

Outcomes and factors by risk group after prostate brachytherapy: Cohort study in 2316 patients

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PURPOSE

To evaluate the biochemical freedom from failure (bFFF) by risk group and treatment modality and the predictive factors of bFFF by risk group in patients with prostate cancer (PCa) undergoing permanent seed implantation (PI) with or without external beam radiation therapy (EBRT) in a nationwide prospective cohort study in Japan (J-POPS) during the first 2 years.

MATERIALS AND METHODS

- A total of 2,354 participants who were enrolled in the J-POPS study during the first 2 years (cohort 1)
- The median follow-up period: 60.0 months (interquartile range, 58.7–60.9 months)
- Loose I-125 seeds
- The recommended prescribed dose
PI monotherapy: 144 Gy
EBRT combination therapy: PI 100–110 Gy + EBRT 40–50 Gy

Risk group	Intermediate-risk group	High-risk group	Locally advanced
1,028 cases	1,114 cases	133 cases	2 cases
PSA <10 and GS ≤ 6 and T ≤ 2a	PSA 10–20 and/or GS = 7 and/or T2b–T2c	PSA >20 and/or GS 8 ~ 10 and/or T3a	T3b–T4

Baseline characteristics of Patients

Factors	Minimum	Median	Maximum	Missing
Age (year)	68.1	68.1	89	0
Low-risk group	67.3	67.3	89	0
Intermediate-risk group	68.6	68.6	88	0
High-risk group	69.8	69.8	84	0
Pretreatment PSA (ng/ml)*	8.0	8.0	42.0	18
Low-risk group	6.2	6.2	9.98	0
Intermediate-risk group	8.8	8.8	20.0	0
High-risk group	14.6	14.6	42.0	1
Percent positive biopsies	27.5	27.5	100	120
Low-risk group	22.2	22.2	100	53
Intermediate-risk group	30.7	30.7	100	56
High-risk group	39.1	39.1	100	2
Prostate volume (ml)†	25.9	25.9	71.0	0
Low-risk group	26.9	26.9	60.9	0
Intermediate-risk group	25.4	25.4	71	0
High-risk group	22.9	22.9	45.8	0
Implanted seed number	68.3	68.3	120	0
Low-risk group	73.8	73.8	120	0
Intermediate-risk group	65.0	65.0	118	0
High-risk group	53.2	53.2	99	0
Total activity (MBq)	929.3	929.3	1,836	0
Low-risk group	1,000.9	1,000.9	1,836	0
Intermediate-risk group	900.8	900.8	1,114	0
High-risk group	334.0	334.0	334.0	0
Factors	n	%	n	%
Gleason score	133	70.6	640	51.4
Prostate V100 (%)	102	230	93.9	5.2
6 or less	8	100	241	15
7 (3+4)	0	0	265	14
7 (4+3), 8 to 10	0	0	942	5.3
Intermediate-risk group	0	0	942	5.3
High-risk group	0	0	942	5.3
Clinical stage: T stage	230	112.0	15.5	40.1
Prostate D90 (%)	862	84.4	745	67.2
T1c	164	16.4	110.9	15.5
T2b	0	0	106	9.6
T2c	0	0	106	9.6
Intermediate-risk group	0	0	106	9.6
High-risk group	0	0	106	9.6
Biologically effective dose (BED)	0	0	178.9	28.4
Clinical stage: N stage	1,028	100	170.6	25.6
NO	1,110	100	100	9.0
Intermediate-risk group	0	0	100	9.0
High-risk group	0	0	100	9.0
Clinical risk group	133	199.1	25.1	85.5
Pretreatment PSA was measured before the latest biopsy	8	0	0	0
Prostate volume was measured preimplantation	8	0	0	0
MX	0	0	0	0
Treatment modalities	1,01	98.3	701	62.9
PI	17	1.7	413	37.1
PI + EBRT	0	0	116	10.0

