International Prostate Symptom Score Assessment following Pd-103 Line Source for Prostate Brachytherapy Implants

B. PRESTIDGE, B. MORAN, J. KAMINETSKY* and R. STOCK*
1 Mount Sinai Hospital, New York City, NY USA
2 Chicago, Prostate Cancer Center, Chicago, IL USA
3 Manhattan Medical Research, New York City, NY USA
4 Memorial Hospital, New York City, NY USA

INTRODUCTION
LDR brachytherapy typically relies on loose or stranded isotope whose dosimetry is characterized as point sources. A polymer encapsulated 103Pd source with a unique linear radioactive distribution may provide a useful refinement on prostate brachytherapy.

AIM
To assess the International Prostate Symptom Score (IPSS) following the implant of a polymer encapsulated Pd-103 source with a unique linear radioactive distribution. A registry study collects patient reported outcomes following brachytherapy, including the IPSS questionnaire.

METHOD
37 subjects with prostate cancer were implanted with the Pd-103 line source. Prostate specific antigen (PSA) was recorded before implant and in 6 month intervals following implant. Patients were asked to respond to the IPSS questionnaire before implant, one month after implant, and at 6 month intervals following implant. PSA and responses to questionnaires have been collected for up to 24 months for some patients. Patients were not excluded based on pre-implant IPSS.

RESULTS
The average PSA prior to implant and at 6 months following implant were 7.7 and 1.2, respectively. A total of 37 patients responded to the questionnaires prior to linear Pd-103 implant. Mild increase in frequency and urgency reported following implant, resolving prior to 6 months follow up. The average baseline IPSS for all patients is 9.1. The pre-implant IPSS is known to impact the post implant results. Of 37 patients, 9 patients had baseline IPSS ≤15 and an average of 5.7. 28 patients had a baseline IPSS >15 with an average of 19.2. The IPSS reported for Pd-103 linear sources indicate that to return to baseline may occur more rapidly than with traditional seeds. Treatment strategy of monotherapy or combined BT+EBRT did not affect the IPSS resolution time.

CONCLUSIONS
Preliminary results suggest that the temporary uropathy associated with Pd-103 line source brachytherapy may resolve more rapidly when compared to seeds in the published literature.

ACKNOWLEDGEMENTS
CivaTech Oncology® sponsored this CivaString® Patient Registry.

REFERENCES

CONTACT INFORMATION
Highlight this text and replace with your own text.