quick Response (QR) Codes are for personal use only and may not be reproduced without permission from ASCO® or the author of this presentation.



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone , Christopher J D Wallis , Ilias Cagiannos , Robert J Hamilton , Naveen S Basappa , Cristiano Ferrario , Geoffrey T Gotto , Ricardo Fernandes , Tamim Niazi , Christopher Morash , Ricardo Rendon , Fred Saad , Sebastien J Hotte , Brendan Osborne , Katherine Chan , Anousheh Zardan , Bobby Shayegan

KEY TAKEAWAYS

- Patients with pPSA after RP represent a small number of LPCa patients. It however is key that this patients are identified and managed properly.
- This population have a significantly higher risk of metastasis, progression to CRPC and PC-specific death.
- Alternative treatment strategies are required to manage disease progression in this population.

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone , Christopher J D Wallis , Ilias Cagiannos , Robert J Hamilton , Naveen S Basappa , Cristiano Ferrario , Geoffrey T Gotto , Ricardo Fernandes , Tamim Niazi , Christopher Morash , Ricardo Rendon , Fred Saad , Sebastien J Hotte , Brendan Osborne , Katherine Chan , Anousheh Zardan , Bobby Shayegan

CONCLUSIONS

- ✔ Patients who do not achieve a PSA < 0.1 ng/ml after radical prostatectomy have a worse prognosis.
- ✔ LPCa patients should be monitored closely after RP to identify the sub-population with persistent PSA that could benefit from additional therapies intensified systemic therapies including Androgen Receptor Pathway Inhibitors (ARPIs).

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone , Christopher J D Wallis , Ilias Cagiannos , Robert J Hamilton , Naveen S Basappa , Cristiano Ferrario , Geoffrey T Gotto , Ricardo Fernandes , Tamim Niazi , Christopher Morash , Ricardo Rendon , Fred Saad , Sebastien J Hotte , Brendan Osborne , Katherine Chan , Anousheh Zardan , Bobby Shayegan

INTRODUCTION

- Patients (pts) with localized high-risk/very high-risk prostate cancer (PCa) have an elevated risk of metastases and Prostate Cancer (PCa)-specific death following local therapy.
- This risk is significantly higher for patients with a persistently positive PSA (pPSA) after Radical Prostatectomy (RP). We aim to better understand the current management strategies for this population using real world data.

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone , Christopher J D Wallis , Ilias Cagiannos , Robert J Hamilton , Naveen S Basappa , Cristiano Ferrario , Geoffrey T Gotto , Ricardo Fernandes , Tamim Niazi , Christopher Morash , Ricardo Rendon , Fred Saad , Sebastien J Hotte , Brendan Osborne , Katherine Chan , Anousheh Zardan , Bobby Shayegan

METHODS

- A retrospective population-based cohort study using province-wide linked administrative data from 2010-2022, in ON, CA and patterns of patient management in the intermediate (IR)/High-/very high risk (h/vHR) LPCa patients who underwent RP with persistently elevated PSA \geq 0.1 ng/ml were analyzed.

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone, Christopher J D Wallis, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Katherine Chan, Anousheh Zardan, Bobby Shayegan

RESULTS

Baseline Characteristics by Next Line of Therapy among Patients with +Persistently Positive PSA after RP

Variable		Total N=207	**Next Line of Therapy		P Value	
			RT N=76	ADT N=26		RT + ADT N=105
Age at PC diagnosis	Median (Q1-Q3)	63 (58-67)	61 (57-66)	67 (63-69)	64 (60-67)	0.0035
PSA value	Median (Q1-Q3)	10 (7-15)	9 (6-12)	12 (7-18)	10 (7-15)	0.2819
PC best stage	Stage II, n (%)	75 (36.2%)	38 (50.0%)	8 (30.8%)	29 (27.6%)	0.0069
	Stage III, n (%)	132 (63.8%)	38 (50.0%)	18 (69.2%)	76 (72.4%)	
	Score <= 6, n (%)	13 (6.3%)	6 (7.9%)	0 (0.0%)	7 (6.7%)	
Gleason score	Score = 7, n (%)	131 (63.3%)	57 (75.0%)	18 (69.2%)	56 (53.3%)	0.0113
	Score >=8, n (%)	63 (30.4%)	13 (17.1%)	8 (30.8%)	42 (40.0%)	
	CCI=0, n (%)	55 (26.6%)	*16-20	*7-11	28 (26.7%)	
Charlson comorbidity index (CCI)	CCI=1-2, n (%)	32 (15.5%)	*8-12	*1-5	*15-19	0.5741
	CCI>=3, n (%)	6 (2.9%)	*1-5	*1-5	*1-5	
	CCI: Missing, n (%)	114 (55.1%)	43 (56.6%)	14 (53.8%)	57 (54.3%)	

*Persistently positive PSA: Patients who Underwent RP and after Surgery never had PSA Measured at <0.1 while Having 1+ PSA Test.

