

저리서암 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**

가 (biological response modifier) (cryosurgery), HIFU (highly intensified focused ultrasound) (minimal invasive treatment) (external beam radiation) (brachy - therapy) (maximal androgen blockade), (deferred treatment)

가

(biological behavior)가 ,

(1).

가 . 1.

가

가

가 가

10

가

(prospective, randomized, controlled, multicenter study) (meta - analysis)

(1).

PSA가

가

%

가

가

(2).

1)

(stage T2c) 3,170 5

438 (14%)

159(5%)

. 10 15 (crude survival rates)

(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).

(9). goselerin ,
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%
(11). (15).
가

3)

가 가 3

10 가 87%, 3 34% 1, 2

1 81%, 2 58%, 3 26%

(1).

(18). 가

1) 1, 2 10

Johansson 12.5

3

10%

(18).

84%

10 Patterns of Care Study and the Radiation Therapy Oncology Group (T1B2, 10

85%, 89% 10) 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

가

가

,

estramustine

가

가

(21).

mitoxanthrone prednisolone pred-

nisolone

PSA가 50%

. PSA

가 (23).

3. +

,

560 mg estra-

mustine phosphate

가

PSA가 25%

1.

가 (24).

() 30

가 .

4. (Behavioral Therapy)

Southwest Oncology Group Study 1,076

10 cognitive - behavioral

. performance status 0 1~3 , PSA 65

stress management(CBSM)

ng/ml , Gleason score 8 8

, 3가 (hazard

ratio 1), (1.8) (2.8) 가

5 42%, 21% 9%

10 CBSM

(22).

(25).

가
가 .
.
(26),
가 .
, ,
,
가
(27).
가 ,
(end - point)
가 (28).
2004 5
: ④

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