

## Primary Intermittent Chemo-Hormonal Therapy (CHT) for High Risk Locally Advanced (LAPC) or Metastatic Prostate Cancer (MPC): Preliminary Results and Quality of Life (QOL)

**Sub-category:** [Prostate Cancer](#)

**Category:** Genitourinary Cancer

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**Abstract:** **Background:** Reports of intermittent androgen deprivation (IAD) for PC show equivalence and potential superiority to continuous AD. Failure of IAD results in androgen independent PC (AIPC) for which docetaxel (D) is standard. Given the volume of systemic disease and occult AIPC cells in MPC we have augmented AD with D based chemotherapy since 1997 in LAPC and MPC. We report long-term results using a single cycle of CHT for LAPC and MPC. **Methods:** We have prospectively treated 41 men with PC with CHT. CHT consisted of Triple Androgen Blockade (an LH-RH agonist and antiandrogen or adrenolytic and finasteride 5 MG QD) plus weekly D based chemotherapy. Finasteride 5 MG QD maintenance (FM) was continued in all men when CHT was completed. D was dosed at 25 mg/M2 days 1, 8, and 15 of a 28 day cycle for 4-5 cycles. Estramustine was given as 280 MG TID day of D and day after only. Carboplatin 200 mg weekly was given to 65% of patients. Follow-up QOL has been measured with a validated symptom-based scale for pen-based computers. **Results:** Median age was 64, mean baseline PSA (bPSA) was 262 ng/mL (range 1-5606); median PSA was 23 ng/mL. Median Gleason score (GS) was 9 (range 6-10). Mean baseline testosterone (T) was 436 ng/dL. Median duration of CHT was 12.6 months. A mean of 13.7 doses of weekly chemotherapy was given. At a median follow-up of 42 months (range 11-76) mean PSA is 11.5 ng/mL. Mean current T is 398 ng/dl. A second cycle of CHT has been initiated in 10/41 men (8 of whom presented with MPC). 3 men with MPC have died from AIPC. Disease specific survival is 92.6%. Detailed QOL data will be presented in full. **Conclusions:** A single 13 month cycle of CHT provides excellent long-term control and management of poor prognosis LAPC and MPC. D based CHT should be explored further for men with newly diagnosed LAPC or MPC and compared with AD alone. Measurement of time to androgen independence is the appropriate surrogate to measure in this setting.

Demographic Data					
Gleason Score	GS 6	GS 7	GS 8	GS 9	GS 10
<b>N</b>	2	9	8	11	11
Stage at diagnosis	Locally Advanced	Node (+)	Bone Metastasis		
<b>N</b>	18	10	13		
PSA at Diagnosis	< 20	20-40	> 40		
<b>N</b>	17	11	13		