

Regional forskningsstøtte – forsker/studiegrupper perspektiv

Sven Löffeler, MD, PhD

Urologisk Seksjon

Sykehuset i Vestfold



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Great Meaningless Questions in Urology: Which Is Better, Open, Laparoscopic, or Robotic Radical Prostatectomy?

Andrew J. Vickers


Department of Epidemiology and Biostatistics, Memorial Sloan-Kettering Cancer Center, New York, New York



**Hva gjør vi med
eldre menn
som har
potensielt farlig
prostatakraft?**

Late-Stage Prostate Cancer and Prostate Cancer Mortality

A Population-Based Study



Sven Löffeler

Thesis for the degree of Philosophiae Doctor (PhD)
University of Bergen, Norway
2019

Radikal Prostektomi <70 år

Radikal strålebehandling <75 år

Bakgrunn for aldersgrensene


- Egentlig uklart, ikke nedfelt i retningslinjer
- Lite eller ingen level 1 evidens som støtter kurativt intendert behandling
- Konservativ behandling er tilstrekkelig behandling hos eldre menn
- Kort forventet levetid

Kort forventet levetid?

(Source: Statistics Norway/ Denmark/ Finland/ Sweden)

Age (years)	Average Life Expectancy (years)			
	Norway	Denmark	Finland	Sweden
At 75	12	11	11	12
At 80	9	8	8	8
At 82	8	7	7	7
At 85	6	6	6	6

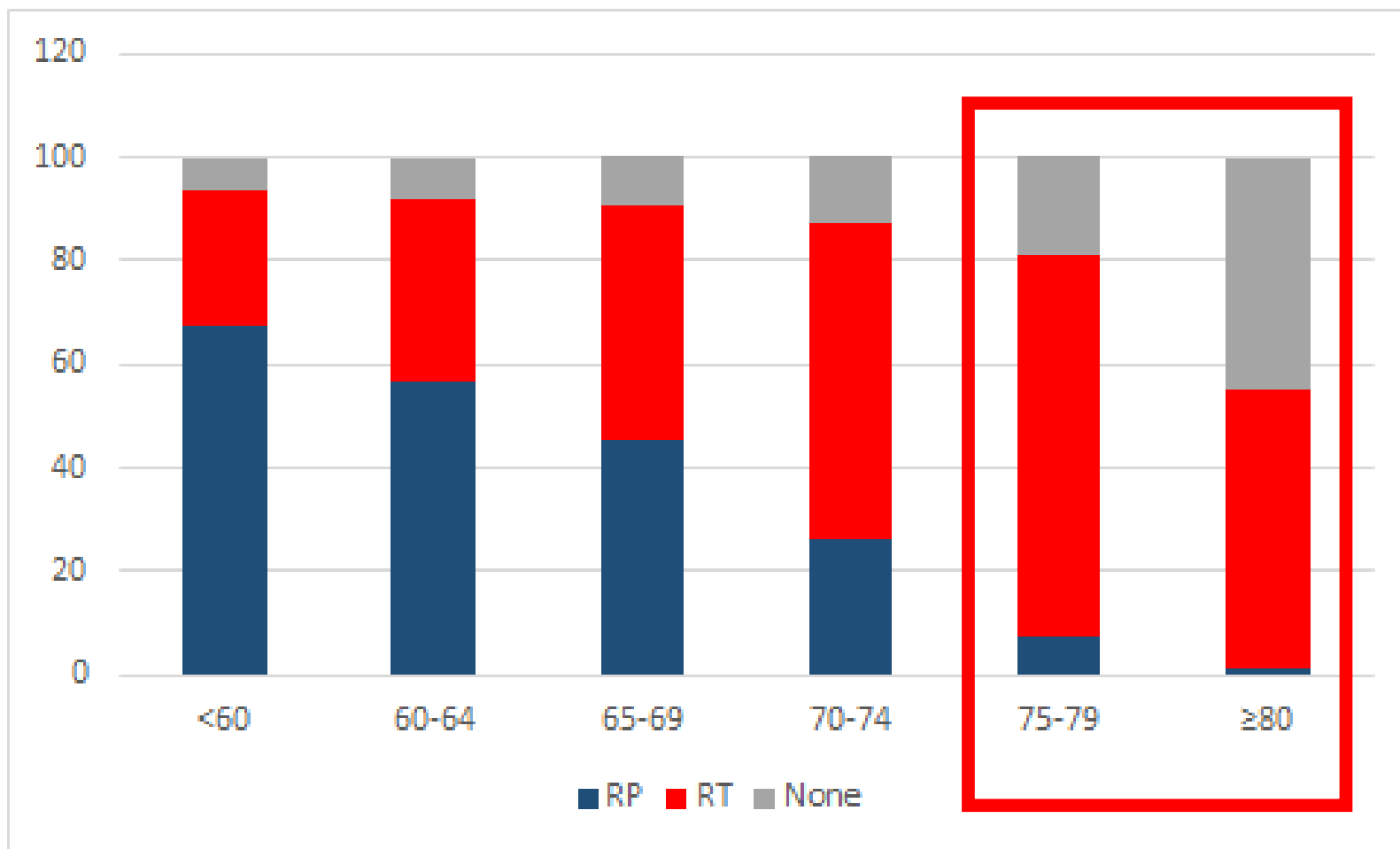
Receipt of Definitive Therapy in Elderly Patients With Unfavorable-Risk Prostate Cancer

