

INTERMITTENT ANDROGEN DEPRIVATION AS SECONDARY THERAPY FOR BIOCHEMICAL RECURRENCE OF LOCALIZED PROSTATE CANCER

R.E. Sanchez-Salas¹, D. Prapotnich¹, F.P. Secin²,
R. Favaretto¹, F. Rozet¹, M. Galiano¹, E. Barret¹, N. Cathala¹,
A. Mombet¹ X. Cathelineau¹

¹*Institut Montsouris, Paris, France*

²*CEMIC, Buenos Aires, Argentina*

Objective: To present the long term oncological outcomes of patients treated with Intermittent Androgen Deprivation (IAD) after biochemical recurrence (BCR) of localized prostate cancer.

Methods: Between 1992 and 2010, 654 patients with prostate cancer (PC) were selected for IAD. Of these, 263 patients (40%) had BCR after local treatment and 146 patients with a minimum follow-up of 5 years were selected for the study. Off-treatment period (OFTP) was indicated when PSA was < 4 ng/ml. Resumption of hormonal therapy for PSA > 20 ng/ml or clinical symptoms.

Results: Median follow-up was 93.4 months (61-219.3). Median age was 69.8 years (52.4-81.8). 146 patients were primarily treated either by surgery (72) or by a physical therapy (74) like external radiation, brachytherapy or high intensity focused ultrasound (HIFU). Median Gleason score at initial IAD was 7 (4-9). Median PSA at initial IAD was 9.8 ng/ml (4.2-25). Median time from local treatment and IAD was 29.2 months (2-52). Cycle duration decreased progressively from the 1st cycle and then stabilized at the 11th cycle. Death occurred in 50 patients (34%) and 24(16%) was cancer related in a median time of 69 months (65-145) after the beginning of IAD. Mean cancer specific survival probability for the series is 122 months (78.6-105.1). Multivariate analysis of cancer specific survival demonstrates age, initial Gleason score and initial PSA level as significant factors affecting mortality. **Conclusions:** At long term evaluation IAD after failure of primary treatment shows a good efficacy with a long term survival rate associated to a minimal amount of side-effects.