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CLINICAL STUDY OF LHRH (ICI 118.630-ZOLADEX) IN THE TREATMENT OF PROSTATIC CANCER.

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Eighty patients with prostatic adenocarcinomas were treated by LHRH (ICI 118.630). Ten patients had no metastasis and received this treatment during three months, before radiotherapy (Group A). Twenty seven patients were treated for their metastatic disease with LHRH, as their first line treatment (Group B). Fourty three patients were previously treated by hormonal manipulations (pulpectomy, antiandrogens, estrogens, progestational agents) and received LHRH as second or third line treatment. The responses are assessed according to UICC criteria (Complete Response : CR ; Partial Response : PR ; No Change : NC ; Progressive Disease : PD).

	CR	PR	NC	PD
Group A	5	4	1	-
Group B	4	6	16	1
Group C	-	7	25	11

The response rates of Group B patients are better than Group C (CR + PR vs NC + PD : $X = 3,89$; $p = 0,048$).
Survival curve of Group B is better then Group C ($p = 0,02$) with a median value of 21 months vs 11 months for Group C. The median duration of responses are respectively 13 and 8 months for Group B and C.

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TREATMENT OF STAGE D HORMONE RESISTANT CARCINOMA OF THE PROSTATE WITH ADRIAMYCIN, VM26 , CYCLOPHOSPHAMIDE & 5 FU ASSOCIATED WITH DES.

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In 1977, we started a non-randomized study in 31 advanced prostate cancer patients in relapse after treatment with DES and/or orchiectomy. They received combined chemotherapy with Adriamycin, VM26, Cyclophosphamide and 5FU (AVCF) once a month for twelve months and were then submitted to the same treatment without Adriamycin. Although these patients had relapsed under hormone therapy, they however continue to receive DES (3mg/day) associated with their monthly chemotherapy. Hormone therapy was stopped when signs of cardiovascular toxicity were observed.
Considering subjective (pain control and improvement in the Karnofsky status) responses of the 31 patients, 25 (81%) responded and 6 (19%) had disease progression. No complete remission could be observed ; partial objective responses were observed in 11 patients (35%). The median survival in responding patients was 26 months, which is statiscally significant ($p < 0,001$), when compared with the 5.5 months survival of non-responder patients. There is a significant difference ($p < 0,001$) in survival between objective and subjective responders : the former had not reached median survival at 60 months. Ten years follow up data will be presented during the meeting.