



亞東紀念醫院

前列腺癌臨床指引  
(cancer of the Prostate)

Prostate Cancer Clinical  
Guidelines  
in Oncology FEMH-V.1.2014

## 一、本共識依下列參考資料修改版本：

1. NCCN Clinical Practice Guidelines in Oncology- Prostate cancer V.2.2014



## 二、制訂人員：

- 泌尿外科：鍾旭東醫師、蔡宗佑醫師、洪順發醫師
- 腫瘤內科：蕭吉晃醫師
- 放射腫瘤：熊佩韋醫師
- 解剖病理：蔡建誠醫師
- 影像醫學：曾旭明醫師、黃俊傑醫師

## 三、guidelines內容：



RISK GROUP

EXPECTED  
PATIENT  
SURVIVAL

INITIAL THERAPY

ADJUVANT THERAPY

Active surveillance

- PSA no more often than every 6 mo unless clinically indicated
- DRE no more often than every 12 mo unless clinically indicated
- Repeat prostate biopsy no more often than every 12 mo unless clinically indicated

RT

Radical prostatectomy (RP)  
± pelvic lymph node dissection (PLND)  
if predicted probability of lymph node  
metastasis ≥2%

Adverse features:  
RT  
or  
Observation

Lymph node metastasis:  
ADT ± RT  
or  
Observation

See  
Monitoring  
(PROS-5)

