

Chemotherapy for newly-diagnosed prostate cancer? **Maybe, for some.**

Prostate cancer is the second-most common cancer among men. In the United States this year, experts estimate that 220,000 men will be diagnosed with this disease, and nearly 30,000 American men will die from prostatic malignancy. Despite these ominous numbers, oncologists have witnessed remarkable progress in more effectively diagnosing the disease earlier, in treating newly-diagnosed disease, and in managing prostate cancer after it has spread. Just two decades ago, conventional wisdom offered no meaningful treatment for metastatic prostate cancer once it progressed after hormonal therapy. Today, we know that newer hormonal treatments and chemotherapies can be effective in prolonging survival and maintaining quality of life for men with advanced prostate cancer. We still await a treatment with curative potential for a man whose prostate cancer has spread and no longer responds to conventional treatment.

Of course, one approach to this problem would be to devise a management plan that might reduce the risk of prostate cancer spreading elsewhere in the first place. To that end, a recent study reported at the annual meeting of the American Society of Clinical Oncology in Chicago last month offers some exciting promise.

Currently, the standard of care for aggressive, newly-diagnosed prostate cancer confined to the prostate is surgery or radiation followed by hormonal therapy. This study was designed to build upon results reported a year ago,

showing that for patients with metastatic prostate cancer that shows especially aggressive behavior, the addition of a chemotherapy drug (Taxotere) to hormonal therapy at the first sign of cancer spread can significantly improve on long-term treatment outcomes, including improvement in survival. In the study reported last month, researchers took the addition of chemotherapy to hormonal therapy a step further, administering Taxotere plus hormonal therapy to patients with high risk for recurrence immediately at the time of diagnosis, before the occurrence of any cancer spread. The researchers found that after 4 years, patients treated with chemotherapy plus hormonal therapy after radiation showed a 30% reduction in risk of death compared to patients treated with hormonal therapy alone after radiation.

Some experts now claim that, on the basis of this new study, newly-diagnosed patients with high risk (including a baseline PSA blood test of greater than 20, high grade disease or large tumor) should now be treated with hormonal therapy plus chemotherapy after radiation or surgery. Other experts warn that this study should be verified with additional clinical trials, pointing out that the addition of chemotherapy adds inevitable toxicity to the treatment plan. Nonetheless, this study again shows that we are making incremental progress in managing this difficult disease.

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