

## Bicalutamide

### A Viewpoint by Amir V. Kaisary

Royal Free Hospital, London, UK

Since bicalutamide was added to the anti-androgen family of drugs, it has shown various characteristics that have established its value in the management of prostate cancer. This article presents to the reader an excellent review of its role in early-stage disease.

It can be argued that an approach aiming at cure, whether surgical radical prostatectomy or radical radiotherapy (conformal external beam radiation, 3D-conformal radiation, high-dose radiation or brachytherapy), should be achievable without an additional therapeutic modality. However, this does not seem to always be the case. Patients with early prostate cancer have been classified into three risk groups: high, intermediate or low. It is probably the high-risk group (clinical T3 or clinical T2 with serum prostate specific antigen >20 ng/ml and Gleason score >7) who should be strongly considered for adjuvant hormonal therapy. Intermediate

and low-risk groups ought to be fully evaluated, taking into account individual patient's details, to assess those who could benefit from additional therapy. Taking into account the favourable quality-of-life profile of bicalutamide, it would be reasonable to propose it as the drug of choice.

Patients considered for radiotherapy are offered neo-adjuvant hormonal manipulation to improve treatment outcome<sup>[1]</sup> or to reduce the prostate gland volume to deliver brachytherapy. Recovery duration of serum testosterone levels following a course of lutenising hormone-releasing hormone agonist therapy is unpredictable. Bicalutamide offers another modality that could save patients a period of low serum testosterone with its known adverse subjective outcome. ▲

## Reference

1. Bolla M, Collette L, Blank L, et al. Long-term results with immediate androgen suppression and external irradiation in patients with locally advanced prostate cancer (an EORTC study): a phase III randomised trial. *Lancet* 2002 Jul 13; 360 (9327): 103-6