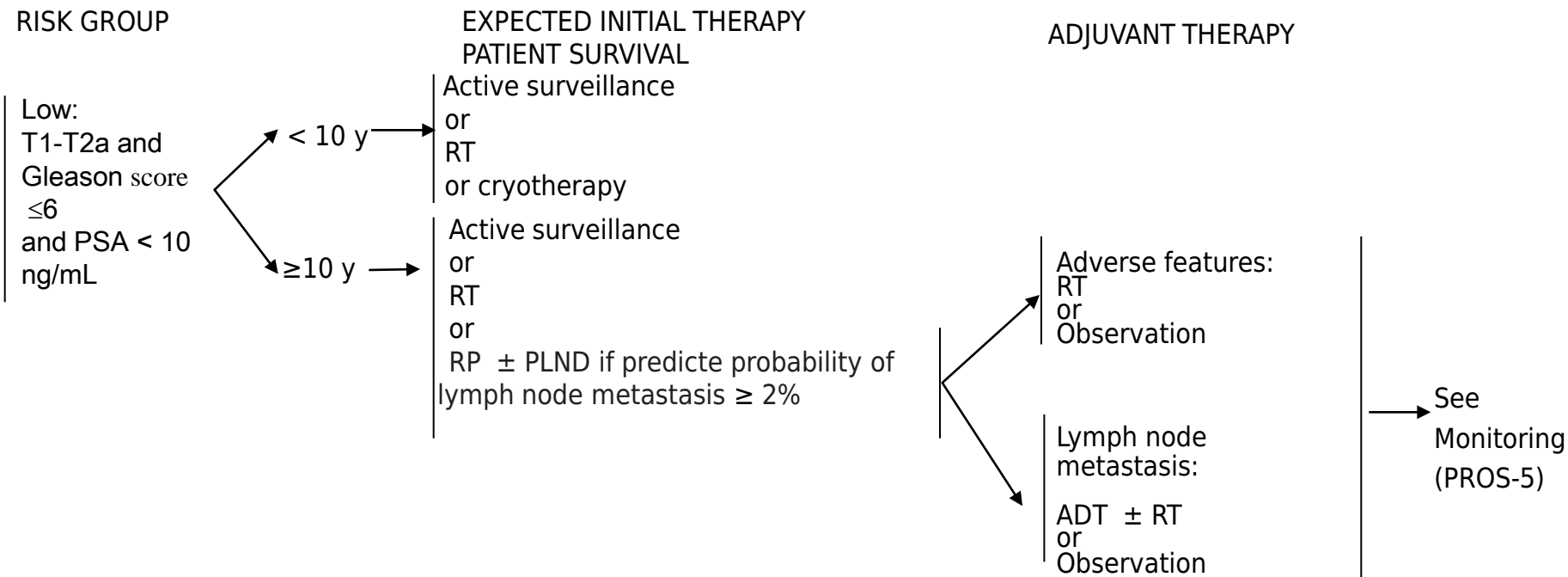
≥20 y

< 20 y

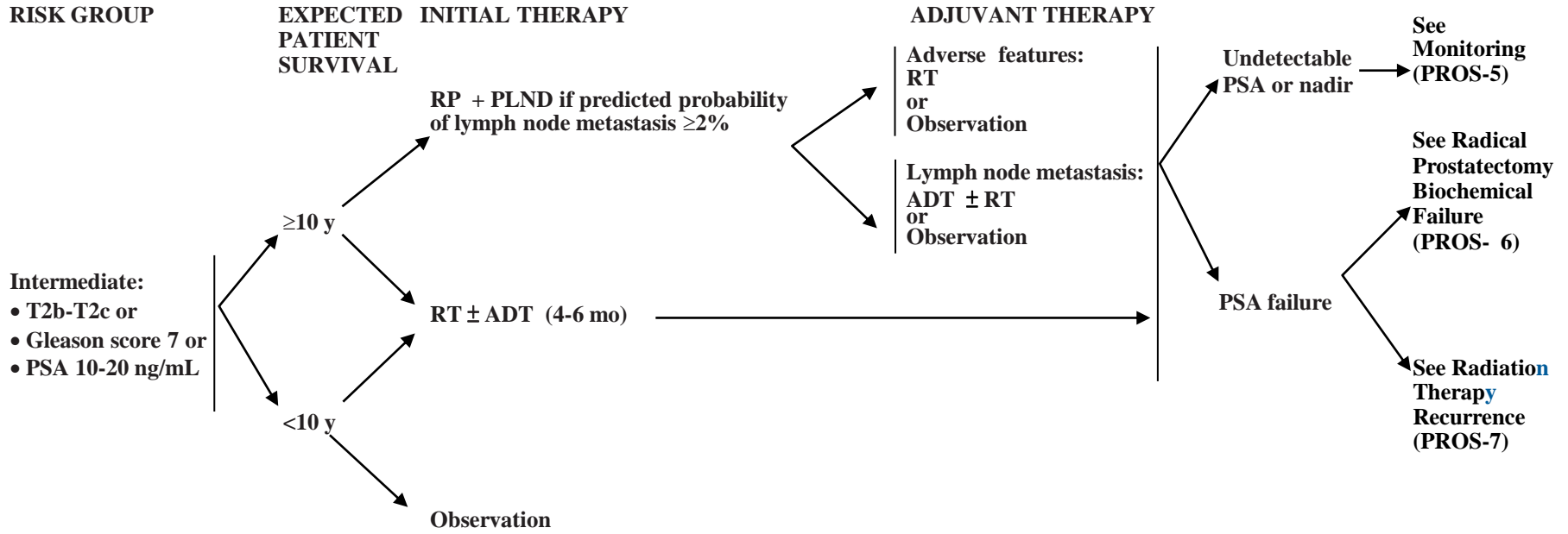
Active surveillance

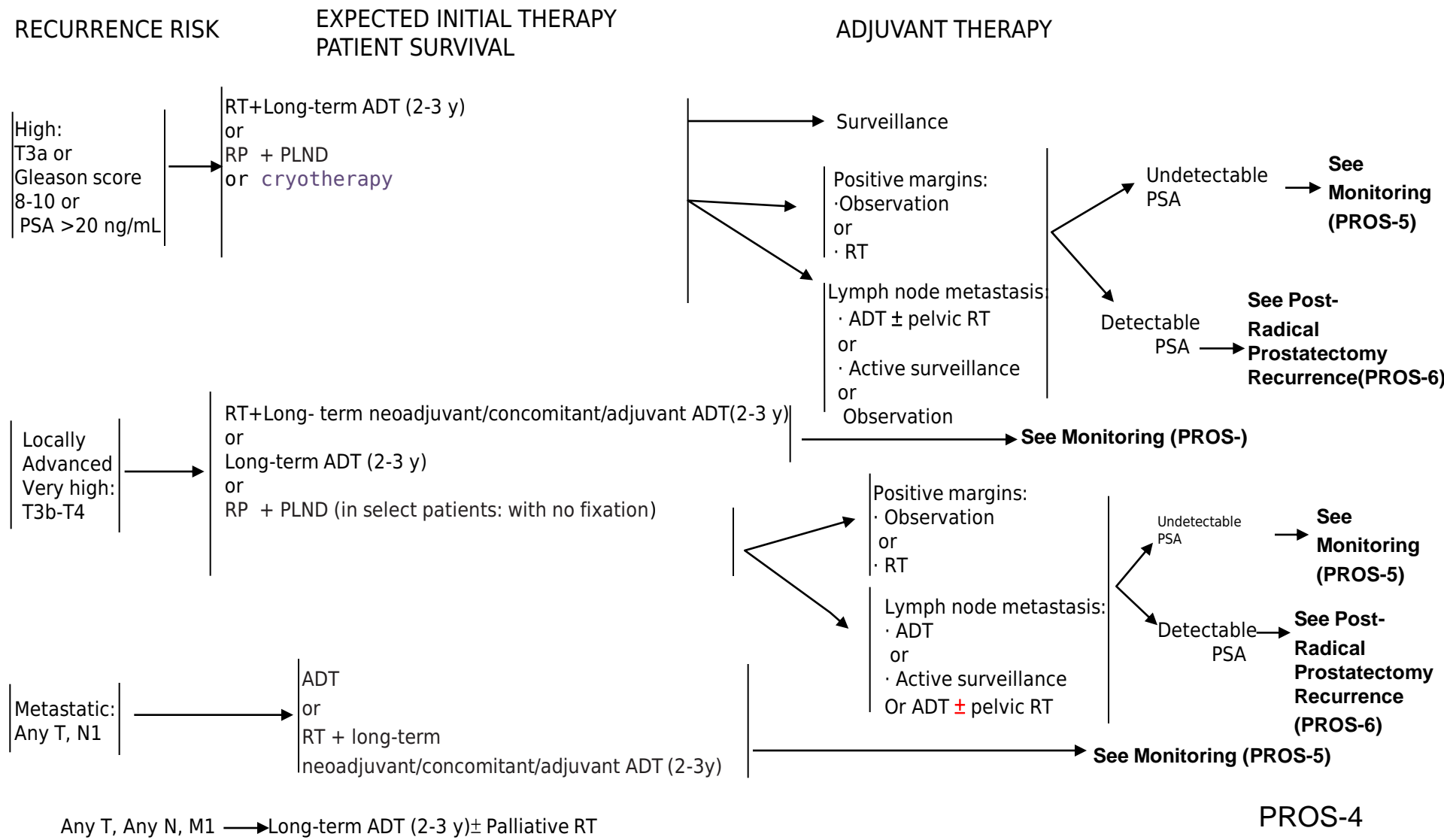
- PSA as often as every 6 mo
- DRE as often as every 12 mo

