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Intermittent less effective than continual hormonal therapy in advanced prostate cancer


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Professor Maha Hussain, University of Michigan Comprehensive Cancer Center, Ann Arbor, USA

Intermittent hormonal therapy is less effective than continuous hormonal therapy in men with hormone-sensitive metastatic prostate cancer and minimal disease spread, showed results from a major study that resolves a longstanding debate.

The US study, sponsored by the National Cancer Institute, was designed to test whether intermittent hormonal therapy achieved comparable survival to continuous therapy in men with metastatic prostate cancer. It included more than 1500 men (median age 70 years) with hormone-sensitive metastatic prostate cancer whose prostate-specific antigen level fell to 4 ng/ml or less after 7 months of continuous hormonal therapy.

Participants were then randomized to intermittent hormonal therapy or continuous hormonal therapy. Giving treatment periodically based on strict stopping and starting criteria meant that patients in the intermittent therapy received only about half as much hormonal therapy, on average, as those in the continuous therapy group.

After a median follow-up of 9.2 years median overall survival in men with minimal disease spread (no spread beyond the spine, pelvis and lymph nodes) was 7.1 years in men treated with continuous hormonal therapy compared to 5.2 years in those given intermittent therapy. Men with more extensive disease spread showed similar overall survival (4.4 years with continuous hormonal therapy *vs* 5 years with intermittent treatment).

'Some doctors recommend intermittent hormonal therapy to men with metastatic prostate cancer, believing it will reduce their risk of side-effects without compromising their outcome, but these findings demonstrate a clear downside to this approach for certain men,' said lead author Maha Hussain, professor of medicine and urology at the University of Michigan Comprehensive Cancer Center, Ann Arbor, USA.

Professor Hussain suggested that the study findings will be practice changing for many doctors who routinely use intermittent therapy, and recommended that continuous hormonal therapy should be the preferred treatment for men with metastatic prostate cancer and minimal disease spread.

Susan Mayor

Adding bevacizumab to chemotherapy improves progression-free survival in ovarian cancer

Adding the vascular endothelial growth factor inhibitor bevacizumab (Avastin) to standard chemotherapy doubled progression-free survival in an international phase III trial of women with platinum-resistant ovarian cancer reported during a late-breaker session.

The AURELIA study included 361 women with epithelial ovarian, fallopian tube or primary peritoneal cancer that had progressed within 6 months of their last dose of platinum therapy. They were randomized to chemotherapy (either pegylated liposomal doxorubicin, topotecan or weekly paclitaxel, selected by the investigator) given either alone or with bevacizumab (10 mg/kg every 2 weeks or 15 mg/kg every 3 weeks, depending on chemotherapy).

Professor Eric Pujade-Lauraine, Université de Paris Descartes, France


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After a median follow-up of 13.5 months the recurrence rate was lower in patients treated with bevacizumab plus chemotherapy (75%) compared to those treated with chemotherapy alone (91%). Median progression-free survival was 6.7 months in the combination group, compared to 3.4 months in the chemotherapy alone group. Overall survival data are not yet complete.

Reporting the findings, Eric Pujade-Lauraine, professor at the Université de Paris Descartes, France, said the addition of bevacizumab offers a new treatment option for the 20% of women who have primary platinum-resistant disease, as well as those whose disease later becomes platinum-resistant: 'For the first time in platinum-resistant ovarian cancer, we have been able to significantly improve progression-free survival with a combination therapy.'

He added that strict exclusion criteria, including a history of bowel obstruction, minimized the risk of adverse events with bevacizumab.

Susan Mayor