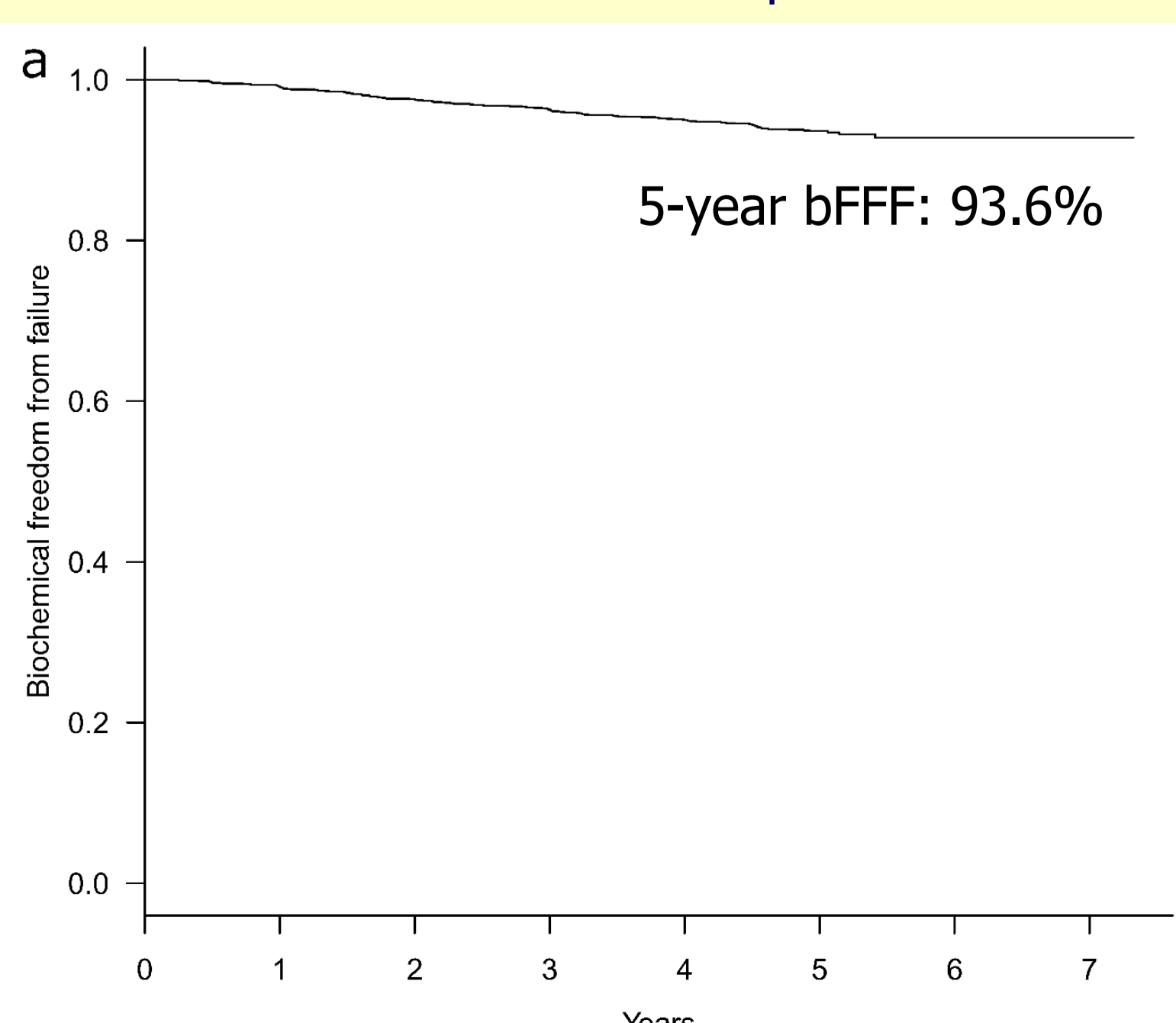
*The Phoenix PSA failure definition (PSA nadir + 2.0 ng/mL) was used to define bFFF.

†The Kaplan-Meier method was used to estimate the bFFF. The Cox proportional hazards model was also used to identify the factors associated with the bFFF.

