

Primary Triple Androgen Blockade[®] (TAB) followed by Finasteride Maintenance[®] (FM) for clinically localized prostate cancer (CL-PC): Ten-year follow-up.

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[Prostate Cancer](#)

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Abstract:

Background: We update our 2005 ASCO report about using a single 13 month cycle of TAB, then FM as a management strategy for CL-PC. **Methods:** 199 men with CL-PC who refused local therapy were prospectively treated with 13 months TAB consisting of an LHRH agonist, antiandrogen, and finasteride with subsequent FM. **Results:** At diagnosis median age was 66 (range 44 to 88), mean baseline PSA (bPSA) 10.8 ng/mL (range 0.39-59.8), median Gleason score (GS) 7 (range 4-10) and mean baseline testosterone (T) 407 ng/dL. D'Amico risk stratification; 67 men (34%) low risk, 72 (36%) intermediate risk, 60 (30%) high risk. At median PSA follow-up of 94 months (range 8 to 231 months), 76.4% had no additional therapy. Mean PSA was 4.49 ng/ml and mean T was 319 ng/dl. Two or more cycles of ADT have been initiated in 15 high risk, 12 intermediate, and 4 low risk men. 21 had also received low-dose chemotherapy (Taxotere/Emcyt/Carboplatin), ADT, and less commonly Revlimid, Thalidomide, or Leukine. 17 proceeded with deferred local therapy, of which 14 were in remission at last PSA follow up. Three high risk men died from PC. 21 had non-PC related mortality. 3 died of unknown cause. Three men are castrate resistant. After median 126 months follow up, disease specific survival is 98.5%. Overall survival is 86.4%. No low or intermediate risk men died of PC. **Conclusions:** A single 13 month cycle of TAB-FM provides excellent long-term control and management of CL-PC, including men with high risk CL-PC. For most men ADT toxicity reverses. Any form of radical local therapy has serious and often permanent impact on potency or urinary/fecal continence. We suggest further exploration of TAB-FM for CL-PC as a safe and viable alternative to surgery or radiotherapy.

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