

**CALGB 90203: Randomized Phase III Study of Neo-Adjuvant Docetaxel and Androgen Deprivation Prior to Radical Prostatectomy versus Immediate Radical Prostatectomy in Patients with High-Risk, Clinically Localized Prostate Cancer**

*Fast Facts*

**Eligibility Criteria**

- 1. Histologic Documentation:** Histologic documentation of prostatic adenocarcinoma. Patients with small cell, neuroendocrine, or transitional cell carcinomas are not eligible. All eligible patients must have a known Gleason sum based on biopsy or TURP at the time of registration.
- 2. Clinically Localized Disease:** Patients must have clinical stage T1-T3a and no radiographic evidence of metastatic disease as demonstrated by:
  - EITHER CT or MRI of the abdomen and pelvis, OR endorectal MRI of the pelvis that demonstrate no nodes > 1 cm;  
If one or more lymph node(s) measures > 1 cm, a negative biopsy is required. If more than one lymph node is > 1 cm, the largest or most accessible node should be biopsied;
  - AND
  - Negative bone scan (with plain films and/or MRI and/or CT scan confirmation, if necessary).  
Positive PET and Prostatecint scans are not considered proof of metastatic disease.
- 3. Determining High-risk Status:** Patients must have **either**:
  - A Kattan nomogram predicted probability of being free from biochemical progression at 5 years after surgery of < 60%. See Appendix III for instructions for calculating this probability. Please note that for the purposes of the nomogram calculation, the pre-biopsy PSA value must be used.  
OR
  - Prostate biopsy Gleason sum  $\geq 8$   
Note: the Kattan nomogram probability must be calculated for **ALL** patients, including those eligible based on Gleason sum  $\geq 8$
- 4. Prior Treatment:** No prior treatment for prostate cancer including prior surgery (excluding TURP), pelvic lymph node dissection, radiation therapy, or chemotherapy.  
Patients may have received up to 3 months of androgen deprivation therapy (LHRH agonists, antiandrogens, or both) prior to being enrolled on the study.
- 5.** Patients must be appropriate candidates for radical prostatectomy with an estimated life expectancy >10 years as determined by a urologist. Evidence of underlying cardiac disease should be evaluated prior to enrollment to ensure that patients are not at high risk of cardiac complications.
- 6.** Patients with a history of deep venous thrombosis, pulmonary embolism, and/or cerebrovascular accident or currently requiring systemic anticoagulation are eligible provided they are determined to be candidates for radical prostatectomy.
- 7.** ECOG performance status: 0-2
- 8.** Age:  $\geq 18$  years of age.
- 9. Required Initial Laboratory Values:**
  - ANC  $\geq 1500/\mu\text{L}$
  - Platelet count  $\geq 150,000/\mu\text{L}$
  - Creatinine  $\leq 2.0$  mg/dL
  - Pre-registration serum PSA level  $\leq 100$  ng/mL
  - Bilirubin  $\leq$  Upper limit of institutional normal (ULN)\*
  - AST/ALT  $\leq 1.5$  X ULN  
\* For patients with Gilbert's Disease,  $\leq 2.5$  X ULN is allowed.
- 10.** Patients must be informed of the investigational nature of this study and give written informed consent according to institutional and federal guidelines.

The following guidelines are to assist physicians in selecting patients for whom protocol therapy is safe and appropriate. Physicians should recognize that the following may seriously increase the risk to the patient entering this protocol:

- Psychiatric illness which would prevent the patient from giving informed consent

- Medical conditions such as uncontrolled infection (including HIV), uncontrolled diabetes mellitus or cardiac disease which, in the opinion of the treating physician, would make this protocol unreasonably hazardous for the patient.
- Unwillingness to use an appropriate method of birth control throughout their participation in this study due to the teratogenic potential of the chemotherapy utilized in this trial. Appropriate methods of birth control for participants and their female partners of child-bearing potential include, but are not limited to, oral contraceptives, implantable hormonal contraceptives (Norplant), or double barrier method (diaphragm plus condom).
- Patients with a "currently active" second malignancy other than non-melanoma skin cancers. Patients are not considered to have a "currently active" malignancy if they have completed therapy and are considered by their physician to be at less than 30% risk of relapse.

**Guidelines For Pre-Study Testing**

1. To be completed within 90 DAYS before registration:
  - Diagnostic prostate biopsy confirming prostatic adenocarcinoma
2. To be completed within 42 DAYS before registration:
  - Computed tomography or MRI scan of the abdomen and pelvis or endorectal MRI, and bone scan (with plain film or MRI confirmation, if necessary).
3. To be completed within 14 DAYS before registration:
  - All blood work, physical examination, history

**4. Tests & Observations**

History & Physical, Pulse, Blood Pressure, Weight / BSA, Height, Performance Status, Pathology review

**5. Laboratory Studies**

CBC, Differential, Platelets, Serum Creatinine, ALT, AST, Billrubin, LDH, Alk. Phos., Serum PSA, Serum Testosterone, EKG

**6. Staging**

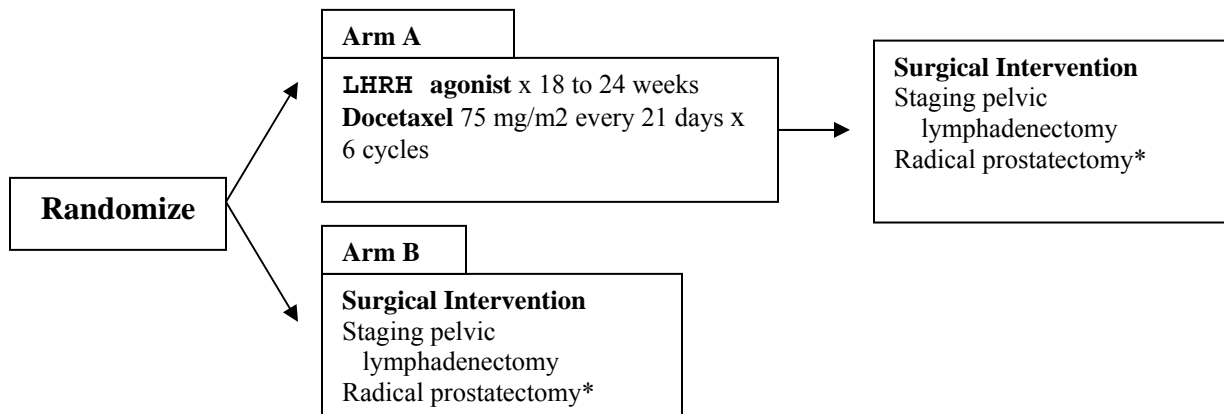
Bone Scan, CT Scan or MRI of abd. /pelvis OR erMRI of pelvis

**Treatment Plan – see section 8.0**

Patients will be randomized to receive either 18 to 24 weeks of androgen deprivation therapy plus chemotherapy followed by radical prostatectomy OR immediate radical prostatectomy.

For patients randomized to Arm A, chemohormonal therapy is to begin within 14 days of randomization. One cycle is defined as 3 weeks of treatment. Surgery will then take place within 60 days following the completion of neoadjuvant therapy (i.e. 60 days plus 3 weeks after the last dose of docetaxel).

For patients randomized to Arm B, surgery is to occur within 60 days of randomization.



\* Patients with positive surgical margins extraprostatic extension, and/or seminal vesicle invasion are allowed to receive adjuvant external beam radiation to the prostatic fossa at the discretion of the treating physician. Adjuvant radiation must be initiated within 6 months of the date of surgery.

**For Toxicities and Dosage Modifications, See Section 9.0**