David D. Yang, BA ¹; Brandon A. Mahal, MD²; Vinayak Muralidhar, MD, MSc²; Ninjin Boldbaatar, MPH³; Shelby A. Labe, BS³; Michelle D. Nezoslosky, BA³; Marie E. Vastola, BS³; Clair J. Beard, MD^{1,3}; Neil E. Martin, MD, MPH^{1,3}; Kent W. Mouw, MD, PhD^{1,3}; Peter F. Orio III, DO, MS^{1,3}; Martin T. King, MD, PhD^{1,3}; and Paul L. Nguyen, MD^{1,3}

Cancer December 15, 2017

National Cancer database (NCDB)	
411 000 menn med PCa	
- intermediær risiko:	248 000
- høy risiko:	163 000
- diagnose 2004-2012:	

High risk (N=163 146)



Gleason 8-10
cT2c-T4
PSA>20

Pettersson et al.

Annals of Oncology 29: 377–385, 2018

doi:10.1093/annonc/mdx742

Published online 17 November 2017

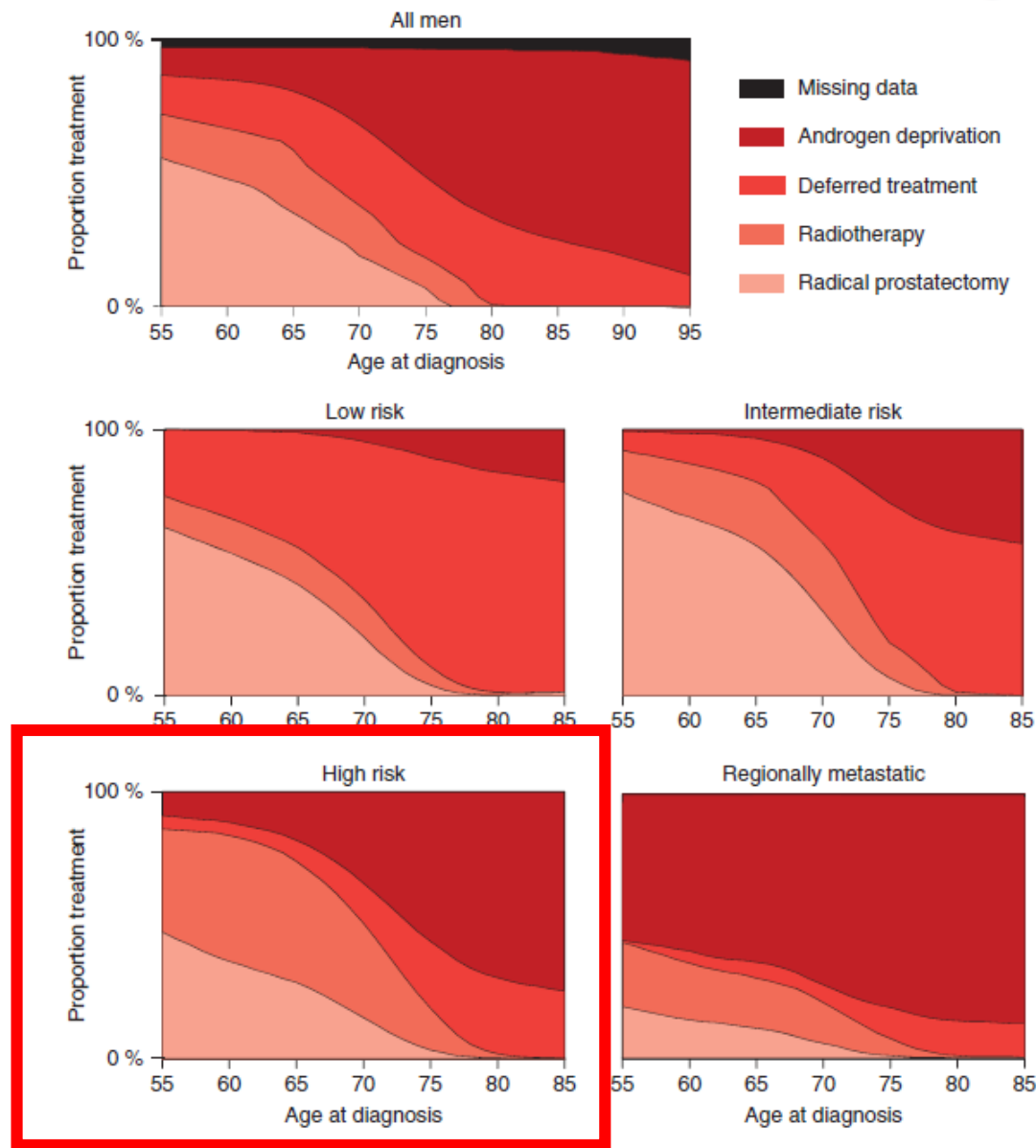
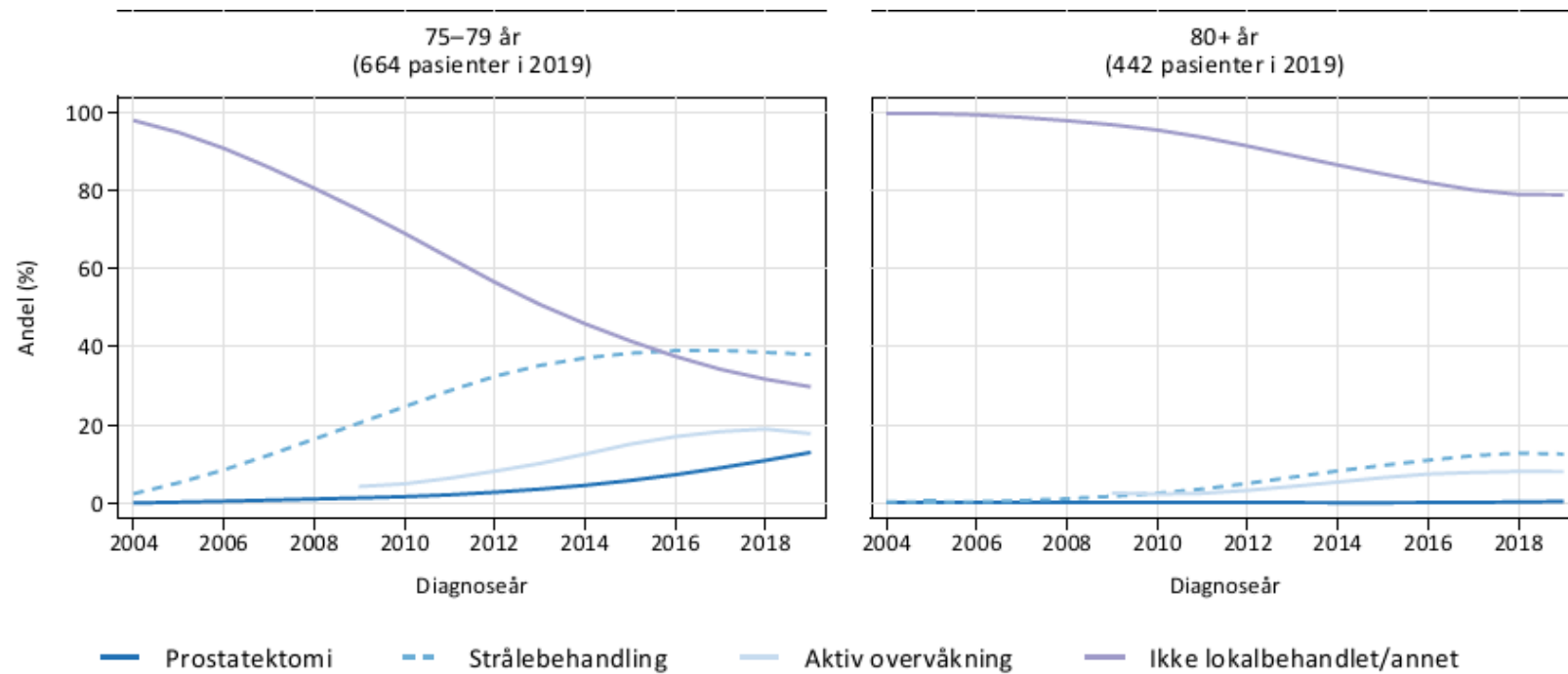