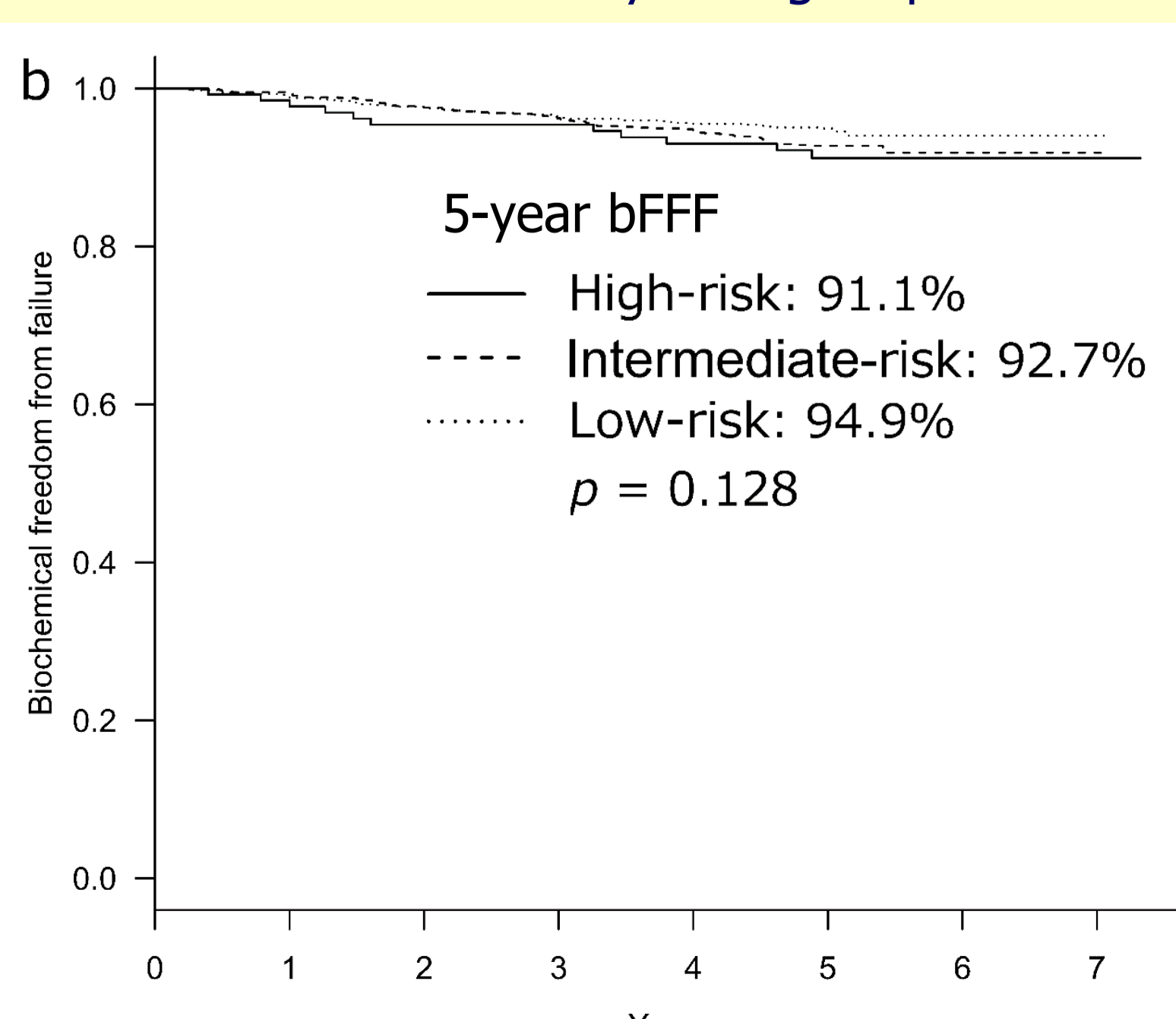
‡A multivariate analysis was performed using the factors that were found to be significant in the univariate analysis.

