

Breaks From Cancer Therapy Don't Give Men a Break

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Prostate cancer intermittent androgen deprivation therapy not equal to continuous therapy

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Men with advanced prostate cancer usually take medicines to keep the disease at bay. These medications block male hormones that feed the cancer. New research evaluated the best way to take these medications.

A new study that followed men for about 10 years has uncovered that intermittent (on-off schedule) hormone therapy can take months off an advanced prostate cancer patient's life.

Men who took the hormone therapy continuously lived longer than those who took breaks from the treatment.

"Talk to an oncologist about the best treatment plan for you."

To control the hormones that drive prostate cancer, patients are given androgen deprivation therapy. This hormone therapy has a host of unpleasant side effects, which can include sexual, urinary and bowel

problems and changes in the shape of the man's body.

So-called "intermittent androgen deprivation therapy" has been thought to be beneficial in treating prostate cancer that has spread (metastasized). This approach not only gives men a break from therapy side effects, but was also believed to be able to overcome treatment resistance that occurs in most men with advanced prostate cancer.

Researchers from around the country conducted a study to evaluate the survival benefits of intermittent versus continuous hormone therapy for metastatic hormone-sensitive prostate cancer.

The study involved treating 1,535 men with advanced prostate cancer. Investigators began enrolling participants in 1995, and the men were followed for a median of 10 years.

Participants whose PSA (prostate-specific antigen, a marker of disease activity) level fell to 4 nanograms per milliliter or lower were randomly assigned to either continuous or intermittent androgen deprivation.

Men who were in the continuous therapy group lived a median of 5.8 years compared to 5.1 years for men in the intermittent group.

The intermittent treatment was linked to better sexual function and mental health at the third month, but not beyond.

Serious adverse events were about the same in both groups.

"This large Southwest Oncology Group study took nearly two decades to establish that

intermittent therapy is not equivalent to continuous hormonal therapy for the treatment of men with advanced prostate cancer. This is important LEVEL 1 data that should help guide therapy," said study co-author E. David Crawford, MD, professor of surgery, urology and radiation oncology and head of the Section of Urologic Oncology at the University of Colorado Health Sciences Center in Denver.

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