Towards a new treatment for prostate cancer

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Translated from Le Journal de Montréal, July 10, 2017

One of the highlights from the latest congress of the American Society of Clinical Oncology (ASCO) was the identification of a new protocol for chemotherapy which significantly improved the survival of patients affected by an advanced form of prostate cancer.

According to the latest **statistics** of the Canadian Cancer Society, prostate cancer remains the most frequent cancer in Canadians, with 21,300 men receiving this diagnosis in 2017 and 4100 men dying of it.

Although the death rate for prostate cancer has steadily decreased since the end of the 1990s due to improvements in treatments, advanced stages of this disease remain extremely difficult to treat effectively and continue to be associated with a poor prognosis. Research into new therapeutic approaches thus takes on great importance for diminishing the burden imposed by this disease.

ANTI-TESTOSTERONE

At present, the standard treatment for advanced forms of prostate cancer consists of chemotherapy combined with hormone therapy.

Prostate cancer is hormonosensitive, which means that its development is stimulated by male hormones, i.e. the androgens and more particularly testosterone. The hormone therapy treatments block the production of testosterone by the testicles, which neutralizes the stimulatory action of this hormone on the cancer cells and thus blocks the development of the cancer.

However, these medications do not prevent the adrenal glands and the cancer cells from continuing to produce small quantities of testosterone and their inhibitory effect is thus incomplete.

INCREASED SURVIVAL

The results of two clinical studies presented at the ASCO congress, which was held in Boston last month, suggest that use of a new medication, abiraterone (Zytiga), could be able to overcome these limitations and to appreciably improve the survival of patients who have developed advanced prostate cancer. The medication specifically inhibits the synthesis of androgens and blocks the production of testosterone in all body tissues.

The first clinical trial, called LATITUDE, was performed on about 1200 men who had received a diagnosis of prostate cancer in an advanced stage and who presented metastases in bone or in other organs[1].

The results of the study are truly encouraging: after 30 months of treatment, the patients who had received abiraterone along with conventional hormone therapy exhibited a 38% lower risk of death than did those treated with a placebo, along with a marked slowdown in the progression of the disease (33 months rather than 15 months).

The advantages associated with early treatment in patients with abiraterone are underlined by another clinical study presented at the same congress[2]. This study, called STAMPEDE, showed that administration of the medication at the beginning of hormone therapy significantly increased the survival of patients, which changed from 3.5 years for those treated with the standard protocol, to 6.5 years for those treated with abiraterone.

According to the authors of these two studies, the addition of abiraterone to conventional hormone therapy should thus be currently considered as the standard treatment for patients who have reached the point of metastatic prostate cancer. Research is certainly a source of hope.

(1) Fizazi K et al. LATITUDE: A phase III, double-blind, randomized trial of androgen deprivation therapy with abiraterone acetate plus prednisone or placebos in newly diagnosed high-risk metastatic hormone-naive prostate cancer. J. Clin. Oncol. 2017;35 (suppl. Abstr. LBA3).

(2) James ND et al. Adding abiraterone for men with high-risk prostate cancer (PCa) starting long-term androgen deprivation therapy (ADT): Survival results from STAMPEDE (NCT00268476). J. Clin. Oncol. 2017;35 (suppl. Abstr. LBA5003).

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