LONGTERM EFFICACY OF LHRH AGONIST THERAPY AND ANTIANDROGEN MONOTHERAPY IN THE TREATMENT OF LOCALIZED (T1-3) PROSTATE CANCER


To review the efficacy, side effects, and compliance of LHRH agonist and antiandrogen monotherapy in the treatment of localized (T1-3) prostate cancer. Records of 97 patients with clinically localized prostate cancer who received either LHRH agonist monotherapy or antiandrogen monotherapy were reviewed. Patients were divided into two groups, group I (mean age 76 [plusminus] s.e.m. 1) consisted of those receiving LHRH agonist (n = 62) and group II (mean age 76 [plusminus] s.e.m. 1.2) consisted of patients treated with antiandrogen monotherapy (n = 35). In group II, 18 patients received bicalutamide (50mg), 13 nilutamide (150mg), and 4 flutamide (750mg). The PSA levels, Gleason scores, clinical stage, and side effects were recorded. The mean follow up period was 50.8 [plusminus] 8.5 months in group I compared to 43.1 [plusminus] 2.2 months in group II. Only 1 of the 62 patients (1.6%) in group I showed PSA progression, whereas 20 of the 35 patients (57.1%) in group II showed progression (see table). In group II, 10/20 (50%) showing PSA progression were treated with LHRH salvage therapy and 8/10 (80%) responded. Hot flashes (54.8%) and lethargy (41.9%) were the most common side effects in group I. In contrast, nipple-tenderness (40%) and light-dark adaptation (17.1%) were more often seen in group II. LHRH agonist therapy provides excellent longterm control of localized prostate cancer and can effectively salvage PSA failures on antiandrogen monotherapy. Antiandrogen monotherapy in the doses prescribed did not provide adequate longterm control in the majority of patients.

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