TITLE OF PRESENTATION: (type in ALL CAPITAL LETTERS)

COMPARISON OF ANTI-ANDROGENS AND LHRH AGONISTS IN THE TREATMENT O
LOCALIZED PROSTATE CANCER

AUTHOR(S): (DO NOT type in all capital letters)

Complete name of all authors (first name, initial, last name, degrees)

Anurag W. Kedia, M.D., Fabio Pasqualotto, M.D., Ashok Agarwal, Ph.D., David Nelson, M.S., Kalish Kedia, M.D., and Craig D. Zippe, M.D.

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We evaluated the efficacy, compliance, and side effects of anti-androgen monotherapy vs. LHR agonists in patients with localized prostate cancer ineligible for definitive local therapy. The recor of 62 patients who received exclusively either anti-androgen monotherapy or LHRH agonis (Lupron) were reviewed. PSA levels, Gleason scores, clinical stage, and side effects were recorde Of the 62 study patients, 37 received LHRH agonists (Lupron) and 25 received anti-androg monotherapy (Casodex – 16, Nilandron – 6, Eulexin – 3). The mean follow up was 12.79 ± 1.. months in the anti-androgen group and 30.82 ± 3.73 in the Lupron group (P<0.001). The me Gleason scores were 5.84 ± 0.43 and 5.95 ± 0.42 (P=0.15), respectively. The mean initial PSA valu were 13.52 ± 4.12 and 14.24 ± 2.12 (P=0.45). A higher percent decline in PSA was seen in t Lupron group (96.6 ± 3.0) than in the anti-androgen group (85.2 ± 5.5; P <0.001). Only one patie in the Lupron group broke through PSA nadir (2.7%), whereas 8 patients (32%) in the anti-androg broke through their nadir (P = 0.002). Compliance for the Lupron group was 100% (37/37) where it was 96% (24/25) in the anti-androgen group. However, 28% of the patients switched from o anti-androgen to another. Lupron appears to be a better alternative than anti-androgens in the lo term control of localized prostate cancer. Anti-androgen monotherapy appears to be better suited short term suppression.