symptoms from localized disease and the planned use of concomitant radiotherapy subsequent to ADT administration.

Suggested Reading


Re: Intense Androgen-Deprivation Therapy with Abiraterone Acetate plus Leuprolide Acetate in Patients with Localized High-Risk Prostate Cancer: Results of a Randomized Phase II Neoadjuvant Study


Dana-Farber Cancer Institute, Beth Israel Deaconess Medical Center, and Brigham and Women’s Hospital, Harvard Medical School, Boston, Massachusetts, University of Washington, Geriatric Research, Education and Clinical Center, Veterans’ Affairs Puget Sound Health Care System and Fred Hutchinson Cancer Research Center, Seattle, Washington, University of Texas M. D. Anderson Cancer Center, Houston, Texas, Emory University School of Medicine, Atlanta, Georgia, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, Janssen Research and Development, Los Angeles, California, and King’s College London, London, United Kingdom


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Editorial Comment: The use of androgen deprivation therapy in the neoadjuvant setting before radical prostatectomy has previously been shown to decrease positive surgical margins and the prevalence of extraprostatic disease at radical prostatectomy. However, it has never been demonstrated to reduce the risk of biochemical relapse. Recent studies are testing whether prolongation of treatment interval from 3 to 8 months could result in improved outcomes.

In this study the investigators appear to hypothesize that the degree of androgen suppression may be a factor in the efficacy of androgen suppression in the neoadjuvant setting. Men were randomized to receive 12 weeks of neoadjuvant luteinizing hormone-releasing hormone (LHRH) agonist alone or in combination with abiraterone acetate, an inhibitor of androgen synthesis. Men receiving combination therapy had decreased levels of testosterone and dihydrotestosterone in tissue sampled on biopsy after 12 weeks of treatment compared to men on LHRH agonist alone. After the randomization phase all men were converted to an additional 12 weeks of combination therapy before prostatectomy. On final pathological evaluation maximal suppression of tissue androgens was noted in all patients. Final pathology demonstrated decrease in tumor burden, with complete response in 10% of men and minimal tumor burden (less than 0.5 cc) in 62% of men on combination therapy. The impact of this treatment strategy on eventual oncologic outcome obviously needs to be determined through additional followup. However, it remains extremely provocative in view of the substantial reduction in tumor burden and suppression of tissue androgens.

Suggested Reading