



Primary Triple Androgen Blockade (TAB) followed by finasteride maintenance (FM) for clinically localized prostate cancer (CL-PC): Long term follow-up and quality of life (QOL)

Sub-category: [Localized Disease: Risk Assessment, Staging and Treatment](#)

Category: All

Meeting: [2005 Prostate Cancer Symposium](#)

Abstract No: 106

Author(s): S. Tucker, J. N. Roundy, R. Leibowitz

Abstract: **Background:** Curative treatment strategies for CL-PC remain controversial and plagued with significant long-term declines in QOL. Recent reports describe frequent and increasing use of primary androgen deprivation (AD) in the setting of CL-PC. We report on our long-term results using a single 13 month cycle of TAB-FM as a management strategy for CL-PC. **Methods:** We have prospectively treated 183 men with CL-PC who refused local therapy with TAB-FM. TAB consisted of 13 months of therapy with an LH-RH agonist and antiandrogen (bicalutamide or flutamide) plus finasteride 5 MG QD. All men were then given daily FM. QOL has been measured with a validated symptom-based scale for pen-based computers. Physical, psychological, and functional status, as well as global health-related QoL was recorded. **Results:** Median age was 67, mean baseline PSA (bPSA) was 11.1 ng/mL (range 0.39-59.8) and median Gleason score (GS) of 7 (range 4-10). Mean baseline testosterone (T) was 398 ng/dL. High risk CL-PC (PSA > 20, or GS > 7, or T3 stage) was documented in 59/183 (32%) of men. At a median follow-up of 75 months (range 48-156; first 100 patients) mean PSA is 3.3 ng/mL. Mean current T is 487 ng/dl. A second cycle of AD has been initiated in 14/183 men; all 14 of these men have high risk CL-PC. One man developed metastatic PC and died from progressive resistant PC. No man with low or intermediate risk CL-PC has received a 2nd cycle of AD to date. Five men have proceeded with deferred local therapy 3-6 years after TAB. Disease specific survival is 99.4%. All patients experienced typical and expected toxicity of AD; all toxicities were reversible. Detailed QOL data will be presented in full. **Conclusions:** A single 13 month cycle of TAB-FM provides excellent long-term control and management of CL-PC, including in men with high risk CL-PC. Evidence that any form of radical local therapy prolongs life is absent from prospective randomized trials. That such therapy has a serious and often permanent impact on potency, continence, or fecal function has been clearly proven. We suggest further exploration of TAB-FM as a safe and viable alternative to surgery, radiotherapy, or brachytherapy for CL-PC.