How to Optimize Hormonal Therapy in Prostate Cancer?

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Due to the increased diagnosis of prostate cancer at earlier stages and the overall increased use of hormone therapy, also in earlier disease stages, many patients will receive long-term hormone therapy. Therefore the timing of initiating hormone therapy and the type of hormone therapy have become crucial items in the appropriate management of patients with prostate cancer. In addition, as patients receiving long-term hormone therapy are at an increased risk of acute and chronic side effects the monitoring of these patients deserves attention.

The prostate specific antigen doubling time (PSA DT) has been evaluated to determine the risk of disease progression in patients relapsing after radical therapy. Patients with a PSA DT of less than 12 months have a high risk for disease progression and should probably receive hormone therapy rapidly. In case of a diagnosis of advanced prostate cancer, there is not yet a consensus on when to start hormone therapy.

During an interactive voting session, over 200 urologists indicated that the preferred LHRH agonist should be able to achieve a castrate level of ≤ 20 ng/dL, as well as to maintain these low testosterone levels without inducing acute-on-chronic or breakthrough responses.

Patients receiving long-term hormone therapy should be adequately monitored during follow-up visits. Besides frequent assessment of the PSA level and other recommended assessments, serum testosterone levels should also be determined. In this way, response to therapy can be evaluated, relevant testosterone rises after initial treatment response can be detected and potential reasons of unexpected PSA rises can be verified, which will improve the monitoring of patients on hormone therapy.