

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/project-oncology/the-necessity-of-a-multidisciplinary-approach-through-the-mcrpc-treatment-journey/17802/>

ReachMD

www.reachmd.com
info@reachmd.com
(866) 423-7849

The Necessity of a Multidisciplinary Approach Through the mCRPC Treatment Journey

Announcer:

You're listening to *Project Oncology* on ReachMD. On this episode, we'll hear from Dr. Jessica Hawley, who's a Medical Oncologist at Fred Hutch Cancer Center and an Assistant Professor in the Division of Hematology and Oncology at the University of Washington School of Medicine. Today, she'll be discussing metastatic castration-resistant prostate cancer, or mCRPC.

Let's hear from Dr. Hawley now.

Dr. Hawley:

The way I explained it to my patients is that in all patients who start out with hormone sensitive prostate cancer, there's a period of time where the prostate cancer cells are responsive to the fact that we are suppressing testosterone production, be it whether it's with androgen deprivation therapy, injections, pills, or intensification of that treatment with further androgen receptor inhibition or enzyme inhibitors. So there always is a nice disease response early in that time period after diagnosis and when initial treatment has begun, and what the million-dollar question is for how long is each patient going to respond to that initial treatment? Because the current natural history of the disease is that over time the prostate cancer cells will develop resistance to those hormonal therapies. And so what does that look like for patients?

That means that they've had a nice, hopefully, long period of time where the PSA has remained undetectable, and then the PSA will start ever so slightly increasing until we see detection of disease progression in the form of metastasis on either novel PET imaging or standard of care imaging. And so when that PSA begins rising and the disease is no longer responding to the initial hormonal treatment, that's when we apply the new label, which is either hormone refractory prostate cancer, or castration resistant prostate cancer. Multidisciplinary approach is pivotal throughout the disease continuum. At our center we have a multidisciplinary clinic in the upfront high risk localized and hormone sensitive setting. And in the hormone refractory or castration resistance setting, we don't at least have a multi-disciplinary practice where we all see the patients together. But certainly it is a team effort to take care of patients because oftentimes now that we have PLUVICTO as an FDA approved treatment for metastatic CRPC, there's a lot of flow of patients from medical oncology to the nuclear medicine department to receive these treatments and to be evaluated with these novel PET imaging studies. Similarly, there's been a substantial uptick in the types of clinical trials using CyberKnife and SBRT in the both hormone sensitive and castration resistance setting to try to forestall changes in systemic therapies and buy more time for patients while on one therapy, as we don't have, at this point, at least a never ending supply of tools in our toolbox to treat prostate cancer. So definitely a team approach and multidisciplinary care is needed, I would say from the beginning all the way through the end.

Announcer:

That was Dr. Jessica Hawley discussing metastatic castration-resistant prostate cancer. To access this episode and others in our series, visit *Project Oncology* on ReachMD dot com, where you can Be Part of the Knowledge. Thanks for listening!