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Medscape Urology News

## **Transcript of the webcast entitled "Intermittent Hormone Therapy 'Reasonable' in Prostate Cancer"**

Gerald Chodak, MD Oct 25, 2012

Hello. I am Dr. Gerald Chodak for Medscape. Today's topic is intermittent hormone therapy for men with a rising prostate-specific antigen (PSA) level after radiation therapy. It is based on a large prospective, randomized trial by Crook and associates that was published in the *New England Journal of Medicine*.<sup>[1]</sup> The investigators studied more than 1300 men who had a PSA level above 3 ng/mL and had completed radiation at least 1 year prior to enrollment in the trial. Patients on intermittent therapy received 8 months of continuous hormone therapy that was then stopped if they met certain criteria. Hormone therapy was re-started if the PSA level reached 10 ng/mL.

The results showed that intermittent therapy was not inferior to continuous therapy in terms of overall survival or prostate cancer survival. There were small differences in these 2 groups, but they were not significant. Advantages of intermittent therapy that were observed were fewer complaints of hot flashes, improved sexual drive, and fewer urinary complaints, although the authors did find that most of the men over 75 years of age did not regain their sexual function even when therapy was stopped.

This study is important for several reasons. First, it provides additional information for guiding patients whose PSA goes up after radiation therapy and they ultimately end up being placed on hormone treatment. Many men are faced with this for a very long period of time, during which they have to endure the side effects plus the costs associated with treatment. This study says that you can enjoy a significant period off of therapy by monitoring the testosterone level and PSA level, and you can do it without compromising or significantly risking your overall survival. Therefore, men who go on hormone therapy after radiation therapy for a rising PSA should be informed about these results and given the choice to decide whether they want to stop therapy or continue it for as long as possible. Median survival in this population was about 9 years, so the men who are faced with hormone therapy may be doing it for an extended period of time. The study did not find an increased risk for heart disease for men on continuous therapy, and it has not evaluated why there was a slightly higher risk for death from other causes.

This is a very well-done study, and it goes along with another well-done study<sup>[2]</sup> on men with metastatic disease that also showed no significant difference in overall survival, although men on intermittent therapy in that study had a slightly higher risk for death from prostate cancer and a slightly lower risk for death from other causes. Many people are trying to figure out how to explain these results, especially given the findings of patients benefiting from other hormonal agents further down the road. Time will tell how we explain these results. For now, the bottom line is that intermittent therapy is a reasonable option for men who have a rising PSA after receiving radiation therapy. I look forward to your comments. Thank you.

### **References**

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2. Mottet N, Van Damme J, Loulidi S, Russel C, Leitenberger A, Wolff JM; the TAPP22 Investigators Group. Intermittent hormonal therapy in the treatment of metastatic prostate cancer: a randomized trial. *BJU Int*. 2012;110:1262-1269. [Abstract](#)

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