* Sample size is compressed due to the small # for the difference between this group and the group for brachy, or between this cohort of patients aged 66+ and the overall cohort patients.

**Note: The groups of next line therapy in this table are mutually exclusive. They were based on the patients who received treatments: 1) RT + ADT: receiving both RT and ADT after RP (overlapping or not); 2) RT: receiving RT only; and 3) ADT: receiving ADT only. (Patients may only be in one of the 3 groups).

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone, Christopher J D Wallis, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Katherine Chan, Anousheh Zardan, Bobby Shayegan

RESULTS

Management of Patients with Persistently Positive PSA after

Management	Label (Sample size)	Total N=314	Intermediate Risk N=127	High- or Very High Risk N=187	P Value	Standardized Difference
Next line therapy						
Radiotherapy (RT)	n (%)	147 (46.8%)	43 (33.9%)	104 (55.6%)	0.0001	0.448
ADT	n (%)	127 (40.4%)	22 (17.3%)	105 (56.1%)	<.0001	0.880
RT + ADT	n (%)	68 (21.7%)	12 (9.4%)	56 (29.9%)	<.0001	0.533
PSA value immediately preceding start of next line of therapy	n (%)	162 (51.6%)	43 (33.9%)	119 (63.6%)	<.0001	0.624
	Mean (SD)	27.46 (127.11)	40.44 (172.54)	22.76 (106.61)	0.4361	0.123
	Median (IQR)	1.0 (0.3-5.5)	1.5 (0.3-6.9)	0.9 (0.2-5.0)	0.2821	0.194

NAVIGATION



- KEY TAKEAWAY
- CONCLUSIONS
- INTRODUCTION
- METHODS
- RESULTS
- RESULTS**
- RESULTS
- RESULTS
- RESULTS
- REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone, Christopher J D Wallis, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Katherine Chan, Anousheh Zardan, Bobby Shayegan

RESULTS

Time to Progression to CRPC, PCa Event and Mortality by Persistently positive PSA Status among Patients with RP

Variable		Persistent PSA			P Value
		N=207	No N=13,770	Yes N=314	
Time to CRPC	n (%)	186 (1.3%)	148 (1.1%)	38 (12.1%)	<.0001
	Median (IQR), Years	9.1 (7-11.3)	9 (7-11.3)	7.4 (5.2-10)	<.0001
Time to PC event	n (%)	6,001 (42.6%)	5,744 (41.7%)	257 (81.8%)	<.0001
	Median (IQR), Years	6.7 (1.9-3.6)	6.8 (1.5-10)	0.8 (0.4-4)	<.0001
PSA value before RP (PSA test closest to RP)	Median (IQR), ng/ml	6.7 (5.1-9.6)	6.7 (5.0-9.6)	9.0 (5.9-12.8)	<.0001