- Very Low:
- T1c
  - Gleason score ≤6
  - PSA <10 ng/ml
  - Fewer than 3 prostate biopsy cores positive, ≤50% cancer in any core
  - PSA density <0.15 ng/mL/g



NOTE: Organ-confined disease: Symptomatic (LUTS or hematuria) or high-risk patients unfit for definitive treatments (RRP, RT or even TUR-P)







INITIAL MANAGEMENT OR PATHOLOGY

MONITORING

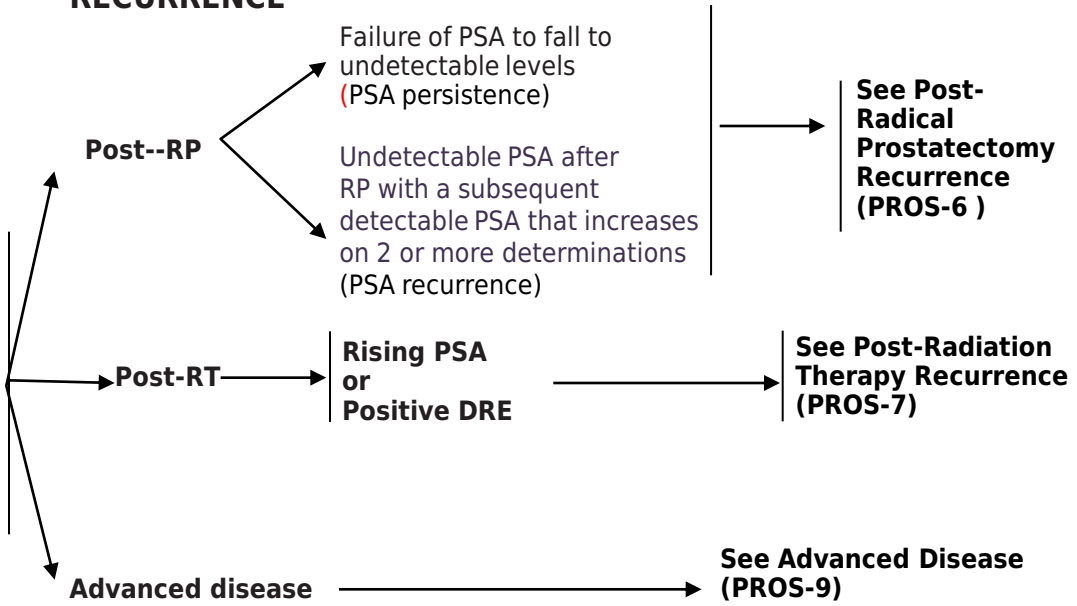
RECURRENCE

Initial-definitive therapy →

- PSA every 6-12 mo for 5 y, then every year
- DRE every year, but may be omitted if PSA undetectable

