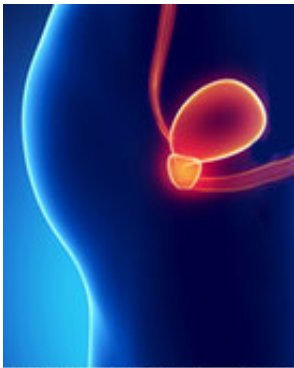


Combo treatment may boost survival with advanced prostate cancer

August 6 2015, by Steven Reinberg, Healthday Reporter



Artist rendering of prostate and bladder

Adding chemotherapy to hormone therapy will change practice, expert says.

(HealthDay)—Chemotherapy at the start of hormone therapy can extend the lives of men with prostate cancer that has spread beyond the gland, a new study finds.

Over nearly 29 months of follow-up, [men](#) with advanced [prostate cancer](#) who received the [combination therapy](#) lived almost 14 months longer than men who received only hormone therapy (58 months versus 44 months), researchers said.

"Men who have hormone-sensitive [metastatic prostate cancer](#) should speak with their doctors about having this combination treatment to significantly prolong their survival," said lead researcher Dr. Christopher

Sweeney, an associate professor of medicine at Harvard Medical School.

For 50 years, hormone therapy has been the standard care for these patients, he said. Adding chemotherapy to hormone therapy is worth doing because even though it's not a cure, it does improve survival and quality of life, Sweeney said.

The study was funded by the U.S. National Cancer Institute, and the report was published Aug. 5 online in the *New England Journal of Medicine*.

For the study, Sweeney and colleagues randomly assigned 790 men with prostate cancer, average age 63, to chemotherapy plus hormone therapy or hormone therapy alone.

In addition to the survival benefit, men who received the combination of chemotherapy and hormone therapy saw their cancer remain dormant for more than 20 months before it began to progress, compared with close to 12 months among those who only received [hormone therapy](#), researchers found.

Sweeney said that side effects of the chemotherapy were mild, in general. Fatigue, low white blood cell count and infection were the most common side effects, the study said. One man died from an unknown cause, though researchers said the death may have been due to the chemotherapy. The man probably should not have been in the trial in the first place, Sweeney said.

One of the criteria for the treatment is that patients should be able to handle the chemotherapy, Sweeney said. If they have other conditions such as liver or kidney disease, they should not be getting chemotherapy, he said.

Dr. Anthony D'Amico, chief of radiation oncology at Brigham and Women's Hospital in Boston, said, "This is an important study that will change practice."

In the study, the greatest benefit was seen in men who had four or more tumors outside the prostate, but D'Amico, who wasn't involved with the research, believes [chemotherapy](#) will also help men with fewer tumors. "It will probably work across the board," he said.

Other studies, D'Amico said, have confirmed these findings. "This drives home the point that we should change practice," he said.

"It's not curing prostate cancer," he said. "But it's certainly increasing the time people have."

More information: Paper:

www.nejm.org/doi/full/10.1056/NEJMoa1503747

For more information on prostate cancer, visit the [American Cancer Society](#).

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