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Hormone Blockade as the Sole Treatment of Clinical Stages T1-T3 Prostate Cancer: Experience in 100 Patients.

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Abstract: The effect of treatment of clinical T1-T3 prostate cancer with a triple hormone blockade regimen was retrospectively evaluated. The study population consisted of 100 men consecutively presenting to a community based solo oncology practice with clinically localized or locally advanced prostate cancer. All patients had biopsy proof of prostate cancer. Gleason scores ranged from 4 to 10 (mean 6.55). Baseline PSA levels ranged from 0.39 ng/mL to 100 ng/mL (mean 13.23 ng/mL). Treatment consisted of a regimen of LHRH agonist (either leuprolide acetate or goserelin acetate) plus antiandrogen (either flutamide 750 mg daily or bicalutamide 150 mg daily) plus finasteride 5 mg daily for a mean duration for 13 months. This was followed by maintenance treatment with finasteride 5 mg daily. No patient has received any form of local therapy. Effectiveness of the regimen was judged on the basis of control of PSA levels and prostate-cancer cause-specific survival. During triple hormone blockade, PSA levels declined to unmeasurable levels (less than or equal to] 0.1 ng/mL) in each patient (mean time to unmeasurable levels = 4 months). After completing the 3-drug regimen (although all are taking maintenance finasteride 5 mg daily), these 100 patients have been followed for an additional mean of 20 months. 60 patients have been off their LHRH agonist and antiandrogen for at least 12 months (mean 30 months). In all but 1 of these 60 patients, PSA levels initially rose but then reached a stable plateau and are no longer rising. The longest follow-up on finasteride alone is 75 months. Most recent mean PSA level for these 60 patients is 1.42 ng/mL. None of the 100 patients has required a second cycle of androgen blockade. Cause-specific survival is 100%. Hormone blockade with the 3-drug regimen followed by finasteride maintenance appears to be a promising alternative for the management of patients with clinically localized or locally advanced prostate cancer.