

SMALL CELL CARCINOMA OF THE PROSTATE (SCPC)
Compiled by Charles (Chuck) Maack – Prostate Cancer activist/Mentor

DISCLAIMER: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to voluntarily help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. There is absolutely no charge for my mentoring – I provide this free service as one who has been there and hoping to make your journey one with better understanding and knowledge than was available to me when I was diagnosed so many years ago. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing your prostate cancer care.

Regarding Small Cell Carcinoma of the Prostate (SCPC):

The prognosis is poor for patients so diagnosed.

The below provided by Medical Oncologist Stephen B. Strum to a patient showing signs of Small Cell Carcinoma:

“The treatment for small cell PC is quite novel and apart from the "garden-variety" PC.

SMALL CELL CARCINOMA OF THE PROSTATE (SCPC)

--Small cell carcinoma of the prostate is a rare tumor accounting for less than 1% of all prostate neoplasms. The histogenesis of this tumor is unclear. It may arise from a APUD (amine precursor uptake and decarboxylation) cell or may reflect on the ability of a pluripotential cell to differentiate along the lines of a neuroendocrine tumor. In a Mayo Clinic series 67% of patients presented with pure cell carcinoma while 33% of patients have both small cell and adenocarcinoma components. These tumors may secrete several peptide hormones such as ACTH, Serotonin, Bombesin, Calcitonin, Somatostatin, HCG, TSH-like

material, PTH and Vasopressin-like substances. In many patients serum levels of these peptides are not elevated. In almost all patients immunoperoxidase stains for neuron specific enolase (NSE) are positive. In some of these patients, serum NSE is a useful tumor marker. Small cell prostate cancers frequently do not produce PSA or PAP. The prognosis of these tumors is usually proportional to the extent of neuroendocrine differentiation. These are aggressive tumors with a tendency to metastasize early and to unusual locations. In the Mayo Clinic series of 27 patients presenting between 1960 and 1990 the median survival time following diagnosis was 17.1 months with a range of 2 to 90 months.

Oesterling JE, Hauzeur CG and Farrow GM. Small cell anaplastic carcinoma of the prostate: A clinical, pathological and immunohistological study of 27 patients. J Urol 147:804-807, 1992.

Hagood PG, Johnson FE, Bedrossian CW and Silverberg AB. Small cell carcinoma of the prostate. Cancer 67:1406-1050,1991.

More about SCPC....

Strum SB, Leibowitz R and Koehler SC: Small cell carcinoma of the prostate (SCPC): Complete response to cyclophosphamide, doxorubicin and etoposide (CDE). Proc Am Soc Clin Oncol 13:239, 1994.

Small cell carcinoma of the prostate (SCPC) is an aggressive tumor with a tendency to metastasize early. The prognosis for patients with this histologic variant of prostate cancer is poor. There is no standard chemotherapy regimen for SCPC. We report a 77 year old patient with stage D₂ SCPC who achieved a CR with Cyclophosphamide, Doxorubicin and Etoposide (CDE). The regimen involved

Cyclophosphamide at a dose of 50 mg po bid x 14 days Etoposide at 50 po qd x 21 days Doxorubicin at 20 mg iv q wk.
Courses were repeated q 29 days.

Baseline tumor markers included serum neuron-specific enolase (NSE) of 119 [nl to 12.5], and an LDH of 932. After 1 cycle of CDE, the NSE and LDH returned to normal with values of 11.7 and 176 respectively. After 4 cycles of therapy a PET total body scan was normal. The patient is off all therapy after 6 cycles and is now 7 months in complete remission.

The regimen was well-tolerated with moderate leukopenia. Alopecia was total. This regimen should be considered in patients with SCPC. A central repository to register patients with this rare variant and to evaluate treatment response to CDE and other protocols is encouraged.

The above is not "kid stuff" and all supportive care involving anti-emetics and support of the WBC & hematocrit must be done in a highly pro-active manner.

The patient above had a great response and after this response was also treated later on with Taxol + Cisplatin.”

MORE IN THIS REGARD:

This paper describes anaplastic prostate cancer:

<http://en.wikipedia.org/wiki/Anaplasia>

As noted in that paper: “Anaplasia is the most extreme disturbance in cell growth encountered in the spectrum of cellular proliferations;” obviously an indication that it is near impossible with today’s medicines to rein in for any reasonable length of time.

This explanation in this paper appears to indicate that anaplasia is very similar to small cell carcinoma:

<http://emedicine.medscape.com/article/1611899-overview>

And has this prognosis:

“The prognosis of prostatic small cell carcinoma is poor, with a median survival of less than 1 year. There appears to be no significant survival difference between pure prostatic small cell carcinoma and mixed small cell carcinoma/adenocarcinoma. Tumor stage is the single most important predictive factor, although the presence of any amount of small cell carcinoma component is considered to carry a poor prognosis.

The experience of treating prostatic small cell carcinomas is limited, as such tumors are rare. These tumors generally do not respond to hormonal therapy or radiation therapy, and surgery is usually not curative.-Patients are usually treated in

the same manner as those with [pulmonary small cell carcinomas](#), with a regimen of cisplatin and etoposide.”

From everything I can find on the internet, this/these forms of prostate cancer spread rapidly.

It appears that an important medication to treat Small Cell Carcinoma is ETOPOSIDE....an explanation here:

<http://www.cancer.org/treatment/treatmentsandsideeffects/guidetocancerdrugs/etoposide>