

DECEMBER 2001 NCI ARTICLE (Treatment Options) - 1/9/02

In the December 19, 2001 issue of the *Journal of the National Cancer Institute*, there is an article discussing therapy for clinically localized prostate cancer. The authors report that there are no randomized clinical trials comparing the efficacy of aggressive therapies with those of more conservative therapies. This study looked at **four management options:** radical prostatectomy, radiation therapy, watchful waiting and **hormonal therapy**. They studied more than 3,000 men who were diagnosed with prostate cancer between October 1994 and October 1995.

The article goes on to state "the choice of initial treatment for clinically localized prostate cancer is difficult for both the physician and patient given the scientific uncertainties about the relative efficacy of each therapeutic strategy." This means that no study has ever proven that any type of radical local therapy is better than watchful waiting or the triple hormone blockade approach that I recommend. The article goes on to question, "Do all men with clinically localized prostate cancer have access to all treatment options? Are they informed of the potential risks and benefits (I interpret this to mean, are they really being given an honest discussion of the side effects of radical local therapies)? Are clinicians providing information about all options to their patients?"

They point out that more than 10 percent of the men were treated with hormone therapy alone. They speculate perhaps hormone therapy is given because some patients with favorable prognostic factors prefer to do something other than watching and waiting. I would suggest that in the absence of proof that radical local therapy is both necessary and effective, why would a man choose treatments with irreversible side effects when these treatments have not been shown to be both necessary and effective? The article goes on..."the geographic variation in therapies suggests a lack of consensus among physicians, particularly in the absence of evidence on the relative outcomes of competing therapies." This means that if you live in one part of the country, your treatment recommendations are going to be different than if you live in another part of the country. I doubt that physicians in one part of the country know more than physicians in another part of the country, so this is again proof that none of these four

treatment choices has been shown to be better than the other three. The article goes on to state something that I think is so true. "We do have information regarding the types of therapies discussed which suggests that a discussion that includes only the aggressive therapy options strongly influence treatment choice towards more aggressive therapy." I interpret this to mean that when your urologist or radiation therapist stresses that the only good treatment options are radical prostatectomy or radiation therapy, then they are going to influence your treatment decision, and persuade you to follow their bias, rather than explaining it is a bias, rather than scientific fact.

The article concludes "there is a lack of consensus for care of this disease, probably attributable to the lack of definitive evidence of the efficacy of one approach versus another. Until such evidence can be obtained, we urge that men diagnosed with prostate cancer be informed of the potential risks and the potential benefits of all **four** main treatment options so that they might make an informed decision." Hormone blockade alone is now recognized as an appropriate treatment option.

I believe that only since late 2001 have articles on prostate cancer begun to acknowledge that hormone blockade is an acceptable treatment option for men with clinically localized prostate cancer. Approximately eight years ago, I began to recommend triple hormone blockade with Proscar maintenance for men who refuse local treatment for clinically localized prostate cancer. It is so gratifying and satisfying to see that others are beginning to accept this treatment option and are beginning to allow some of their patients to be so treated. As Winston Churchill so aptly put it, "this may not be the beginning of the end, but it is the end of the beginning." Hormone therapy for clinically localized prostate cancer is a treatment option whose time has finally arrived.