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT

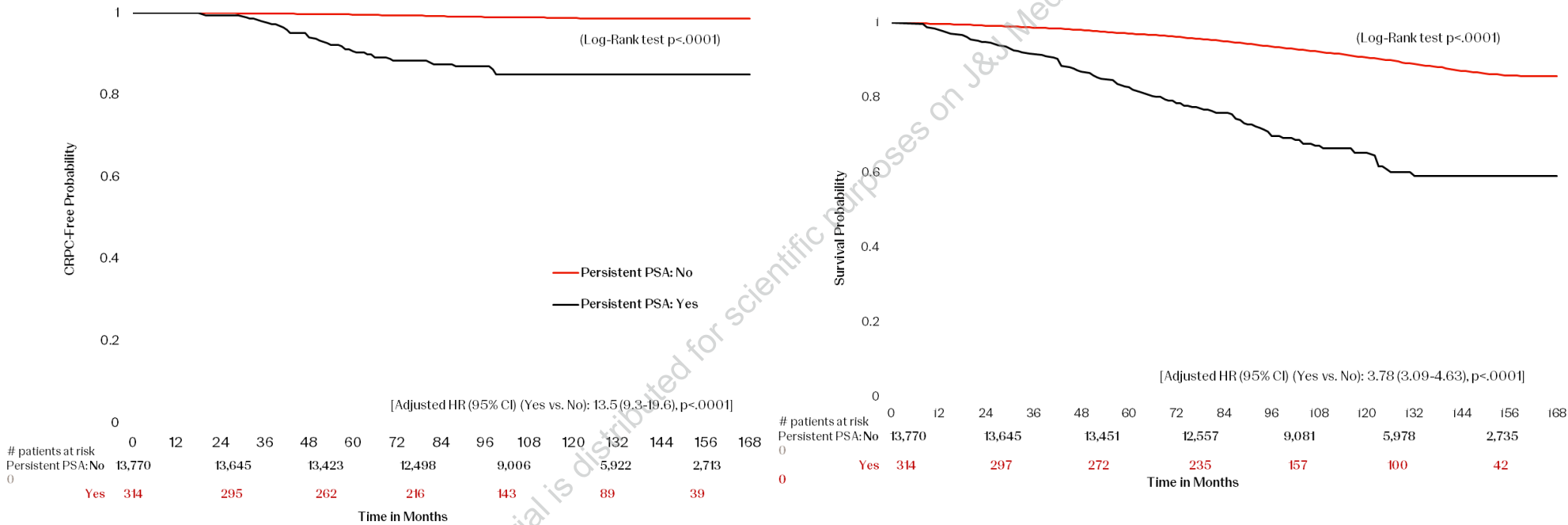


Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone, Christopher J D Wallis, Ilias Cagiannos, Robert J Hamilton, Naveen S Basappa, Cristiano Ferrario, Geoffrey T Gotto, Ricardo Fernandes, Tamim Niazi, Christopher Morash, Ricardo Rendon, Fred Saad, Sebastien J Hotte, Brendan Osborne, Katherine Chan, Anousheh Zardan, Bobby Shayegan

RESULTS

KM Curve of CRPC and Survival among Patients with RP by Persistent PSA Status



NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

RESULTS

RESULTS

REFERENCES AND ACKNOWLEDGEMENT



Management Strategies and Patient Outcomes among Localized Prostate Cancer Patients with Persistently Positive PSA after Radical Prostatectomy

Shawn Malone , Christopher J D Wallis , Ilias Cagiannos , Robert J Hamilton , Naveen S Basappa , Cristiano Ferrario , Geoffrey T Gotto , Ricardo Fernandes , Tamim Niazi , Christopher Morash , Ricardo Rendon , Fred Saad , Sebastien J Hotte , Brendan Osborne , Katherine Chan , Anousheh Zardan , Bobby Shayegan

REFERENCES:

- Freedland SJ, Nair S, Lin X, Karsh L, Pieczonka C, Potluri R, et al. A US real-world study of treatment patterns and outcomes in localized or locally advanced prostate cancer patients. World J Urol. 2023;41(12):3535-42.
- Cooperberg MR, Broering JM, Carroll PR. Time trends and local variation in primary treatment of localized prostate cancer. J Clin Oncol. 2010;28(7):1117-23.
- PROTEUS Trial: <https://clinicaltrials.gov/study/NCT03767244>
- ATLAS Trial: <https://clinicaltrials.gov/study/NCT02531516>

ACKNOWLEDGMENTS:

This study made use of de-identified data from the ICES Data Repository, which is managed by the Institute for Clinical Evaluative Sciences with support from its funders and partners: Canada's Strategy for Patient-Oriented Research (SPOR), the Ontario SPOR Support Unit, the Canadian Institutes of Health Research and the Government of Ontario. The opinions, results and conclusions reported are those of the authors. No endorsement by ICES or any of its funders or partners is intended or should be inferred.

NAVIGATION



KEY TAKEAWAY

CONCLUSIONS

INTRODUCTION

METHODS

RESULTS

RESULTS

REFERENCES and ACKNOWLEDGEMENT

RESULTS

REFERENCES AND ACKNOWLEDGEMENT