Figure 1. Proportion of men treated with radical prostatectomy, radiotherapy, deferred treatment (i.e. watchful waiting or active surveillance) or androgen deprivation therapy by age at diagnosis among 121 392 men in PCBaSe diagnosed with prostate cancer between 1998 and 2012. Proportions were calculated in 1-year classes and smoothed by locally weighted regression.

Årsrapport for prostatakreft 2020

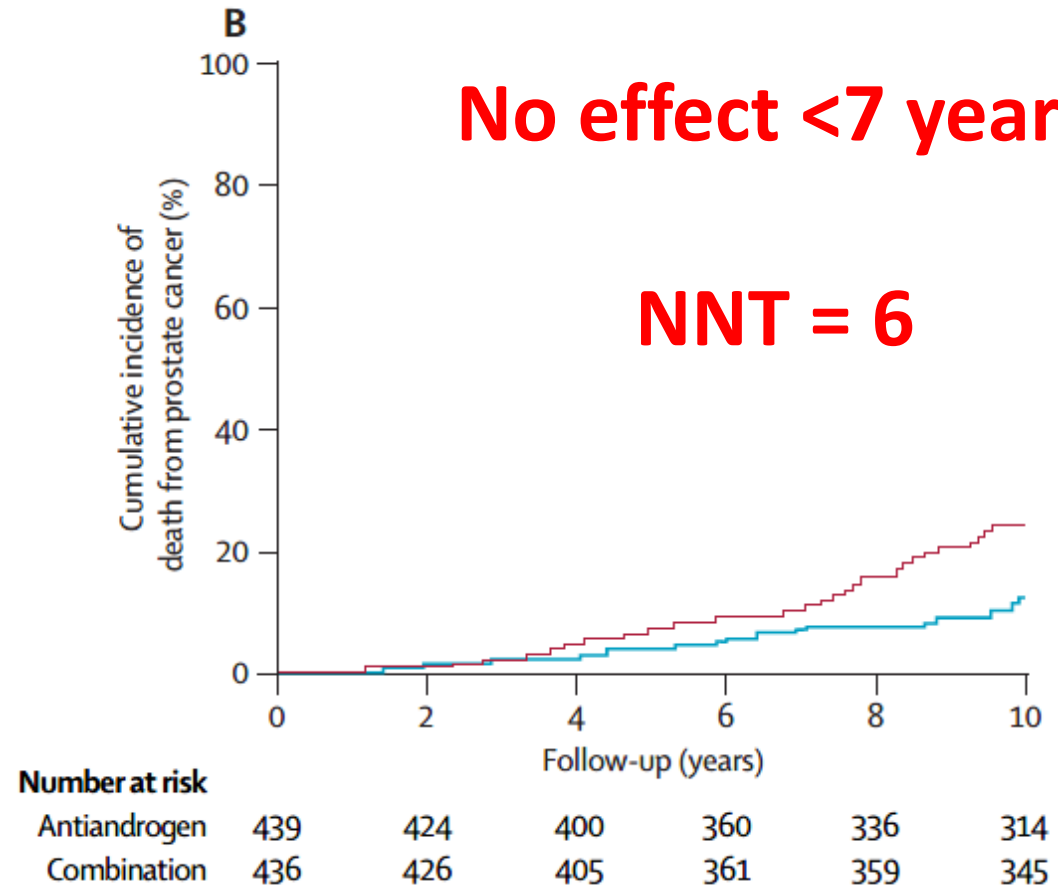
Kreftregisteret



Figur 11.4: Behandlingsvalg fordelt på aldersgrupper (diagnoseår 2004–2019), nasjonalt

SPCG 7: prostate-cancer-specific-mortality

- **At 7 years:**
 - 9.9% versus 6.3%
(ikke signifikant)
 - Difference 3,6%
- **At 10 years:**
 - 23.9% versus 11.9%
 - >50% risk
reduskjon



**Så hva gjør vi
med eldre
menn som har
potensielt farlig
prostatakraft?**

Hva gjør man da som vanlig lege på et lokalsykehus?



Kurs i forskerinitierte kliniske studier – fra idé til publikasjon

Regional Forskningsstøtte