RESULTS

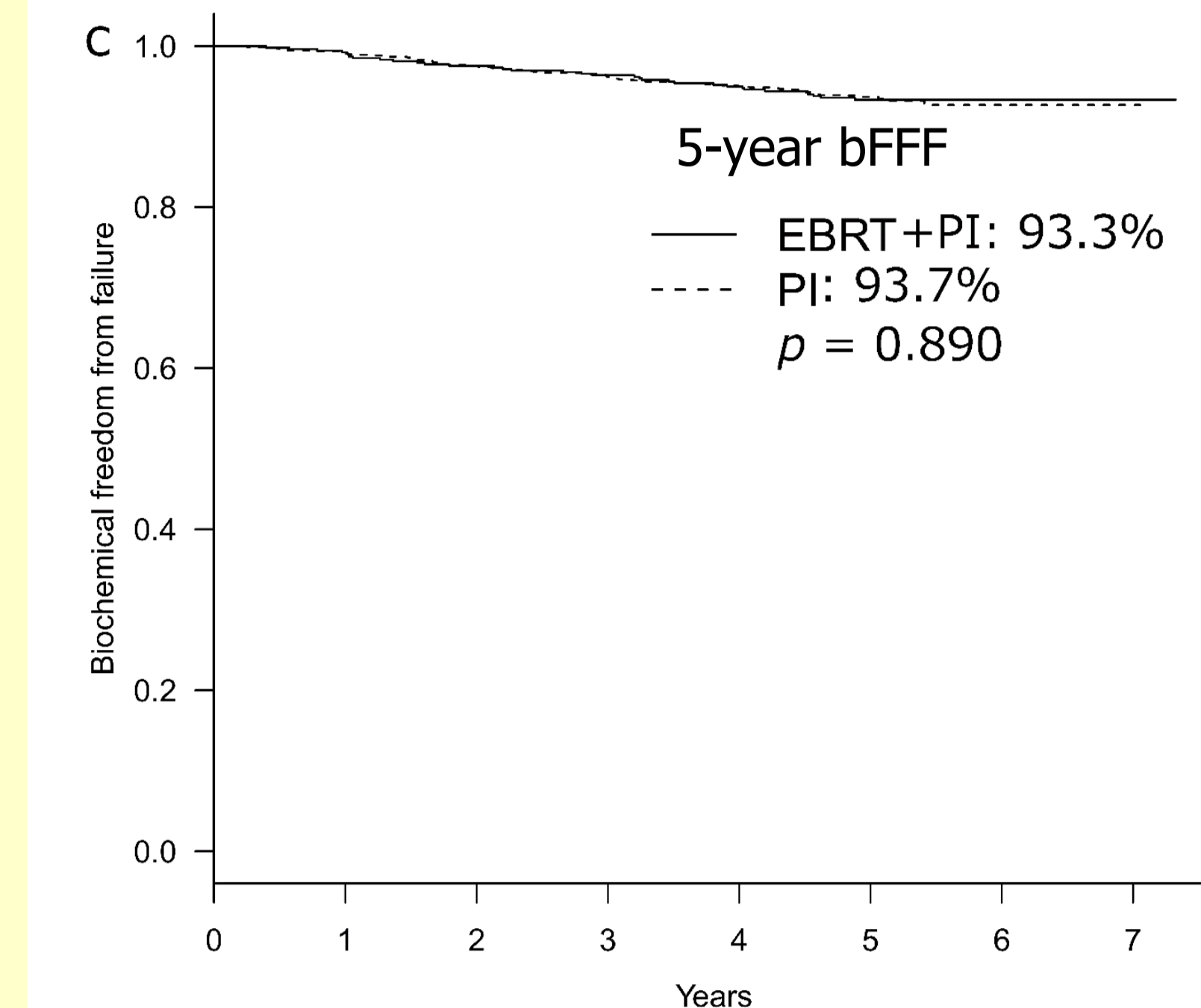
•bFFF in all patients



•bFFF by risk group



•bFFF by treatment modality



Analysis of factors associated with bFFF

Factors	Univariate analysis			Multivariate analysis			
	HR	95% CI	p	HR	95% CI	p	
All cases							
Age	0.960	0.936–0.985	0.0016*	0.957	0.932–0.983	0.0012*	
Pretreatment PSA	1.040	1.007–1.074	0.0161*	1.019	0.985–1.054	0.2830	
Gleason score	–	–	<0.0001*	–	–	0.0030*	
6 or less	–	Reference	–	–	Reference	–	
7 (3+4)	1.353	0.904–2.025	0.1412	1.261	0.826–1.925	0.2828	
7 (4+3), 8 to 10	2.460	1.649–3.670	<0.0001*	2.149	1.380–3.347	0.0007*	
% Positive biopsies	1.016	1.009–1.024	<0.0001*	1.012	1.004–1.020	0.0026*	
Prostate V100 (%)	0.968	0.943–0.995	0.0187	0.970	0.942–0.998	0.0368*	
Low-risk group							
Age	0.928	0.891–0.967	0.0004*	0.926	0.889–0.964	0.0002*	
Pretreatment PSA	1.219	1.044–1.423	0.0123*	1.246	1.069–1.452	0.0048*	
Prostate D90 (%)*	0.983	0.967–0.999	0.0397*	–	–	–	
Prostate V100 (%)	0.944	0.907–0.982	0.0044*	0.936	0.899–0.974	0.0012*	
Intermediate-risk group							
Gleason score	–	–	0.0005*	–	–	0.0005*	
6 or less	–	Reference	–	–	Reference	–	
7 (3+4)	2.149	0.958–4.821	0.0634	2.187	0.919–5.205	0.0769	
7 (4+3)	4.258	1.875–9.671	0.0005*	4.538	1.879–10.960	0.0008*	
% Positive biopsies	1.014	1.003–1.024	0.0110*	1.014	1.003–1.025	0.0120*	
Hormonal treatment	Yes	0.560	0.353–0.886	0.0133*	0.470	0.290–0.762	0.0022*
No	–	Reference	–	–	Reference	–	
High-risk group							
Gleason score	–	–	0.0035*	–	–	0.0329*	
7 or less	–	Reference	–	–	Reference	–	
8	0.503	0.084–3.010	0.4514	0.959	0.1455–6.317	0.9651	
9	5.544	1.386–22.170	0.0154*	5.553	1.201–25.670	0.0282*	
% Positive biopsies	1.036	1.015–1.057	0.0007*	1.028	1.006–1.051	0.0120*	
Prostate D90 (%)	1.041	1.003–1.081	0.0327*	1.047	0.9991–1.097	0.0545	

*Significant risk factor

†Prostate D90 is the collinearity factor of prostate V100; therefore, prostate D90 is excluded in the multivariate analysis

DISCUSSION

