

LHRH AGONIST (LUPRON) VERSUS ANTIANDROGEN MONOTHERAPY IN THE TREATMENT OF CLINICAL T1-2 PROSTATE CANCER

C. D. Zippe, A. W. Kedia, F. F. Pasqualotto, A. Agarwal, D. Nelson, and K. Kedia, Cleveland, Ohio, USA

INTRODUCTION: Combined androgen ablation (LHRH agonist plus antiandrogen) therapy has been described in the treatment of metastatic and local advanced prostate cancer. However, there are no reports on the efficacy of either monotherapy in the treatment of clinical T1-2 prostate cancer. We evaluated the efficacy, side effects, and compliance of LHRH agonists versus antiandrogen monotherapy in the treatment of patients with clinical T1-2 prostate cancer who were considered ineligible for definitive therapy or unwilling to undergo observation protocol.

METHODS: Records of 96 patients who received either LHRH agonists (Lupron) or antiandrogen monotherapy were reviewed. Gleason scores, PSA levels, and side effects were recorded. Of the 96 patients, 62 received Lupron and 34 received antiandrogen monotherapy [Casodex (n =17), Nilandron (n = 14), and Eulexin (n = 3)].

RESULTS: Mean follow up in the Lupron group was 50.77 ± 8.54 months and was 18.79 ± 1.37 months in the antiandrogens group ($p = 0.001$). The mean initial PSA values and Gleason scores for the Lupron and antiandrogen groups were 13.52 ± 4.12 and 12.48 ± 3.96 ($p = 0.45$), and 5.84 ± 0.43 and 5.95 ± 0.42 ($p = 0.15$), respectively. Following treatment, a higher percent decline in PSA was seen in the Lupron group ($95.5\% \pm 3.0\%$) than in the antiandrogens ($85.2\% \pm 5.5\%$; $p < 0.001$), with a mean nadir PSA of 0.43 ± 0.13 and 1.91 ± 0.48 , respectively. Only one patient in the Lupron group showed PSA progression (1.6%), whereas 10 patients (29.4%) in the antiandrogen group showed progression ($p = 0.002$). All 10 patients responded to salvage LHRH agonist therapy. The main side effects in the Lupron group were hot flashes (54%) and lethargy (42%); in the antiandrogen group: nipple tenderness (29.4%), light-dark adaptation (29.4%), and diarrhea (20.5%). Thirty-two percent (11/34) of the patients in the antiandrogen group switched from one antiandrogen to another. Despite the side effects, the compliance rate for the Lupron group was 100% (62/62), and in the antiandrogen group 97% (33/34).

CONCLUSIONS: LHRH agonists provide excellent control in 97% of patients with clinical T1-2 prostate cancer and are more effective than antiandrogen monotherapy. While antiandrogen monotherapy showed comparable control in the majority of patients in our study, nearly one-third of the patients failed and another one-third required switching to another antiandrogen due to the frequency of side effects.