

# JOURNAL OF CLINICAL ONCOLOGY

Official Journal of the American Society of Clinical Oncology

[Log In](#)

[Submit](#)

[E-Alerts](#)

[Subscribe](#)

[OpenAthens/Shibboleth »](#)

Enter words / phrases / DOI / ISBN / authors / keywords / etc.

Search

Advanced Search

[Newest Articles](#)

[Issues](#)

[Browse By Topic](#)

[Special Content](#)

[Authors](#)

[Subscribers](#)

[About](#)

ASCO Journals

[PROSTATE CANCER](#)

## Is clinical stage T2C prostate cancer intermediate- or high-risk disease?

Zachary Klaassen, Abhay A Singh, Lauren Howard, Martha K. Terris, William J Aronson, Matthew R. Cooperberg...Christopher L Amling, Christopher J Kane, Lionel Lloyds Banez, Stephen J. Freedland

Abstract

### OPTIONS & TOOLS

[Export Citation](#)

[Track Citation](#)

[Add To Favorites](#)

[Rights & Permissions](#)

110

**Background:** Clinical stage T2c (cT2c) is an indeterminate factor in the algorithm for prostate cancer (CaP) risk stratification. According to the D'Amico risk stratification and the American Urological Association (AUA) guidelines, cT2c is high-risk, whereas the National Comprehensive Cancer Network (NCCN) and EUA classify cT2c as intermediate-risk. Since determining whether cT2c is intermediate- or high-risk has implications for treatment, it is important to define what exact risk cT2c portends. Thus, we sought to assess whether cT2c tumors, without associated other high-risk factors (cT2c not otherwise specified (cT2c-nos)), behave as intermediate- or high-risk by analyzing biochemical recurrence (BCR) after radical prostatectomy (RP). **Methods:** We retrospectively analyzed 2,759 men who underwent RP from 1988 to 2011 from the Shared Equal Access Regional Cancer Hospital (SEARCH) database. Comparisons in time to BCR between cT2c-nos patients and intermediate-risk (prostate-specific antigen [PSA] 10 to 20 ng/ml or Gleason sum (GS) =7 or cT2b), and high-risk (PSA greater than 20 ng/ml, GS 8 to 10, cT3) patients was performed using log-rank test and Cox proportional hazards analyses. Given changes in CaP, we adjusted for year of surgery (continuous) and to adjust for case mix among centers contributing to SEARCH we included a categorical term for center. **Results:** A total of 99 men (4%) were classified as cT2c-nos. During a median follow-up of 66 months (IQR: 34–101 months), cT2c-nos patients had similar BCR risk as intermediate-risk ( $p=0.27$ ), but significantly lower BCR risk versus high-risk patients ( $p<0.001$ , Figure). After

## COMPANION ARTICLES

No companion articles

## ARTICLE CITATION

DOI:

10.1200/jco.2014.32.4\_suppl.110  
Journal of Clinical Oncology 32,  
no. 4\_suppl (February 2014)  
110-110.

## WE RECOMMEND

Is clinical stage T2c prostate cancer intermediate- or high-risk disease? Results from the SEARCH database.

Abhay A Singh et al., J Clin Oncol, 2012

Fifteen year follow up of the first cohort of localized prostate cancer patients treated with brachytherapy

J. E. Sylvester, J Clin Oncol, 2016

Duration of Short-Course Androgen Suppression Therapy

adjusting for year and center and compared to low-risk disease, the HRs for cT2c–nos patients was similar to those with intermediate-risk (HR 1.90 vs. 2.28). When specifically compared to intermediate-and high-risk patients, and after adjusting for year and center, cT2c–nos patients had outcomes comparable to intermediate–risk ( $p=0.44$ ), but significantly better than high-risk patients (HR 0.55; 95%CI 0.38,0.78;  $p=0.001$ ). Conclusions: BCR risk for patients with clinical stage T2c was comparable to men who had intermediate-risk disease and significantly better than men with high-risk CaP. These findings suggest men with cT2c disease should be offered treatment options for intermediate-risk CaP.

and the Risk of Death As a Result of Prostate Cancer

Anthony V. D'Amico et al., J Clin Oncol, 2011

Impact of Race on Prostate-Specific Antigen Outcome After Radical Prostatectomy for Clinically Localized

Adenocarcinoma of the Prostate  
Chaundre K. Cross et al., J Clin Oncol, 2002

Predictors of Prostate Cancer-Specific Mortality After Radical Prostatectomy or Radiation Therapy

Ping Zhou et al., J Clin Oncol, 2005

MEDLINE Abstracts:

Brachytherapy for Prostate Cancer

Medscape, 2003

Using the AUA/ASTRO Guideline on ART After Prostatectomy

Jung Hun Kang et al., Medscape, 2014

High-Dose RT Is a 'Conundrum' in Localized Prostate Cancer

Nick Mulcahy et al., Medscape, 2014

MEDLINE Abstracts: Prostate Cancer Screening

Medscape, 2002

Six Months of ADT Plus

Radiotherapy Halves Prostate

Cancer Mortality

Roxanne Nelson et al., Medscape,  
2011

---

Powered by

## WHAT'S POPULAR

Most Read   Most Cited

---

Minimal Residual Disease  
Assessed by Multiparameter  
Flow Cytometry in Multiple  
Myeloma: Impact on Outcome  
in the Medical Research  
Council Myeloma IX Study  
Rawstron et al.

Integration of Palliative Care  
Into Standard Oncology Care:  
American Society of Clinical  
Oncology Clinical Practice  
Guideline Update  
Ferrell et al.

Use of Adjuvant  
Bisphosphonates and Other  
Bone-Modifying Agents in  
Breast Cancer: A Cancer Care  
Ontario and American Society  
of Clinical Oncology Clinical  
Practice Guideline  
Dhesy-Thind et al.

Clinical Cancer Advances  
2017: Annual Report on  
Progress Against Cancer From  
the American Society of  
Clinical Oncology  
Burstein et al.

Cabozantinib Versus Sunitinib  
As Initial Targeted Therapy for  
Patients With Metastatic Renal  
Cell Carcinoma of Poor or  
Intermediate Risk: The  
Alliance A031203 CABOSUN  
Trial  
Choueiri et al.

JOURNAL OF  
CLINICAL  
ONCOLOGY®

Journal of  
oncology  
practice

jgo  
Journal of  
Global Oncology

JCO™ | CLINICAL CANCER  
INFORMATICS

JCO™ | PRECISION  
ONCOLOGY

ASCO®

ASCO® JOURNALS

American Society of Clinical Oncology  
2318 Mill Road, Suite 800, Alexandria, VA 22314  
Journal of Clinical Oncology® is a trademark of the American Society of Clinical Oncology



[Contact us](#) | [Terms of Use](#) | [Privacy Policy](#)