Statistikk

Maiju + Inge

Admin + budsjett

Martin + Marielle

Koordinering

Berit + Hege Cecilie

Helseøkonomi

Linn + Lars

Database

Mats + Cecilie

Monitorering

Jacob

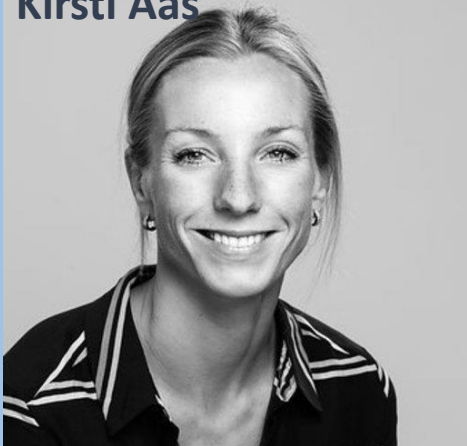


- A randomized, controlled, open-label, phase III prospective, multicenter intervention trial of immediate curative therapy versus conservative treatment in older patients with non-metastatic, high-risk prostate cancer

Get-RANDomized-Prostate (GRAND-P); SPCG 19

Protokollgruppe

Kirsti Aas



Helena Bertilsson



Kristian Thon



Torgrim Tandstad



Fredrik Ottosson



Christoph Müller



Maria Nyre
Vigmostad



Hege Haugnes
Sagstuen



Sven Löffeler





Formålet med studien

- Hovedformålet med studien er å evaluere om kurativt intendert behandling forlenger livet og/ eller forbedrer livskvaliteten hos eldre pasienter med ikke-metastatisk, høy-risiko prostatakraft

Endepunkter

Primærendepunkter

- Overall survival
- Burden of disease (ELD 14)