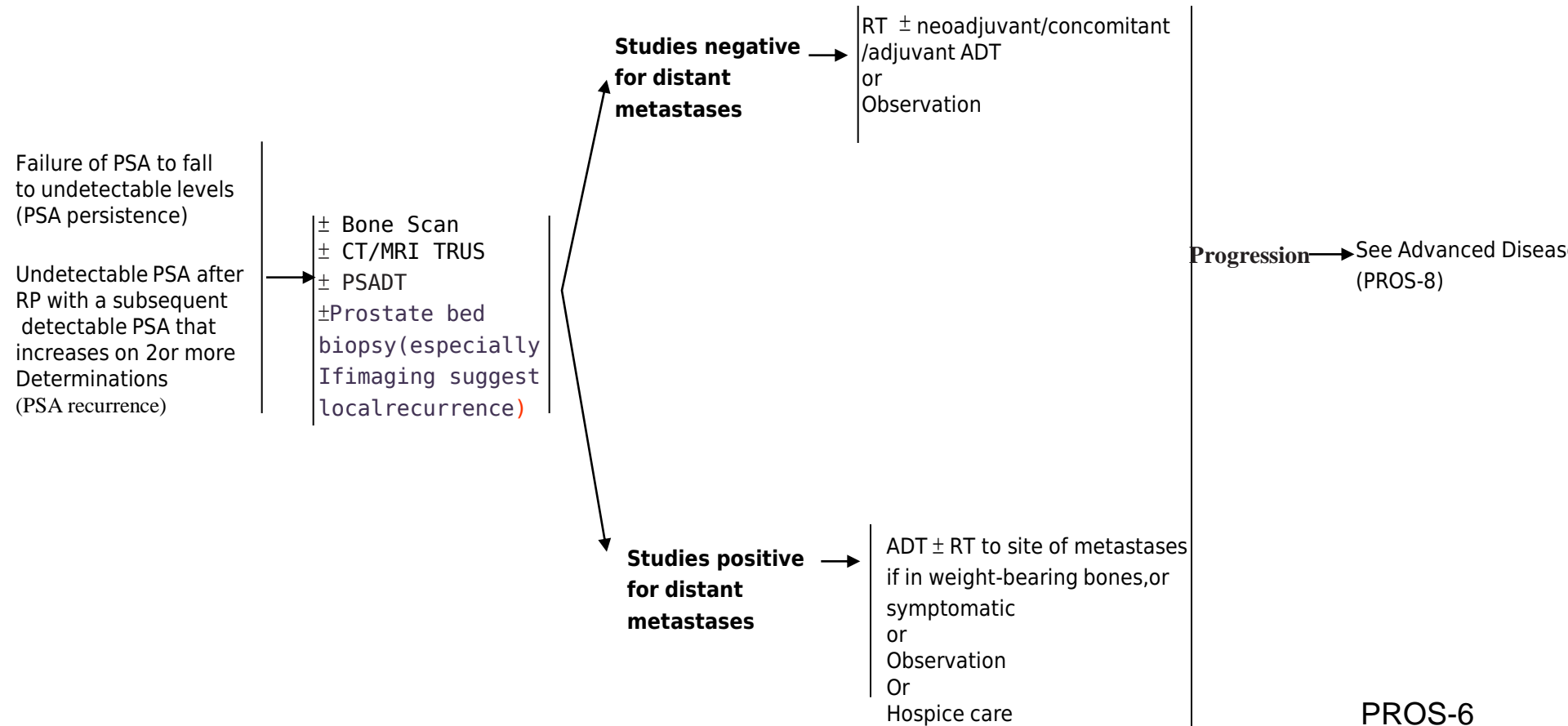
N1 or M1 →

Physical exam + PSA every 3-6 mo





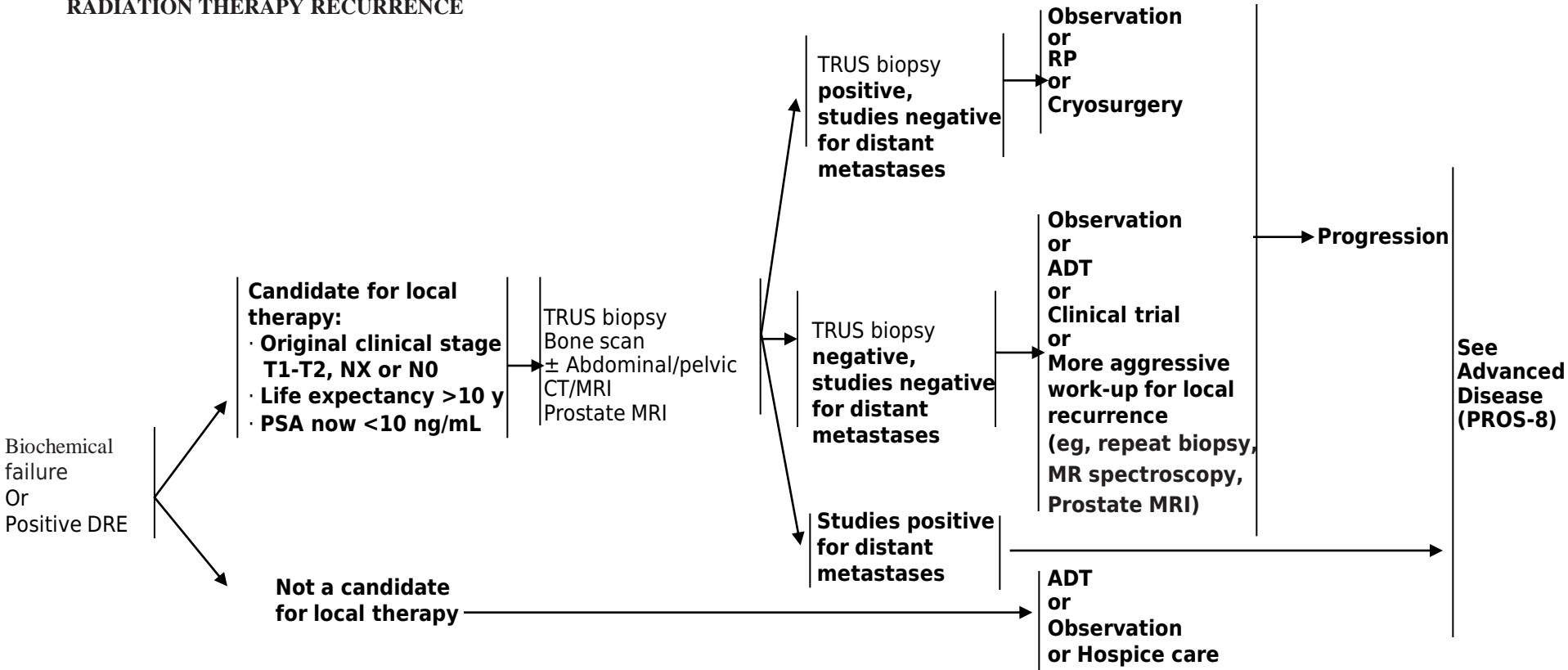
**RADICAL PROSTATECTOMY BIOCHEMICAL FAILURE**





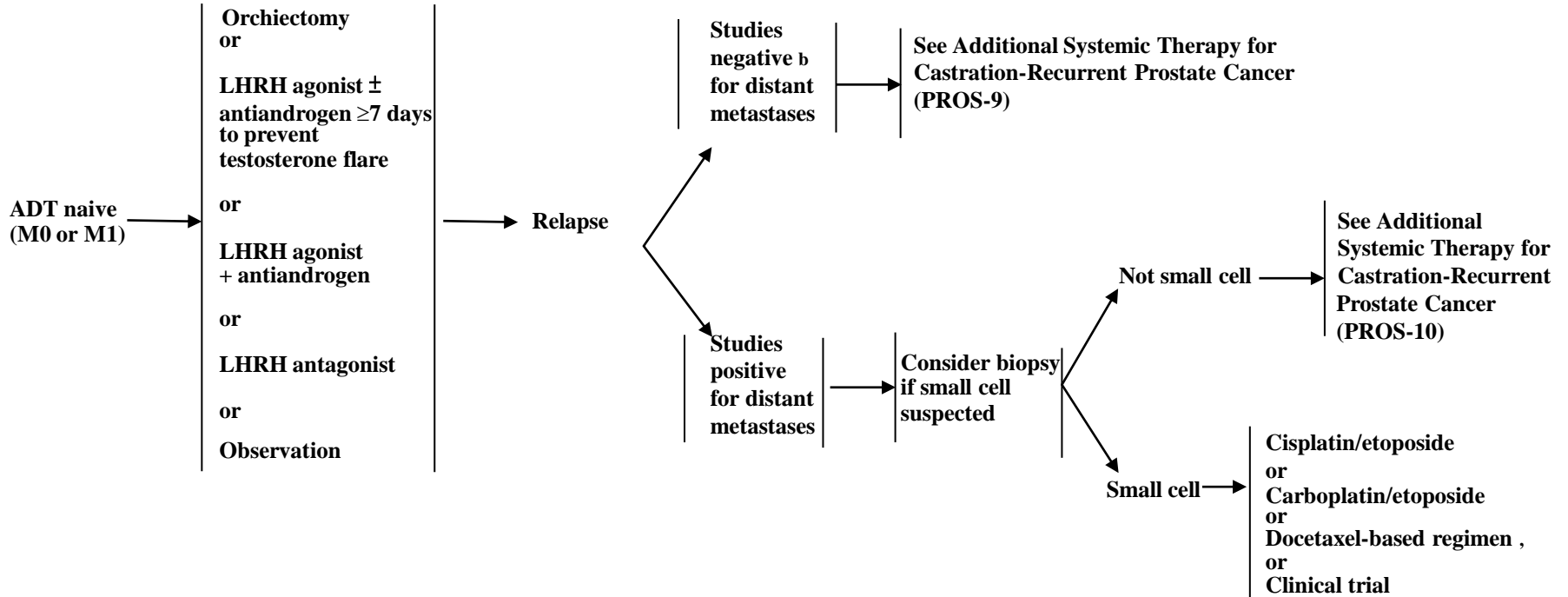


RADIATION THERAPY RECURRENCE



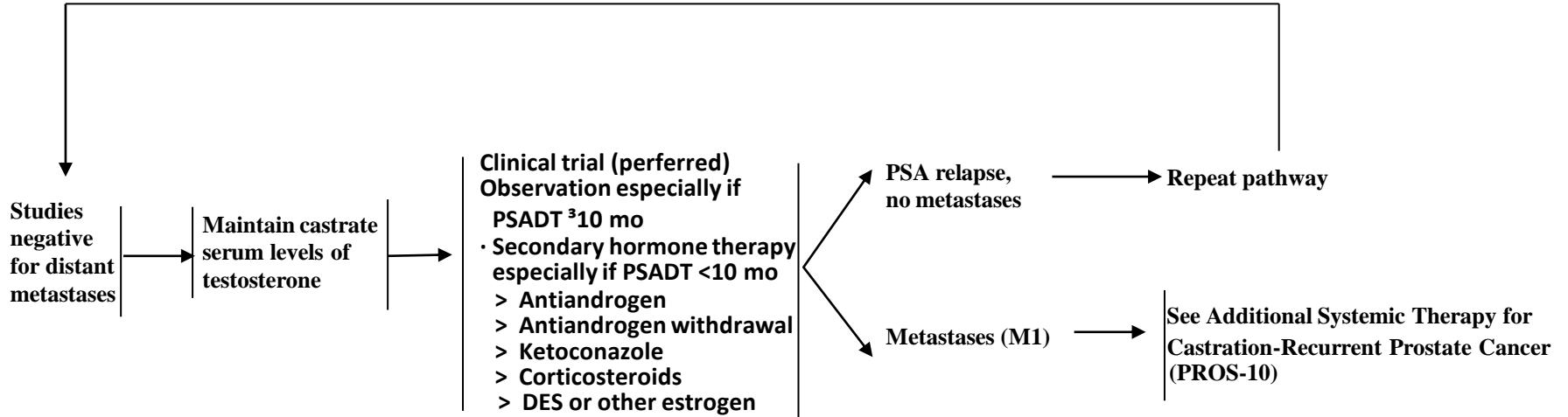


ADVANCED DISEASE: SYSTEMIC THERAPY



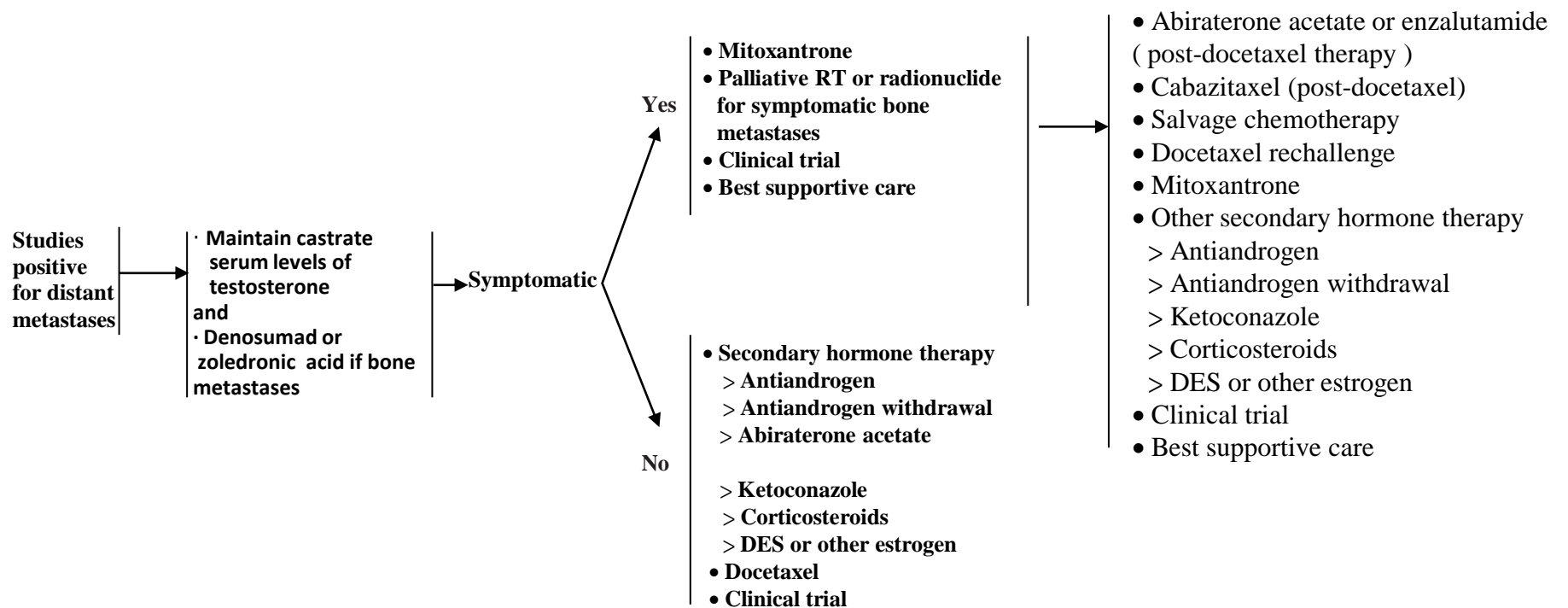


ADVANCED DISEASE: ADDITIONAL SYSTEMIC THERAPY FOR CASTRATION-RECURRENT PROSTATE CANCER





ADVANCED DISEASE: ADDITIONAL SYSTEMIC THERAPY FOR CASTRATION-RECURRENT PROSTATE CANCER





### 四、Staging:

**Table 1.**  
**TNM Staging System For Prostate Cancer**  
**Primary Tumor (T)**

*Clinical*

<b>TX</b>	Primary tumor cannot be assessed
<b>T0</b>	No evidence of primary tumor
<b>T1</b>	Clinically inapparent tumor neither palpable nor visible by imaging
<b>T1a</b>	Tumor incidental histologic finding in 5% or less of tissue resected
<b>T1c</b>	Tumor incidental histologic finding in more than 5% of tissue resected
