

# Treatment of High-intermediate and High Risk Prostate Cancer With Whole Pelvic Radiation Plus a Stereotactic Boost to the Prostate

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## Abstract

**Objectives:** The best treatment for high intermediate and high risk prostate cancer is yet to be determined. Several publications suggest improved outcomes with radical local therapy including brachytherapy, surgery, and dose escalated VMAT/IMRT. Over thirty-one thousand men still die each year from prostate cancer. This is a retrospective review to evaluate the outcomes in men treated with whole pelvic radiation and a stereotactic boost to the prostate for their high intermediate/high risk disease.

**Methods:** At the Via Christi Cancer Center we have treated over 600 men with prostate cancer with stereotactic radiosurgery. Eighty-four of these men had high intermediate/high risk disease and were treated with 45Gy of external beam radiation (EBRT) with a stereotactic boost of 21Gy in 2 fractions. Hormonal therapy (ADT) was given at the discretion of the referring urologist.

**Results:** Twenty-three patients had high intermediate risk cancer [grade group 3 (11), or a grade group of 2 and a PSA >10 and > 50% positive cores (12)]. Sixty-one had high risk cancer with a grade group of 4 or 5. The median follow up for the living patients is 4 years. Four patients have been lost to follow up. Twenty-nine patients have died including 2 from metastatic prostate cancer. Three of the intermediate risk patients have had a biochemical failure (7 years, 4 years, and 9 months). Six of the high risk patients have had biochemical failures at a median of 24 months (10-46m). The biochemical control rate is 90.5% in the high risk group and 87% in the high intermediate risk group.

**Conclusions:** With an 87-90.5% biochemical control rate, EBRT + a stereotactic boost + 1-3 years of ADT is a very good option for men with high risk cancer.

## Open Access

### Abstract

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