- Our outcome in high-risk patients was relatively favorable as compared with the outcomes in the other studies [1–5].

We assume that this may be attributable to the higher rate of high-risk patients who received HT and the lower rate of patients with stage T3+ in all high-risk patients.

- The factor associated with bFFF: Younger age → Low-risk group
- The relationship between younger age and more aggressive clinical behavior of PCa has been previously documented, and there is evidence that young-age PCa has several biological and genetic features, distinct from elderly-onset PCa [6, 7].

Because of the low BED and the low rate of patients who received HT in low-risk patients, aggressive PCa may not have been controlled.

- The factor associated with bFFF: Lower prostate V100 and D90 → Low-risk group
- Because of the low rate of patients who received HT or EBRT in low-risk patients, the prostate dose of PI may have had a strong effect on the local control.
- The factor associated with bFFF: Higher percent positive biopsies → Intermediate-risk and high-risk group
- Many studies reported that higher percent positive biopsies has been correlated with a higher likelihood of extracapsular extension [8–12].

Because of the lower percent positive biopsies, the probably low rate of extracapsular extension, and the low standard deviation of percent positive biopsies in low-risk patients, the percent positive biopsies may have not been a factor associated with biochemical failure.

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CONCLUSIONS

- PI with or without EBRT resulted in excellent short-term biochemical outcomes at all risk groups, especially at high-risk group in Japanese prostate cancer patients.

- Younger age, higher pretreatment PSA, and lower prostate V100 · D90 in low-risk patients; higher GS, higher percent positive biopsies, and no HT in intermediate-risk patients; and higher GS and higher percent positive biopsies in high-risk patients independently affected biochemical failure.