<b>T2a</b>	Tumor identified by needle biopsy (e.g., because of elevated PSA)
<b>T2</b>	Tumor confined within prostate* Tumor involves one-half of one lobe or less
<b>T2b</b>	Tumor involves more than one-half of one lobe but not both lobes
<b>T2c</b>	Tumor involves both lobes
<b>T3</b>	Tumor extends through the prostatic capsule **
<b>T3a</b>	Extracapsular extension (unilateral or bilateral)
<b>T3b</b>	Tumor invades the seminal vesicle(s)
<b>T4</b>	Tumor is fixed or invades adjacent structures other than seminal vesicles: bladder, levator muscles, and/or pelvic wall.

\*Note: Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c.

\*\*Note: Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is not classified as T3, but as T2.

*Pathologic(pT)\**

<b>pT2</b>	Organ confined
<b>pT2a</b>	Unilateral, involving one-half of one side or less
<b>pT2b</b>	Unilateral, involving more than one-half of one side but not both sides
<b>pT2c</b>	Bilateral disease
<b>pT3</b>	Extraprostatic extension
<b>pT3a</b>	Extraprostatic extension or microscopic invasion of the bladder neck**
<b>pT3b</b>	Seminal vesicle invasion
<b>pT4</b>	Invasion of bladder, rectum

\*Note: There is no pathologic T1 classification.

\*\*Note: Positive surgical margin should be indicated by an R1 descriptor (residual microscopic disease).

**Regional Lymph Nodes (N)**

*Clinical*

<b>NX</b>	Regional lymph nodes were not assessed
<b>N0</b>	No regional lymph node metastasis
<b>N1</b>	Metastasis in regional lymph node(s)

*Pathologic*

<b>PNX</b>	Regional nodes not sampled
<b>pN0</b>	No positive regional nodes
<b>pN1</b>	Metastases in regional nodes(s)

**Distant Metastasis (M)\***

<b>M0</b>	No distant metastasis
<b>M1</b>	Distant metastasis
<b>M1a</b>	Non-regional lymph node(s)
<b>M1b</b>	Bone(s)
<b>M1c</b>	Other site(s) with or without bone disease

\*Note: When more than one site of metastasis is present, the most advanced category is used. pM1c is most advanced.

[Continue](#)



**ANATOMIC STAGE/PROGNOSTIC GROUPS \***

Group	T	N	M	PSA	Gleason
I	T1a-c	N0	M0	PSA < 10	Gleason ≤ 6
	T2a	N0	M0	PSA < 10	Gleason ≤ 6