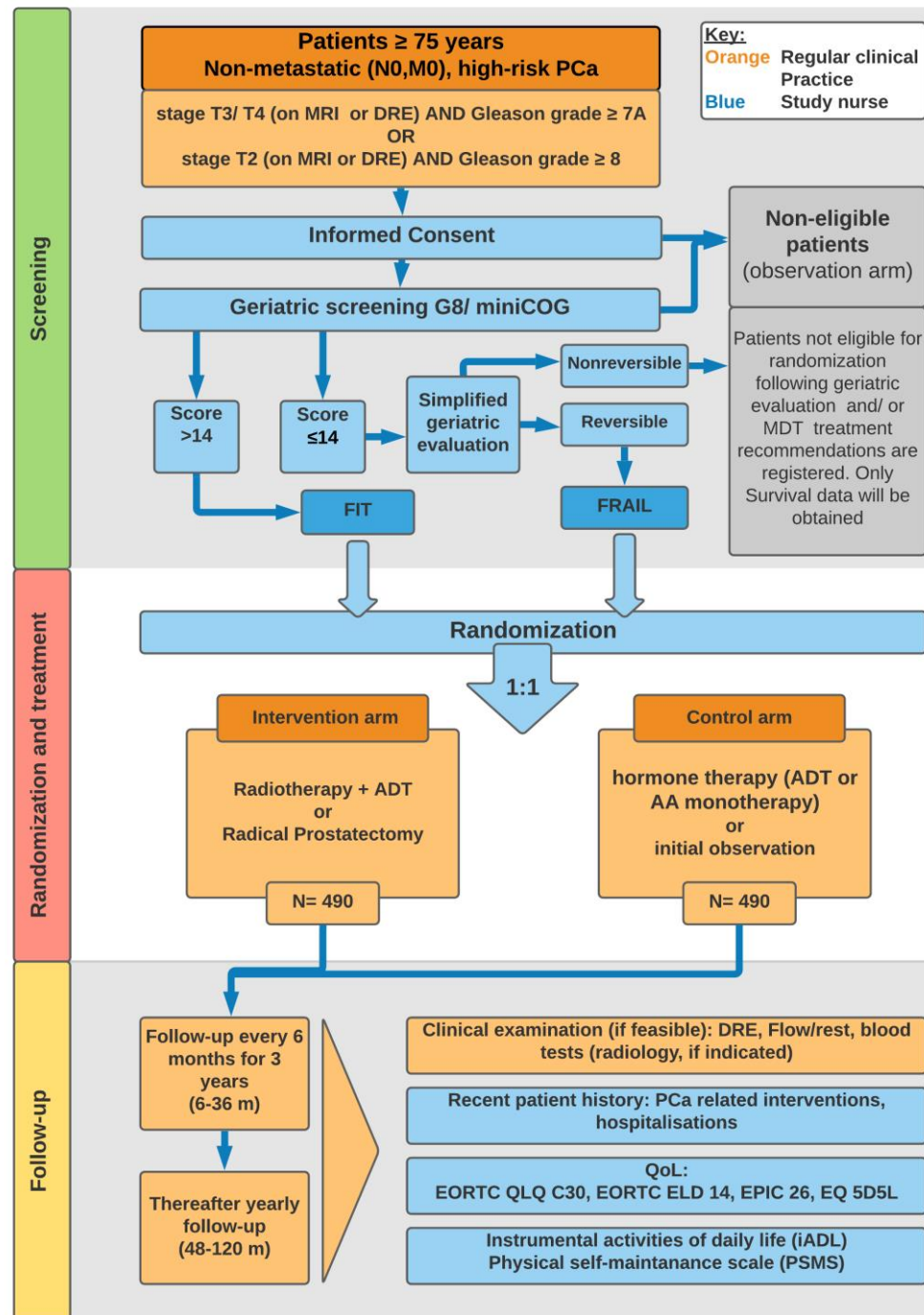
Sekundære endepunkter

- Quality of Life scales:
 - Role functioning (RF2, EORTC QLQ-C30)
 - Urinary Irritative/ Obstructive and Bowel (EPIC-26 score)
- **Pca morbidity (hospitalizations, interventions, complications due to local progression, complications due to systemic progression)**
- Prostate-cancer specific survival
- Metastasis-free survival
- **Symptom/ intervention-free survival**
- Need for secondary and tertiary systemic therapies
- **Quality adjusted life years (EQ 5D 5L)**

Eksplorative endepunkter

- Quality of life scales measured by EORTC QLQ-C30, EORTC ELD14, EPIC-26, EQ-5D-5L
- Lawton and Brody personal and instrumental activities of daily life (pADL/iADL)
- Intervention related treatment costs/ personnel costs during follow-up
- Health care costs/direct costs, mainly related to use of health care services, such as hospitalization, outpatient visits, medications, complications due to treatment, additional treatment.
- Need for institutionalized care

