

Pressemeddelelse – Maria Ervandian

Dansk:

Kontakt information:

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Titel:

Salvage strålebehandling af patenter med prostatakræft efter behandling med radikal prostatektomi.

Tid og sted:

Fredag 29.09.2017, 14.00, Indgang G, Auditorium B, Aarhus Universitets Hospital, Skejby.

PhD forsvaret er offentligt.

Resume af PhD afhandlingen:

25-30 % af patienter behandlet med kirurgi for prostatakræft vil opleve lokaliseret sygdomstilbagefald, disse patienter kan blive tilbudt endnu en kurativ behandling med strålebehandling af prostatas tidligere lokalisation.

Denne PhD afhandling evaluerer alle patienter i Danmark behandlet med strålebehandling grundet sygdomstilbagefald efter kirurgi i perioden 2006-2010. Det overordnede formål var at karakterisere patientgruppen med specifik fokus på effektivitet af behandlingen, behandlingsrelaterede bivirkninger fra urinvejene og bivirkningernes potentielle indflydelse på patienternes livskvalitet.

Resultaterne viste at patienter med et lavt niveau af prostata specifict antigen i blodet, og specifikke kirurgiske parametre sammen med samtidig hormonbehandling, havde de bedste chancer for kræft fri overlevelse. Efter 3-års opfølgning var 57 % af patienterne uden et nyt sygdomstilbagefald. Vi fandt desuden at patienter behandlet med en kombination af kirurgi og strålebehandling havde en høj rate af bivirkninger fra urinvejene, og at bivirkningerne havde en indflydelse på patienternes livskvalitet.

I et klinisk studie undersøgte vi den naturlige blære fyldning og tømning, og resultaterne viste at mange parametre var påvirkede, som en konsekvens af dobbeltbehandling med kirurgi og strålebehandling i behandlingen af prostatakræft.

Engelsk:

Contact information:

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Title of the PhD dissertation:

Salvage radiation therapy in prostate cancer patients after treatment with radical prostatectomy.

Time and Place:

Friday 29.09.2017, 14.00, entrance G, Auditorium B, Aarhus University Hospital, Skejby.

The PhD defence is open to the public.

Summary of the PhD dissertation:

25-30 % of patients undergoing surgery for prostate cancer will experience a localized disease relapse. These patients can be offered another curative treatment with radiotherapy to the area of the earlier prostate location.

This PhD thesis evaluates patients treated with radiotherapy because of disease relapse after surgery in Denmark over a 5-year period from 2006-2010. The overall purpose was to characterise patients with specific focus on the efficacy of the treatment, treatment related morbidity from the lower urinary tract and the potential influence of morbidity on the patients' quality of life.

We found that patients with a low level of prostate specific antigen in their blood, and specific surgical parameters together with concurrent treatment with antiandrogen treatment before radiotherapy had the best chances of cancer-free survival. After 3 years of follow-up 57 % of the patients were without a new disease relapse. Furthermore we found that the addition of radiotherapy in patients treated with surgery were related with a high incidence of morbidity from the lower urinary tract, patients with high morbidity had an influence on the patients' quality of life.

In a clinical study we examined the natural bladder filling and emptying, and we found that several parameters were affected as a consequence of double treatment with surgery and radiotherapy in the treatment of prostate cancer.