	T1-2a	N0	M0	PSA X	Gleason X
IIA	T1a-c	N0	M0	PSA < 20	Gleason 7
	T1a-c	N0	M0	PSA ≥10 <20	Gleason ≤ 6
	T2a	N0	M0	PSA < 20	Gleason ≤ 7
	T2b	N0	M0	PSA < 20	Gleason ≤ 7
IIB	T2b	N0	M0	PSA X	Gleason X
	T2c	N0	M0	Any PSA	Any Gleason
	T1-2	N0	M0	PSA ≥ 20	Any Gleason
III	T1-2	N0	M0	Any PSA	Gleason ≥ 8
	T3a-b	N0	M0	Any PSA	Any Gleason
IV	T4	N0	M0	Any PSA	Any Gleason
	Any T	N1	M0	Any PSA	Any Gleason
	Any T	Any N	M1	Any PSA	Any Gleason

\*Note: When either PSA or Gleason is not available, grouping should be determined by T stage and/or either PSA or Gleason as available.

**Histopathologic Type**

This classification applies to adenocarcinomas and squamous carcinomas, but not to sarcoma or transitional cell carcinoma of the prostate. Adjectives used to describe variants of prostate adenocarcinomas include mucinous, signet ring cell, ductal, adenosquamous and neuroendocrine small cell carcinoma. Transitional cell (urothelial) carcinoma of the prostate is classified as a urethral tumor. There should be histologic confirmation of the disease.

