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Manuscript Title:

Case report: Prostate-specific antigen reduction after CapeOx chemotherapy

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Abstract:

Prostate cancer (PC) is the most common malignant tumor in the male genitourinary system and the third most common cancer, after breast cancer and lung cancer, worldwide. The confirmed risk factors of PC include age, race, and heredity, while the increasing incidence of PC is possibly due to population aging and the popularization of PC screening. As one of the most effective therapies, radical prostatectomy (RP) is recommended to treat patients with localized PC without obvious contraindication. In stage T3, positive surgical margins or positive lymph nodes are confirmed through postoperative pathological examination, and in patients with high-risk factors, including a Gleason score > 7 and prostate-specific antigen (PSA) level > 20 ng/ml, adjuvant hormonal therapy (AHT) should be performed. When the cancer progresses to castration-resistant PC (CRPC), chemotherapy becomes a vital remedy. Theoretically, chemotherapy can also benefit patients with PC that has not progressed to CRPC, as supported by the available literature. In this report, we describe a patient with locally advanced PC treated with laparoscopic RP and rectal cancer treated with laparoscopic radical rectum resection, and found that PSA declined...

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