

# 전립선암 치료법의 예후 비교

## Review of the Treatment Outcome in the Adenocarcinoma of the Prostate

17가 10

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### Abstract

The management of prostate cancer which is common in the elderly is problematic and remains controversial. Patient selection may have a crucial role in predicting outcome, because of death from other causes may occur before death from prostate cancer in many cases. The best approach may be to have patients choose a therapy after being well informed of the outcome including the relative risks and benefits from each treatment option. Assessment of treatment outcome has become more sensitive and rapid after serum prostate specific antigen (PSA) is available in routine follow-up. PSA has identified substantially more failure following all radical therapies than was previously detected, which is reporting long-term outcome with cure rates well below 40% not only for surgery but also radiation. Though watchful waiting or conservative management is frequently criticized as a poor option, it maybe a valid option for all men regardless of age or health status. However, radical prostatectomy still offers the best opportunity to cure the disease. Because of uncertainty of therapeutic benefit and variation in practice patterns etc, practice guideline development is needed.

**Keywords :** Prostate cancer; Hormone therapy;  
Watchful waiting;  
Radical prostatectomy; Radiation

: ; ; ; ;

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(biological response modifier) (cryosurgery), HIFU (highly intensified focused ultrasound)

(minimal invasive treatment)

(external beam radiation)

(brachy - therapy)

(maximal androgen blockade),

(deferred treatment)

$$(\text{biological behavior})^{\frac{1}{2}} \quad , \quad (1).$$

(1).  
PSA가

(2).

(stage T2c ) 3,170 5  
438 (14%)

(watchful waiting) (conservative 75%, 60% , 67%,  
treatment), (deferred hormonal 46% . 90%, 82%,  
therapy) . 82%, 76%, 83%, 75%,  
 . 가 72%, 61%, PSA  
(0.2 ng/ml )

52%, 40% . Gleason score 3 10 47% . PSA  
15 95%, 93% , 4~6 90%, 5 33% 가 .  
82%, 7 82%, 71% (3). , LH - RH  
PSA 10  
, 3  
40% PSA  
LH - RH 3  
PSA가 ,  
가 T1 T2a (5).  
Soloway cT2bNxM0 PSA가 50 ng/ml  
(Maximal androgen blockade)  
3  
가 (2). 78%, 47%,  
48%, 18%, 17%, 6%  
2)  
(1) PSA , ,  
van den Ouden T3  
5 10 (6).  
85%, 72% , (3)  
41%, 69% , 18%, 44% , 1,245  
31%, 50%, PSA 5 71% 10  
. G1,2 G3 15 . 15  
T3G1 - 2 52% . (T1, T2a)  
가 가 15 53%  
55% . T1 T2N0M0  
T3G3 (4). 15 (actuarial survival) 45%  
(2) + 56% (7).  
10 Gleason score  
25% 2~5, 6~7, 8~10 87%, 75% 44%

(8). pN0 61% 31%,  
10 61%, 38%, 44%, 27% .  
15 84.2%, 80% 가 .  
PSA 4 54.5%, 32.4%, PSA 1.5 가  
42.3%, 9.6% . (12).  
goselerin ,  
(9). 5 62%, 79% , 5  
48%, 85%  
4 PSA 91% , 가 (13).  
4 PSA  
85%, 58% , 3) 가  
Gleason score 7 90%, Zwergel 가 5,  
43% 가 . 10, 15 76.6%, 86.5%, 60.1%  
3 PSA 71% . 72.7%, 49.8%, 31.6%  
87%, (biochemical progression free  
96.8%, survival) 77.4%, 53.0%, 33.7%, 145  
68.8% , 86% ( ) . 가  
(10). 3/4 10  
(4) + (14).  
+ Zincke 가 5, 10,  
T2 - T3 15 91%, 79%, 60% pTxN+  
, 15 79 +/- 3.0% pT2c 80% +/-  
+ + 7 - 3.5% 가 pTxN+  
PSA 42%, 66% 69%  
가 (11). (15).  
2.

- 3)
- 가 가 3 .
- 10 가 87%, 3 34% .
- 1 81%, 2 58%, 3 26% .
- (1).
- (18).
- 가
- 1) 1, 2 10
- Johansson 12.5
- 3
- 10% , (18).
- 84% . 10
- 85%, 10
- 89% . 10
- 55% 2/3 , 10 88% PSA
- 4.0 mg/nl , 65% 1.5 ng/ml .
- 가 , .
- 가 가 (19).
- 4)
- M0
- (16).
- M0 50% , 10
- 2) 63% (20).
- bicalutamide
- 5)
- (17).
- , estramustine phosphate,

가 15 2.

가 , 가  
가 가  
가 .  
estramustine 가 가  
.

(21). mitoxanthrone prednisolone pred-  
nisolone PSA가 50%  
. PSA  
가 (23).

3. +  
560 mg estra-  
mustine phosphate  
가 , PSA가 25%  
가 (24).  
1.

( ) 30 가 .  
Southwest Oncology Group Study 1,076  
. performance status 0 1~3 , PSA 65  
ng/ml , Gleason score 8 8  
, 3가 ( harzard  
ratio 1), ( 1.8) ( 2.8)  
5 42%, 21% 9%

(22).

4. (Bhavioral Therapy)  
10 cognitive - behavioral  
stress management(CBSM)  
가  
10 CBSM  
(25).

가  
가 .  
.  
.  
(26),  
가 .  
,  
,  
,  
가  
(27).  
,  
가 ,  
(end - point)  
가 (28).  
2004 5  
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