Patient ID: 20041410

Gender: M

Date Of Note: 30/08/2023 11:01

MOSAIQ Progress Notes

BY: Zamboglou,Constantinos Visit 30.08.23 with wife Current situation: oligopress and mCRPC in PSMA-PET under ADT+Enza 2001 Biopsy: confirmation of malignancy (Adeno-Ca of the prostate, Gleason score 5 (2+3) (no report submitted) 2001 2x Hypethermia as well as diverse alternative treatments 2018-21 Initiation of anti-androgen, Bicalutamide (initially 50 mg then 150 mg) 2021 Gradual PSA despite Bicalutamide 05/22 Ga68-PSMA PET/CT (Wiesbaden, Germany): highly PSMA expressing prostatic malignancy with SV invasion, and ECE with at least contact to the anterior rectal wall. Highly PSMA positive pelvic and retroperitoneal LNs, supradiaphragmatic LNs, and multiple bone lesions (Th3, Th12, 7th rib, L5) 05/22 MRI Pelvis: Prostate volume 43cc. PI-RADS V lesion within the posterior PZ extending just above the apex of the prostate. 11/22 PSA 248 ng/ml 11/22 ADT initiation with Goserelin 10.8 mg and Enzalutamide (GOC) 12/22 SBRT of T3 spine 30 Gy in 10 Gy 05/23 PSA 80 ng/ml under sufficient testosteron suppresion 08/23 PSA 128 ng/ml under sufficient testosteron suppresion 08/23 PSMA-PET/CT: SD and CR in the prostate and LNs, mixed response in bones with up to 5 bone mets in progress Long discussion with patient about treatment options for newly diagnosed mCRPC after first line ADT+ENZA. Patient wants to quit ADT due to side effects. I discussed two general options: change of systemic therapy (including BRCA status for PARP inhibitors) vs continuing ADT+Enza and irradiate progredient lesions (experimental approach) Pending: tumorbaord