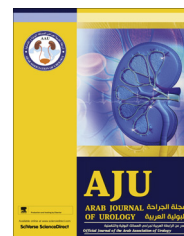




Arab Journal of Urology
(Official Journal of the Arab Association of Urology)

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ONCOLOGY/RECONSTRUCTION

ORIGINAL ARTICLE

An early-detection programme for prostate cancer in Saudi men: A call from a tertiary-care centre in the Eastern province



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Received 23 September 2013, Received in revised form 3 March 2014, Accepted 13 April 2014

Available online 13 May 2014

KEYWORDS

Prostate cancer;
Saudi Arabia;
Metastatic;
Early detection;
PSA

ABBREVIATIONS

ADT, androgen-deprivation therapy;
ERSPC, European Randomized Study of Screening for Prostate Cancer;
PLCO, Prostate, lung, colorectal and ovarian (trial)

Abstract Objective: To review the mode of presentation and clinical course of patients with prostate cancer during a specified period, as the detection rate is tending to increase, with most patients presenting at an advanced stage, and yet the overall incidence and prevalence rates are low.

Patients and methods: We retrospectively reviewed all aspects of care for patients who were diagnosed between May 2006 and July 2010.

Results: In all, 76 men had a histologically confirmed prostatic adenocarcinoma diagnosed between May 2006 and July 2010 (mean age 71.1 years, SD 8). The median (range) prostate-specific antigen level at diagnosis was 52 (1.2–16,230) ng/mL. Of the patients, 74% had a Gleason grade of ≥ 7 on diagnosis, and 64% had extraprostatic disease on presentation. Active surveillance was adopted in four patients, and four others were maintained on watchful waiting. Six patients had a radical prostatectomy, in one of whom it was a salvage procedure. Six patients received external-beam radical radiotherapy, five of whom had neoadjuvant, concurrent and adjuvant hormonal therapy. All remaining patients were treated primarily with androgen-deprivation therapy (ADT). Of the patients on hormonal manipulation, in 56% the cancer became castrate-resistant within the mean (SD) follow-up of 17.2 (15)

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Peer review under responsibility of Arab Association of Urology.



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months. Of patients treated primarily with ADT, 34% died. The death rate among the whole group was 23%. Both percentages include both prostate cancer-specific and non-specific mortality.

Conclusion: An advanced stage of disease at presentation mandates an early-detection, hospital-based screening programme. Further research should include many more patients and be based in several centres.

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Introduction

It appears from the available data that prostate cancer has a low crude incidence rate that varies according to the geographical location, and is 2.6–3.5 per 100,000 with an increasing trend in the detection rate [1–3]. The formal use of PSA testing as a screening or early-detection tool is not currently practised in Saudi Arabia. The present authors' tertiary-care centre is one of the major hospitals in the Eastern province of Saudi Arabia, which has a total population of around four million. It is apparent that a considerable number of patients presented with disease at an advanced stage. Based on this, the main objective of the present study was to review the mode of presentation and the clinical course of patients with prostate cancer referred to or diagnosed at our hospital in a specified period, with a view to improving the outcome.

Patients and methods

We retrospectively reviewed all aspects of the care of patients who were diagnosed with prostate cancer between May 2006 and July 2010, including the diagnosis, staging and treatment. Of these patients, 65 were referred from other hospitals after having a high PSA level or a biopsy diagnosis, while the remaining 11 were identified through the PSA screening of men aged > 50 years who were assessed in our urology clinic, with or without LUTS. All records of the identified patients were reviewed. The standard biopsy protocol comprised 12-core biopsies taken from the peripheral zone (apical, intermediate and basal) under local anaesthetic. In patients referred after a biopsy taken in a secondary-care hospital, the number of biopsy cores was 6–12.

Staging was based on a DRE and imaging (MRI, CT and bone scan), all in correlation. The TNM (2002) staging system was the basis for staging. Organ-confined disease was defined as tumour that was localised within the prostatic capsule with no lymph node or distant metastasis. The mean (SD) follow-up was 17.5 (15) months.

Results

In all, 76 patients, with a mean (SD, range) age of 71.1 (8, 49–89) years, were diagnosed histologically to have prostatic adenocarcinoma during the specified period.

Of these, 73 patients were diagnosed after a TRUS-guided biopsy indicated by a high PSA level or a suspicious DRE, or both, while three were diagnosed after TURP. The median (range) PSA level at diagnosis was 52 (1.2–16,230) ng/mL, with 65% of the patients having a PSA level of > 20 ng/mL on presentation and 9% of > 1000 ng/mL (Fig. 1).

Based on the Gleason grade, 74% of the patients were at least at moderate risk, with a Gleason score of 7 (Table 1). Of the 76 patients in the study, 72 had fully validated clinical staging data, qualifying them to be included in a further analysis which subsequently showed that 64% had extraprostatic disease on presentation. The metastatic pattern on presentation showed that 52% of patients who had a bone scan (total 63)

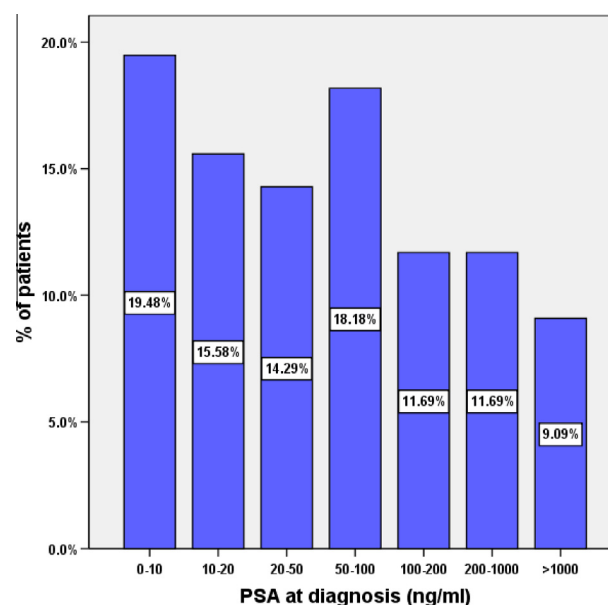


Figure 1 The PSA distribution pattern.

Table 1 The Gleason grades of the patients.

Gleason grade	%
5	7
6	18
7	31
8	27
9	16

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