



Factsheet for the Press (Clinical)

IMPORTANT MORTALITY REDUCTIONS BY SHORT TERM ANDROGEN DEPRIVATION AND RADIOTHERAPY FOR LOCALLY ADVANCED PROSTATE CANCER: 10 YEAR TRIAL DATA FROM TROG 96.01

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Context: Hormone therapy can extend the lives of men with prostate cancer but can cause many health problems if given for long periods. We sought to find out how little hormone therapy can cause useful benefits for men who may be cured by radiotherapy.

Purpose: Between 1996 and 2000 in Australia and New Zealand 802 men in with large prostate cancers that had not spread were randomly allocated 0, 3 or 6 months hormones before and during their radiotherapy in a trial. Their progress has been monitored for 10 years to find out whether 3 or 6 months of hormones is helpful.

Findings:

1. 3 months of hormones reduced the chances of cancer returning in the prostate by 51%, but did not reduce deaths due to prostate cancer.
2. 6 months of hormones reduced the chances of cancer returning in the prostate by 55%, and reduced spread of the cancer and death due to cancer by 50%.
3. 3 and 6 months of hormones caused temporary (short term) inconvenience only. In most men this was due to "hot flushes" and reduction in "sex drive".

Impact: This is good news for the 30-40% of men diagnosed each year with large prostate cancers that have not spread to other parts of the body. This is because many of these men will not tolerate or will not wish to receive 2-3 years of hormone treatment as commonly prescribed in continental Europe and the United States.



Indicative of a bigger trend in oncology? Advances in cancer treatment will only become true advances if the treatment can be tolerated by the cancer victims that could benefit from them. This trial shows that 6 months of hormones will produce important reductions in the spread of, and deaths due to large prostate cancers that can be cured by radiotherapy. It is also well tolerated and therefore is suitable for use by most men who are diagnosed with large cancers without spread. In a further trial (called RADAR) we are trying to find out whether an additional 12 months of hormones and 18 months of a bone cancer preventing drug can produce even greater improvements in outcome, without causing additional health problems.

“The finding that there is a substantial advantage for six months neoadjuvant androgen deprivation with fewer deaths from prostate cancer in that group will further consolidate the use of this combined modality approach in locally advanced disease.”

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