

Advantages of Intermittent Antiandrogen Hormonal Therapy in the Treatment of Prostate Cancer

Introduction and Objective: The purpose of this analysis is to optimize the hormone therapy of prostate cancer; to have precise indications for its application, to clarify the benefits and disadvantages. Fulfillment of the target is related to solving the following tasks: conduct a retrospective analysis of patients with prostate cancer; determine the effectiveness of treatment of carcinoma of the prostate gland with anti-androgen hormonal therapy; determine the total five and ten year survival.

Material and Methods: For the period from 1 January 1992 to May 31 2005, 1052 patients were diagnosed with prostate cancer. After exclusion of patients not meeting the requirement for anti-androgen hormonal therapy, a final sample of 375 patients over 8 months with anti-androgen hormonal therapy was determined. The study is experimental and theoretical. Before data collection there was a direct effect on the object of study: patients with prostate cancer were treated with different types of hormonal therapy (Continued Hormone Therapy - CHT, Intermittent Hormone Therapy – IHT). The timing of data collection was retrospective.

Results: As optimal, the PSA levels after androgen deprivation for patients with localized prostate cancer are accepted: drop below 0.1 ng / ml, with a local recurrence after radical prostatectomy of below 0.4 ng / ml. For advanced cancer: the optimal response is accepted PSA values below 10.00 ng / ml (for locally advanced) or a drop by 50% from baseline levels (metastatic). As a criterion for inclusion of androgen deprivation the following PSA values were adopted: above 4.00 ng / ml in patients with localized prostate cancer, more than 10.00 ng / ml and 20.00 ng / ml for patients with locally advanced and 50% from the level reached in metastatic carcinoma.

Conclusions: Conclusion 1: Comparing patient groups to see if they have the same starting structure before the start of the therapy, allows the results of application of the two main anti-androgen hormonal therapy to be considered correct. Conclusion 2: IHT has a better clinical effect of CHT because an increased risk of complications, hormonal resistance, progression and fatal outcome in patients treated with CHT is 3 to 5 times higher. IHT prevents the occurrence of complications. Conclusion 3: Three factors associated with survival were statistically significant, degree of tumor differentiation (G), presence of metastases (Meta) and degree of tumor growth (T). High degree of the first two factors (G3, Meta+) are related to a twice greater risk of fatal and high degree of the third factor (T3T4) answers for 1.5 times greater risk of death.