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TOTAL ANDROGEN BLOCKADE FOR METASTATIC CANCER OF PROSTATE

Gilles Béland, Mostafa M. Elhilalli, Montreal, Yves Fradet, Bruno Laroche, Quebec, Ernest W. Ramsey, Winnipeg, John Trachtenberg, Toronto, Peter N. Venner, Edmonton, Canada.

A prospective study was begun to compare total androgen blockade (simultaneous suppression of testicular and adrenal androgens) and castration alone for the treatment of metastatic cancer of the prostate. Patients without previous hormonal treatment were castrated and randomly and double-blindy received a Placebo or Anandron (100 mg q 8h). Other patients refusing the castration were not randomized and received a LHRH analog (Buserelin 500 mcg daily for 30 days followed by 250 mcg daily) with the same antiandrogen. Patients were evaluated and classified according to the National Prostatic Cancer Project guidelines.

246 patients were entered into the study between February 1984 and December 1986. 184 are evaluable for efficacy after 6 months or more in the study.

Total androgen blockade provides a significantly better early objective response than orchiectomy alone (p=0.002). However this response is no longer apparent at 12 months. A longer actuarial survival is also suggested (p=0.023 by the logrank test) with total androgen blockade but the numbers at risk are small at 24 months. Several other parameters were studied and no significant difference exists between the two treatments. An update of these data will be presented.

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ENDOCRINE EFFECTS OF THE PURE ANTIANDROGEN ANANDRON® IN CASTRATED PATIENTS WITH METASTATIC PROSTATIC CANCER.

C. Bertagna, J. Fiet, A. de Géry M. Hucher, J.M. Brisset and The French Anandron Study Group I. Laboratoire Central de Biochimie, Hôpital Saint-Louis; Roussel-Uclaf, C.M.C. de la Porte de Choisy, Paris, FRANCE.

Plasma hormones were assayed at months 0, 1, 3 and 6 in 160 patients with previously untreated advanced prostatic cancer. The patients were recruited in a clinical trial of the pure antiandrogen Anandron (Nilutamide) in combination with orchiectomy and randomized into 3 groups : placebo (G1), Anandron 150 mg/day (G2) and Anandron 300 mg/day (G3). As expected, orchiectomy led to a marked increase in LH and FSH and a marked decrease in testosterone and estradiol. A comparison of the three groups showed that :

a) testosterone decreased significantly more (p 0.05) in G3 than in G1 and G2; b) there were no significant differences in LH, FSH, DHT, estradiol and prolactin levels; c) adrenal androgens were decreased in both Anandron groups and mainly in G3 : DHEA levels decreased by 25-40% in G2 and G3 and increased by 25-50% in G1. DHEA-Sulfate levels decreased by 30% in G3 and 4- androstenedione levels decreased by 50% in G2 and G3; d) the changes in cortisol levels were similar in the three treatment groups. In conclusion, the association of Anandron with castration did not further modify pituitary secretion, enhanced testosterone suppression, reduced adrenal androgens concentrations and did not change cortisol concentrations.

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LONG-ACTING (DEPOT) D-TRP-6-LHRH (DECAPEPTYL) IN HUMAN PROSTATE CANCER. AN ITALIAN MULTICENTRIC TRIAL.

F.Boccardo*, A.U.Decensi, D.Guarneri, G.Martorana, C.Giberti, G.B. Cerruti, A.Zanollo, T.Germinale, E.Ussi, L.Santi, L.Giuliani on behalf on the Italian Prostatic Cancer Project (PONCAP)

*National Cancer Institute , Genoa, Italy

Ninety-five previously untreated pts. with stage C or D prostate cancer were treated with the slow release microcapsules of D-TRP-6-LHRH as a monthly i.m. injection. Testosterone levels were permanently suppressed within the castration range starting from the 4th week. Overall response (NPCP criteria) at 9 mo. was as follows:stage C=PR:50%,S=50%-stageD:PR=85.7%, S=14.3%-stage D2:PR=39.6%, S=45.3%, P=15.1%. After a follow-up of 33mo. , median progression free survival (PFS) and S were 13.5 and 27.5 mo. respectively in stage D pts, while they have not yet been reached in stage 3 pats. About 70% of pts claimed a subjective improvement, which led to a significant decrease in bone pain up to 12mo. (p .01, chi square test). Nearly 10% of D2 pts had a mild increase in bone pain and 1 pt worsening of dysuria during the 1st wk; these symptoms were promptly relieved by minor analgesics and symptomatic drugs. In conclusion Decapeptyl is a safe, effective and easily administrable drug in the 1st-line therapy of advanced prostate cancer.

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E.O.R.T.C., Genito Urinary Group trials for Cancer of the prostate (1986)

C. BOLLACK
C.H.U. - 67091 STRASBOURG Cedex (France)

Protocol completed in 1986 : 1 trial

30805 (Dr. Robinson-Coordinator) 379 patients
Orchidectomy versus cyproterone acetate + orchidectomy versus DES in M+ patient

Current and new protocols in 1986 :

30843 (Dr. De Voogt) 173 patients
Metastatic prostatic cancer, orchidectomy versus LHRH-analogue alone versus LHRH-analogue supplemented by an anti-androgen

30846 (Dr. Schröder) 23 patients
Zoladex + CPA versus delayed endocrine treatment

30852 (Dr. Jones) 11 patients
Methotrexate in measurable prostate cancer

30853 (Dr. L. Denis) 191 patients
Orchidectomy versus LHRH-analogue depot (Zoladex) supplemented by an anti-androgen (Flutamid)

30865 (Dr. Newling) 34 patients
Estracyt and Mitomycin C in hormone escaped advanced prostatic cancer.

The number of patients in the Trials are in Mai 1st, 87.