Study Flowchart



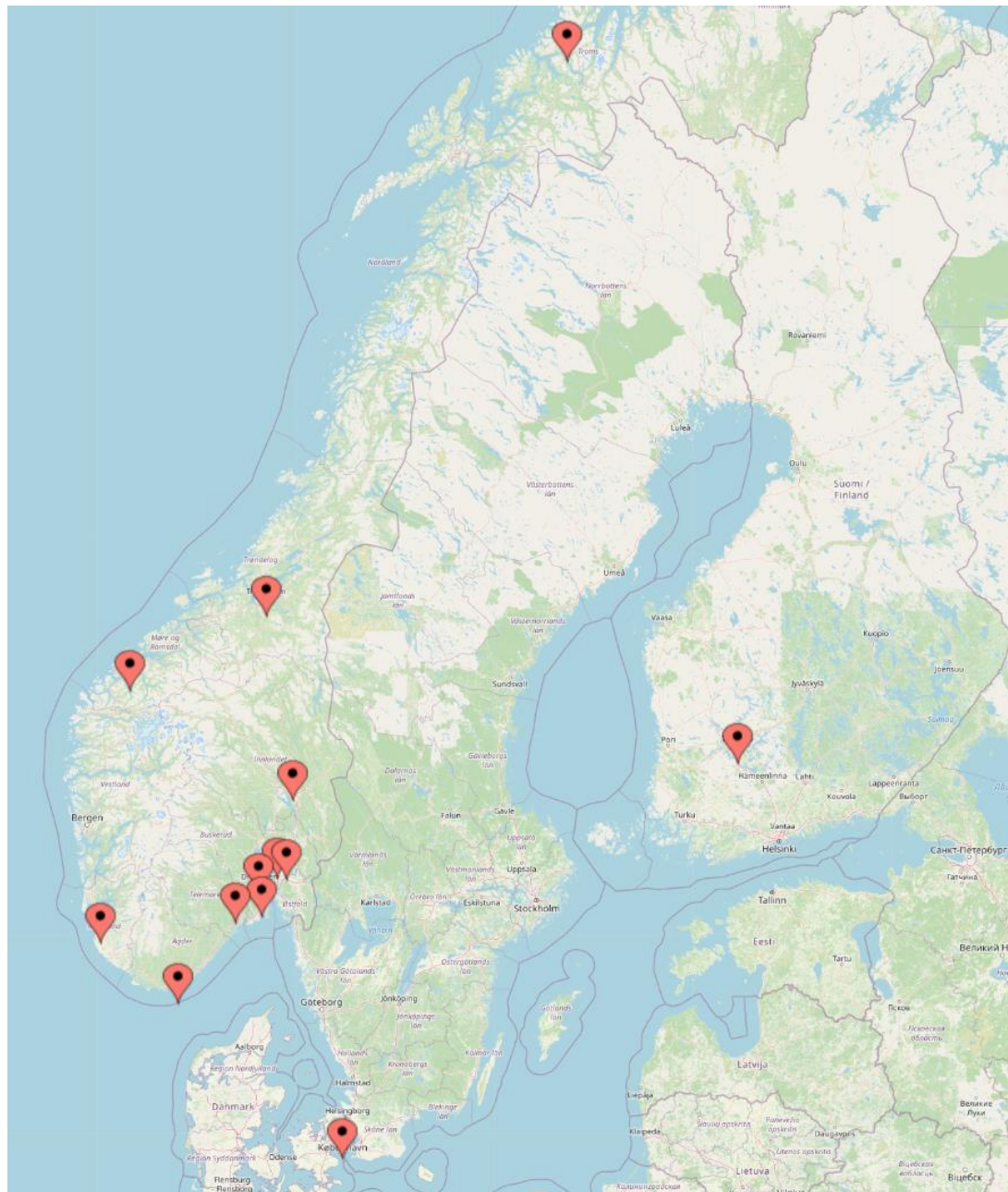
Finansiering

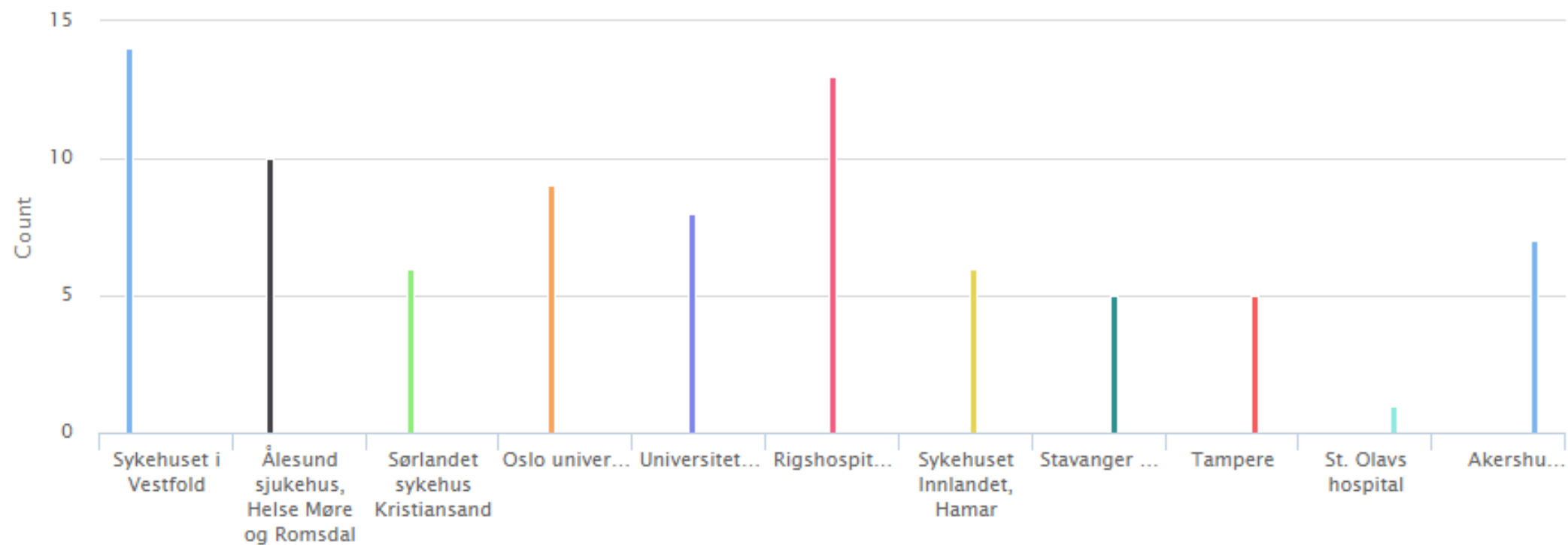
- **KlinBeforsk (19,3 millioner NOK)**
- **Kreftforening (6,9 millioner NOK)**
- **Helse Sør Øst (post doc stilling)**
- **Nordic Cancer Union (75 000 Euro)**
- **Privat donator (1 million NOK)**
- **Prostatacancerförbundet (820 000 SEK)**

Status



13 aktive sentre i Norge, Danmark og Finland





■ Sykehuset i Vestfold
 ■ Ålesund sjukehus, Helse Møre og Romsdal
 ■ Sørlandet sykehus Kristiansand
■ Oslo universitetssykehus Radiumhospitalet
 ■ Universitetssykehuset Nord-Norge
 ■ Rigshospitalet
 ■ Sykehuset Innlandet, Hamar
■ Stavanger universitetssjukehus
 ■ Tampere
 ■ St. Olavs hospital
■ Akershus universitetssykehus

Status

- 78 randomiserte pasienter
- (66 pasienter i observasjonsgruppen)



Status

- 11 aktive sentre i Norge: Tønsberg, Ålesund, Oslo, Hamar, Kristiansand, Tromsø, Stavanger, Trondheim, AHUS, Drammen, Skien
- Danmark: Rigshospitalet, Copenhagen (+ 4 sentre til snart)
- Finland: Tampere (3 sentre til)
- Sverige: etisk godkjenning oktober 2023, oppstart 2024
- UK? Italia?



Takk for oppmerksomheten!