

Prostate cancer (PC)-management of 669 cases in Ghana West Africa

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Objectives: To study clinical incidence of histologically proven PC, TNM stage and management outcomes

Methods: Case expansion study of PC managed in Accra, abstracted records 2004–2012.

Diagnosis by history, High PSA, physical and abnormal DRE and histologically confirmed by biopsy. With gleason scores (GS) and TNM staged and managed by approved protocols. Organ confined PC by radical prostatectomy (RP), brachytherapy (BRCHY), external beam radiotherapy (EBRT), Hormonal/Chemotherapy, or surveillance if life expectancy less than 15 years. T3-4M0 treated by hormonal/chemotherapy ± Total androgen blockade (TAB), BRCHY/EBRT. Metastatic T1-4-M1 is treated by hormonal/chemotherapy ± TAB. Significant LUTO is treated by alpha blockers, TUIP/TURP.

Results: There were 669 cases median age 70 years, median GS 7, organ confined PC 415 (62%), T3-4 M0 167 (25%), METASTATIC CASES 87 (13%). The report on 669 cases were followed for 1–7 years is as follows.
A. *Organ Confined T1-2 N0 M0 PC*– n = 415 presentation is asymptomatic. Symptomatic cases 1–20% treatment regimes

- i) Radical Prostatectomy – $n = 92$. Open retropubic/prior median PSA 16.1 ng/ml, post PSA 0.23 ng/ml. RP specimen BPH = 3, organ confined 76, positive margins 13. Complications rate (COMP) 3–22%.
- ii) Brachytherapy – $n = 70$. 145 GY, median prior PSA 14.6 ng/ml, post PSA 0.59 ng/ml. COMP 3–10%.
- iii) EBRT no = 155. 70/74GY. Median prior PSA 15.7 ng/ml post PSA 0.54 ng/ml. COMP 2–6%.
- iv) Hormonal Chemotherapy + TAB – $n = 98$ prior median PSA 48.5 ng/ml, post PSA 0.6 ng/ml. METHODS LHRH analogue /Chemotherapy 41%, stilboesterol 29%, BTO 30%. COMP 4–30%.
- v) Surveillance GS 6. prior PSA < 8 ng/ml. Presentation symptomatic 60%.

All had neoadjuvant hormonal/chemotherapy + TAB, LHRH 52%, stilboesterol 12%, BTO 36% then

- i) *Brachytherapy* – T3N3, prior PSA 14.6 ng/ml, post PSA 0.11 ng/ml.
- ii) *EBRT*. no-64. Prior PSA T3 (34%) 32.4 ng/ml, T4 (2%) 64.6 ng/ml, Post PSA T3 0.6 ng/ml, T4 0.4 ng/ml, COMP = 2–70%.
- iii) *Hormonal chemotherapy* $n = 103$ (T3 24%, T4 38%), LHRH 28% stilboesterol 4%, BTO 30%, COMP 4–35%, Hospital mortality 26.3%.

Advanced Metastatic T1-4 N1-3 M1 $n = 87$, 13% median prior PSA 93 ng/ml, post PSA 0.4 ng/ml. Presentation all symptomatic .RX LHRH 23%, Stilboesterol 17%, BTO 60%, COMP 20–34%, Hospital mortality 37%.

Conclusions: Prior to 2000 15.3% organ confined, T3/T4 32% and metastatic 52%. Improved facilities and skilled teams since 2004 led to organ confined PC 62% curable by RP, brachytherapy or EBRT with longer disease free survival but advanced disease pose challenges for disease control.

<http://dx.doi.org/10.1016/j.afju.2014.03.011>