**Histopathologic Grade (G)**

Gleason score is recommended because as the grading system of choice, it takes into account the inherent morphologic heterogeneity of prostate cancer, and several studies have clearly established its prognostic value. A primary and a secondary pattern (the range of each is 1–5) are assigned and then summed to yield a total score. Scores of 2–10 are thus theoretically possible. The vast majority of newly diagnosed needle biopsy detected prostate cancers are graded Gleason score 6 or above. (If a single pattern of disease is seen, it should be reported as both grades. For example, if a single focus of Gleason pattern 3 disease is seen, it is reported as Gleason score 3 + 3 = 6.) In a radical prostatectomy, if a tertiary pattern is present, it is commented upon but not reflected in the Gleason score. It is recommended that radical prostatectomy specimens should be processed in an organized fashion where a determination can be made of a dominant nodule or separate tumor nodules. If a dominant nodule/s is present, the Gleason score of this nodule should be separately mentioned as this nodule is often the focus with highest grade and/or stage of disease.

**Gleason X**

**Gleason ≤ 6**

**Gleason 7**

**Gleason 8-10**

**Gleason score** cannot be processed

Well differentiated (slight anaplasia)

Moderately differentiated (moderate anaplasia)

Poorly differentiated/undifferentiated  
(marked anaplasia)



## 六、Updated

- **Reference from NCCN V.2.2009, difference as following:**

- 1) Page2, 本院因無 Brachytherapy, 故對於Intermediate risk patient的治療無此選擇, 和NCCN V.2.2009 包含 Brachytherapy不同。
- 2) Page3, 對於Initial-definitive therapy 後的surveillance, PSA 本院定 every 6 months follow 直到 5 years後再改爲 every year, 和 NCCN 6-12 months 不同。
- 3) Page3, N1 or M1 的PSA follow 定爲 every 6 months, 和 NCCN every 3-6 months 不同。
- 4) Page4, failure of PSA to fall 的檢查去除 ProstaScint 的選擇。
- 5) Page 5,本院因無 Brachytherapy and Cryosurgery 故將選項取消；另外可以使用antiandrogen。

- **Reference from NCCN V.3.2010,difference as following:**

- 1) Page 5, 因本院新引進 Cryosurgery 設備，故加入此項治療。
- 2) Page 6, Metastasis stage 加入 Palliative Radiotherapy for local symptoms including bladder outlet obstruction, pending bowel obstruction, pending cord compression and pain control。

- **Reference from NCCN V.1.2011 , updated on100/2/17,difference as following:**

- 1) Page5, Life expectancy< 10 y加入Cryotherapy。
- 2) Long-term cancer-specific and overall survival for men followed more than 10 years after primary and salvage cryoablation of the prostate [Cheetham P](#), [Truesdale M](#), [Chaudhury S](#), [Wenske S](#), [Hruby GW](#), [Katz A. J](#) Endourol. 2010 Jul;24(7):1123-9.
- 3) Page8-10, SALVAGE 、 Distant metastases加入Hospice care。

- **Reference from NCCN V.3.2012 , updated on 101/7/12,difference as following:**

- 1) Page5, Intermediate :Life expectancy< 10 y刪除Radical prostatectomy + pelvic lymph node dissection。
- 2) Page8, POST-RADICAL PROSTATECTOMY RECURRENCE 、 Page9, POST-RADIATION THERAPY RECURRENCE 依 NCCN修改。



● **Reference from NCCN V.1.2013 , updated on 102/2/07,difference as following:**

- 1) Page6, high grade 增列 Cryotherapy 。
- 2) Kristofer L.Prepelica,Zephaniah Okeke,Alana Murphy,Aaron E.Katz. (2005) cryosurgical ablation of the prostate :high -risk patient outcomes American Cancer Society. doi : 10.1002/cncr.20944
- 3) Page5, Low and Intermediate:Under expected patient survival <sup>3</sup>10 y; radical prostatectomy with lymph node metastasis, added “or ADT + RT 。

● **Reference from NCCN V.2.2014 , updated on 103/5/01,difference as following:**

- 1) PROS-1:Very Low grade 增列  $\geq 20y \rightarrow$  INITIAL THERAPY AND ADJUVANT THERAPY 。
  - 2) PROS-3 、 4, Low and Intermediate:Under expected patient survival  $>10$  y; radical prostatectomy with lymph node metastasis, added “or ADT  $\pm$  RT or Observation
  - 3) PROS-5 、 6 ,Initial management or pathology, N1 or M1, monitoring; removed(including DRE).· Post-RP recurrence, failure of PSA to fall to undetectable levels;added (PSA persistence).· Post-RP recurrence, undetectable PSA after RP with a subsequent detectable PSA that increases on 2 or more determinations; added(PSA recurrence). Changed Post-radical prostatectomy recurrence to RadicalProstatectomy Biochemical Failure.
  - 4) PROS-7 : Changed Post-radiation therapy recurrence to Radiation Therapy Recurrence.· Changed prostate biopsy to TRUS biopsy.·Changed endorectal MRI to prostate MRI.· Added  $\pm$  C-11 choline PET.(本院無此檢查故不加) 。
  - 5) PROS8~10 : 增列ADVANCED DISEASE: SYSTEMIC THERAPY 。
- 。並把本院沒有藥物的項目刪除。