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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)

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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
delayed 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.