

Report from the Scandinavian Prostate Cancer Group June 2015 – May 2017

SPCG Board

We have held the yearly meeting in January at Arlanda. Recruitment is now complete as two board members have participated from Norway, Helena Bertilsson and Erik Haug.

Progress in SPCG Studies

SPCG 5 is closed but three manuscripts have been published from Ebbe Varenhorsts group. They have been looking at prognostic factors for response to hormonal treatment in patients with short and long-term survival as well as on quality of life. Financing has been possible through money remaining from the main study. (Cancer Med. 2016 Mar;5(3):407-14, BJU Int. 2016 Jun;117(6):904-13, Scand J Urol. 2016 Oct;50(5):352-9)

SPCG 6. The patient cohort was updated regarding survival and published with a median follow up 14,6 years when 71% of the patients has died (Eur J Cancer. 2015 Jul;51(10):1283-92. doi: 10.1016/j.ejca.2015.03.021. Epub 2015 Apr 16). PSA kinetics was also analysed in the placebo arm and published (Ann Oncol. 2016 Mar;27(3):460-6). No further analysis is planned.

SPCG 7 has been updated and shows now 19% difference in mortality in favour of radiation + hormones compared to hormones alone. This is definitely a landmark study. The long-term follow up was published last year (Eur Urol. 2016 Oct;70(4):684-691)

SPCG 12 has been analysed and reported the primary end point biochemical progression. It was done as an oral presentation at ASCO in 2016. In short, the study for the first time showed the result from docetaxel alone as adjuvant treatment after surgery for high risk prostate cancer. There was no benefit for docetaxel, instead the data suggest that a subgroup of patients may have a higher progression rate after docetaxel treatment. The work with the manuscript is in progress and was rejected at the first try. In a side study, we are looking at markers for resistance to docetaxel in the radical prostatectomy specimens. Data will be presented at NUF-meeting in Odense as well.

SPCG 13 Follow up is ongoing and final analysis planned in 2018.

SPCG 14 has had a slow recruitment in randomising patients with rising PSA to bicalutamide +/- chemotherapy. Approximately 280 patients have been recruited and will continue at least this year.

SPCG 15 is now established and recruitment is running quite well. More than 200 patients has been randomised. A trial meeting was held at Arlanda 5th of May. There is a lot of interest in Europe and discussions with the French organisation GETUG about cooperation has been initiated. There is also an interest from UK. The study board has done an excellent job and has succeeded to receive several grants to support the study. This may definitely be the next landmark SPCG study.

SPCG 16 has not taken off as a protocol.

SPCG 17 is on Active Surveillance were patients are suggested treatment based on present criteria as decided by the local practice versus standardised criteria with dominating Gleason 4 disease or PSA progression above 15. MRI is now used in the protocol. The first patients have been recruited and more centres are included.

New protocols

A Finish study on neoadjuvant statin treatment before radical prostatectomy has been proposed. A study on treatment of the primary in metastatic disease is another possibility.

SPCG Trial meeting

A Trial meeting was planned to be held in Copenhagen in October 2016. Unfortunately it had to be cancelled.

SPCG Research Grant

From Ing-Britt and Stig Mårtensson foundation, a yearly Grant of 50 000 SEK is awarded to Clinical Research after application. The 2015 Grant was awarded to Denmark. The 2016 had only one applicant, the NUF bulletin has not been printed. The applicant did not fullfill the criteria. The research grant will be announced at the NUF meeting in Odense for both 2016 and 2017.

Economy

The chairman Göran Ahlgren is responsible for the economy and gives a yearly overview. Accounting is hired from Catharina Edman consulting bureau and the revision is in Stockholm run by Laestadius. All finances are in order and approved yearly. Support has been given to start the SPCG 15 study for meetings and applications. There is still 150 000 SEK yearly to support new protocols and analysis if applications to other sources is unsuccessful. However, the SPCG 15 and 17 now has received support from external sources and may need less support further on. The analysis of SPCG 12 and 4 may need further support. SEK 50 000 is given each year to the SPCG research Grant. The economy is solid and looks good for the next 5 years.

Malmö May 2017

Göran Ahlgren
Chairman