CORRESPONDENCE

Hormonal Therapy in the Elderly Prostate Cancer Patient

by PD Dr. med. Jesco Pfitzenmaier, Prof. Dr. med Jens E. Altwein
in volume 14/2009

Proof Not Given

Pfitzenmaier and Altwein in their very readable article explain the advantage of hormone therapy in locally advanced prostate cancer with an unfavourable Gleason score. Further, they show in a table the extent to which a PSA increase may give an indication of a poorer prognosis. For the question that is crucial when recommending routine PSA measurements be used in tumor aftercare—namely, which treatment option should be chosen when PSA rises—the authors take recourse to the worst possible evidence-expert opinion ("EAU guideline 2008"). They do not provide a real proof for why after primary treatment for prostate cancer PSA should be measured and which order of benefit therapy would yield that is administered after a rise in PSA.

DOI: 10.3238/arztebl.2009.0622a

REFERENCES

1. Pfitzenmaier J, Altwein J E: Hormonal therapy in the elderly prostate cancer patient. Dtsch Arztebl Int 2009; 106(14): 242–7.

Dr. med. Günther Egidi
Huchtinger Heerstr. 41
28259 Bremen
familie-egidi@nord-com.net

In Reply:

In the context of the question raised in our article, the primary treatment cited by Egidi is one form or another of androgen deprivation. If tumor progression occurs in spite of this treatment, then, without taking recourse to laboratory tests (total PSA, possibly sarcosine concentrations in urine), local symptoms such as obstructive

micturition problems or indications of systemic progression such as bone pain can be expected. All that's left by way of therapeutic options then is palliative treatment—for example, transurethral prostatic resection, focal irradiation, or analgesic medication. Whether it is beneficial for a patient who is having hormone therapy and regular PSA tests to detect the progression before onset of symptoms is a legitimate question. In any case, PSA testing helps to detect the point at which the selected primary hormone therapy becomes ineffective and should be stopped. Such an approach does not need to be confirmed by a study, because the patient is spared at least the side effects of androgen deprivation up to the point where symptoms of progression manifest.

If the patient receives an antiandrogen as primary treatment then one third of patients experience improvement when the antiandrogen is stopped. Subsequently, secondary hormone therapy should be given, which is by no means ineffective. The comprehensive range of secondary hormone treatments in PSA progression has recently been shown (1). For the future, the task is to detect castration resistant prostate cancer by regularly testing PSA values. Currently, phase III studies are investigating the option of androgen receptor manipulation.

DOI: 10.3238/arztebl.2009.0622b

REFERENCES

1. Schmid HP, Keuler FU, Altwein JE: Rising prostate – specific antigen after primary treatment of prostate cancer: sequential hormone manipulation. Urol Int 2007; 79: 95–104.
2. Pfitzenmaier J, Altwein J E: Hormonal therapy in the elderly prostate cancer patient. Dtsch Arztebl Int 2009; 106(14): 242–7.

Prof. Dr. med. Jens E. Altwein
Urologische Abteilung, Chirurgische Klinik München-Bogenhausen
Denningerstr. 44
81679 München, Germany
Altwein.muenchen@t-online.de

Conflict of interest statement

The authors of both contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors. .