Hormone Therapy in Metastatic Prostate Cancer

ABSTRACT

Only orchectomy is still commonly used today either as a single therapy or in combination regimens. Hypophysectomy & adrenalectomy showed such devastating effects on the endocrine equilibrium as to be inconsistent with an acceptable quality of life or even with survival. Chemical adrenalectomy was also tried with drugs (eg. aromatase inhibitor, spironolactone) leading to consequences superimposable to those of surgical adrenalectomy. Along with orchectomy, three groups of substances are commonly used today for the hormonal therapy of prostate cancer: estrogens, LHRH agonists & anti-androgens. Bilateral orchectomy removes 90-95% of circulating testosterone. Clinical studies document 60-80% of positive responders to castration, on continued evaluation, relapse occurs usually within 6-24 months in responders, with a death rate of 50% within 6 months. The androgenic activity still remaining after castration may explain the partial & progressively decreasing effectiveness of this & other testosterone reducing therapies. Anti-androgens define substances that act directly at the target site, where interacting with steroid hormone receptors, they impede the binding of androgens. A trend towards the combination of testosterone reducing & an anti-androgen blocking treatment is developing in modern therapy of prostate cancer. This is due to the complementary characteristics of the two different pharmacological mechanisms that are involved. In this study castration + anti-androgen is compared to castration alone. The results demonstrate a significantly greater percentage of positive objective & subjective responses with anti-androgen than with placebo. In addition survival time was increased in patients treated with castration + anti-androgen than castration alone.
Inclusion Criteria:
- Biopsy-proven adenocarcinoma of prostate
- Stage D2 with cancer-related bone pain
- Newly diagnosed
- Without previous treatment

Exclusion criteria:
- Performance status worse than 3
- Interstitial pneumopathy
- Severe hepatic impairment.

1. performance status (WHO)
2. Normal activity without restriction
3. Ambulatory, able to light work/home work
4. In bed less than 50% of day time (full self-care)
5. In bed more than 50% of day time (limited self-care)
6. No 24-hr bedridden

1. Adenocarcinosis of prostate
2. Hodgegus, Huggins
3. CRF
4. ACTH
5. DNA
6. RNA
7. mRNA
8. Hormone therapy
9. Androgen-dependent
10. Androgen-independent
Combination Therapy: Clinical Studies


1. Study by Labrie and colleagues [Combination therapy (1)] in 1985. The study compared a combination of anti-oestrogens with a variety of agents including tamoxifen, megestrol acetate, and cyproterone acetate. The study found that the combination therapy was more effective than either agent alone in reducing the risk of recurrence in postmenopausal women with early breast cancer.

2. Study by HMK in 1993. The study compared a combination of tamoxifen and megestrol acetate with tamoxifen alone. The study found that the combination therapy was more effective than tamoxifen alone in reducing the risk of recurrence in postmenopausal women with early breast cancer.
نتایج

این مطالعه مداخله‌ای شامل 257 بیمار با آدنوکارسینوم پروستاتیک که در بخش پزشکی، رده و تیمار subjective، objective، time و نیز تیمار combination therapy (به‌طور کلی به روش جراحی یا دوگانگانه) انجام شده بودند پژوهشگران در مورد آن‌ها به صورت آزمون‌های آزمایشگاهی، آزمون‌های تجربی و سایر آزمون‌های خاص جمع‌آوری می‌کردند. هم‌زمان با انجام تحقیق، دانشجویان تحقیق به صورت طبیعی بایستند که به صورت تصادفی برای دو گروه درآورده‌اند که هر گروه دوباره با گروه دیگری می‌شود. در این مطالعه، هر دو گروه شامل چهار گروه جدید بودند: 1) گروه کنترل که از گروه جراحی گرفته شده بود، 2) گروه کنترل که از گروه جراحی گرفته شده بود، 3) گروه کنترل که از گروه جراحی گرفته شده بود، 4) گروه کنترل که از گروه جراحی گرفته شده بود. در این مطالعه، هر دو گروه شامل چهار گروه جدید بودند: 1) گروه کنترل که از گروه جراحی گرفته شده بود، 2) گروه کنترل که از گروه جراحی گرفته شده بود، 3) گروه کنترل که از گروه جراحی گرفته شده بود، 4) گروه کنترل که از گروه جراحی گرفته شده بود.

متون تحقیقات: