

Is his PSA DOUBLING TOO FAST?

Rapid PSA doubling time means a higher risk of disease recurrence and progression.¹⁻³

These profiles illustrate hypothetical patients with BCR following definitive treatment of localised prostate cancer. The men in these profiles exhibit a rapid PSADT of $\leq 9-12$ months, which indicates high-risk BCR and the potential for poor outcomes.¹⁻³ The EAU Guidelines and the NCCN Clinical Practice Guidelines in Oncology recognise that PSADT correlates with the risk of prostate cancer metastasis and mortality based on observational studies.^{4,5}

[Get Started](#)

EAU=European Association of Urology; BCR=biochemical recurrence; NCCN=National Comprehensive Cancer Network; PSA=prostate-specific antigen.





Robin
PSADT: 2.8 months

Andreas
PSADT: 5 months

Urs
PSADT: 11 months

Robin

HIGH-RISK BCR

PSA: 2.5 ng/mL

PSADT:
2.8
months

PERSONAL AND SOCIAL HISTORY

Robin works as an architect. He is married and has 3 children.

PROSTATE CANCER HISTORY

Initial diagnosis was 2 years ago. Treated with radical prostatectomy followed by salvage radiation therapy. Currently has a rapidly rising PSA.

PATIENT PERSPECTIVE

Concerned about his high-risk BCR status and the chance his prostate cancer will progress.

Not an actual patient.

AT TIME OF DIAGNOSIS

- 56 years old
- Gleason score: 8 (4+4)
- Initial PSA: 17.8 ng/mL

RADICAL PROSTATECTOMY

SALVAGE RADIATION THERAPY

PSA nadir:
0.1 ng/mL

PSA: 0.8 ng/mL

PSA: 0.4 ng/mL

PSA nadir:
0.2 mg/mL

PSA: 1.1 ng/mL

PSA: 2.5 ng/mL

CURRENT STATUS

- 58 years old
- PSA: 2.5 ng/mL
- PSADT: 2.8 months
- No evidence of metastasis

January '21

March '21

April '21

October '21

January '22

August '22

November '22

February '23

Not an actual patient profile





Robin
PSADT: 2.8 months

Andreas
PSADT: 5 months

Urs
PSADT: 11 months

Andreas

HIGH-RISK BCR

PSA: 9 ng/mL

PSADT:

5
months

PERSONAL AND SOCIAL HISTORY

Andreas works as a pharmacist. He has 1 daughter and 3 grandchildren. His father died of prostate cancer at age 67.

PROSTATE CANCER HISTORY

Andreas underwent a radical prostatectomy, followed by radiation therapy, shortly after he was diagnosed in November of 2020. His PSA has continued to rise since July of 2022.

PATIENT PERSPECTIVE

With no immediate plans to retire, Andreas wants to understand his potential prostate cancer recurrence risk.

Not an actual patient.

AT TIME OF DIAGNOSIS

- 59 years old
- Gleason score: 6 (3+3)
- Initial PSA: 21.2 ng/mL

RADICAL PROSTATECTOMY

SALVAGE RADIATION THERAPY

PSA nadir:
0.1 ng/mL

PSA: 1.2 ng/mL

PSA nadir:
0.1 ng/mL

PSA: 4.1 ng/mL

PSA: 9 ng/mL

CURRENT STATUS

- 61 years old
- PSA: 9 ng/mL
- PSADT: 5 months
- No evidence of metastasis

November '20

March '21 April '21

November '21

July '22

November '22

March '23

Not an actual patient profile





Robin
PSADT: 2.8 months

Andreas
PSADT: 5 months

Urs
PSADT: 11 months

Urs

HIGH-RISK BCR

PSA: 2.8 ng/mL

PSADT:

11
months

PERSONAL AND SOCIAL HISTORY

Urs has been living with prostate cancer for the last 4 years. He and his husband are volunteers at an animal shelter.

PROSTATE CANCER HISTORY

Initial diagnosis in May of 2018. One year after external beam radiation therapy, Urs PSA began to rise and has been rising steadily since July of 2019.

PATIENT PERSPECTIVE

Urs enjoys an active lifestyle and loves to take his dogs on hikes. He is motivated to learn more about high-risk BCR.

Not an actual patient.

AT TIME OF DIAGNOSIS

- 64 years old
- Gleason score: 7 (3+4)
- Initial PSA: 16.0 ng/mL

EXTERNAL BEAM RADIATION THERAPY

PSA nadir: 0.8 ng/mL

PSA slowly rising

PSA: 1.0 ng/L

PSA: 1.4 ng/mL

PSA: 2.8 ng/mL

CURRENT STATUS

- 68 years old
- PSA: 2.8 ng/mL
- PSADT: 11 months
- No evidence of metastasis

May '18

June '18

July '19

June '20

May '21

February '22

January '23

Not an actual patient profile





Understand PSA doubling time AND HIGH-RISK BCR

Review the association of PSADT to high- vs low-risk BCR with this [data simulation](#).

References:

1. Paller CJ et al. Management of biochemically recurrent prostate cancer after local therapy; evolving standards of care and new directions Clin Adv Hematol Oncol 2013; 11(1):14-23
2. Ward JF et al. The long-term clinical impact of biochemical recurrence of prostate cancer 5 or more years after radical prostatectomy J Urol 2003;170(5):1872-1876
3. Freedland SJ et al. A phase 3 randomised study of enzalutamide plus leuprolide and enzalutamide monotherapy in high-risk non-metastatic hormone-sensitive prostate cancer with rising PSA after local therapy: EMBARK study design BMJ Open 2021; 11(8):e046588
4. NCC Guidelines. Prostate Cancer. Version 1. 2023
5. EAU. Available at <https://uroweb.org/guidelines/prostate-cancer>. Date accessed: July 2023

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