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# Bicalutamide

## A Viewpoint by Richard K. Lo

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Antiandrogens, with bicalutamide being the latest addition, are used singularly or in combination with other modalities in the treatment of early and metastatic prostate cancer. The value of bicalutamide in the metastatic setting has been well demonstrated. Survival benefits using bicalutamide 150 mg/day versus castration (surgical or medical by lutenising hormone-releasing hormone agonists), were equivalent.[1] Quality of life issues (maintenance of sexual activity, reversibility on withdrawal of treatment), however, favour the use of bicalutamide. When used as maximum androgen blockade with castration, the survival benefit was marginal (25.4 vs 23.4% at 5 years) compared with castration alone.

The conventional treatment methods for localised prostate cancer are associated with moderate morbidities: impotence and incontinence from radical prostatectomy, and radiation proctitis and cystitis from radiation therapy. In the large-scale study of the Early Prostate Cancer programme,[2] using bicalutamide as monotherapy or as an adjunct in those with early prostate cancer treated with curative intent (by radical prostatectomy or radiotherapy), it was shown that the risk of progression to metastatic disease is reduced by 42% by adding bicalutamide (9.0 vs 13.8%). This reduction was seen in all groups, irrespective of the primary treatment or clinical stage. The major side effect was painful gynaecomastia. Survival benefit data are not presented in this study, as they are still immature.

These benefits, if proved durable, will boost the use of bicalutamide in early prostate cancer in two ways: as a 'reversible' monotherapy (over watchful waiting), as the treatment morbidity maybe more acceptable to those reluctant to become impotent, or in those who are not suitable candidates for curative treatment modalities. Moreover, the reduction in clinical progression makes bicalutamide a very useful adjunct in those at higher risk of recurrence (higher Gleason grades, or more locally advanced disease [T3 or above]). ▲

## References

1. Maximum androgen blockade in advanced prostate cancer: an overview of the randomised trials. Prostate Cancer Trialists' Collaborative Group. Lancet 2000 Apr 29; 355 (9214): 1491-8
2. See W, Wirth M, McLeod DG, et al. Bicalutamide (Casodex) as immediate therapy either alone or as adjuvant to standard care in patients with localized or locally advanced prostate cancer: first analysis of the early prostate cancer program . J Urol 2002; 168: 429-35