

スタディにより前立腺がんに関する論争が決着した (Abstract # 4)

一部の進行前立腺がん男性において間欠的なホルモン療法は持続的なホルモン療法よりも有効性が低い

Intermittent hormonal therapy less effective than continuous therapy in certain men with advanced prostate cancer

ホルモン感受性転移前立腺がん男性に対する2つの一般的な治療法を比較した長期多施設第3相国際臨床試験の結果、転移が最小限の患者において間欠的なホルモン療法は持続的なホルモン療法よりも有効性が低いことが示された。このトライアルには、7か月間の持続的なホルモン療法後にPSAが4ng/mL以下に低下したホルモン感受性転移性前立腺がん男性1,500人余りを組み入れた。その後彼らは間欠的なホルモン療法(770人)または持続的なホルモン療法(759人)を受ける群に無作為に割り付けられた。間欠的な治療群患者は定期的に治療を受けたため、この群の患者は平均で持続的な治療群患者の半分のホルモン療法を受けた。追跡期間中央値9.2年後にがんの転移が最小限(転移が脊椎、骨盤、およびリンパ節を越えない)の患者の全生存期間中央値は、持続的な治療群で7.1年であったのに対し、間欠的な治療群では5.2年であった。がんがより広範に転移している患者においては、全生存期間中央値は両群で同等であった(持続的な治療群で4.4年に対し間欠的な治療群で5年)。このスタディは第48回American Society of Clinical Oncology学会で発表された。

Full Text

A long-term, multicenter Phase III international clinical trial comparing two common therapies for men with hormone-sensitive metastatic prostate cancer has found that intermittent hormonal therapy is less effective than continuous hormonal therapy in men with minimal disease spread. There was a two-year difference in median survival among these men, favoring men who received continuous therapy. Among men with more extensive disease spread, however, the results indicate that intermittent and continuous therapy are comparably effective. The study was presented at the American Society of Clinical Oncology's 48th Annual Meeting.

"Some doctors recommend intermittent hormonal therapy to men with metastatic prostate cancer, believing it will reduce their risk of side effects without compromising their outcome, but these findings demonstrate a clear downside to this approach for certain men," said Maha Hussain, M.D., Professor of Medicine and Urology at the University of Michigan Comprehensive Cancer Center and the study's lead author. "The findings clearly demonstrate that intermittent hormonal therapy is not safe for all patients with metastatic prostate cancer. They will be practice changing for many doctors in the U.S. and abroad who routinely use intermittent therapy."

Prostate cancer is fueled by the male hormone testosterone; hormonal therapy is used to turn off testosterone production and thereby stop cancer growth. But hormonal therapy has side effects that impair quality of life, including reduced sexual drive and potency, hot flashes and weight gain. Based on early scientific and clinical data, doctors have thought for some time that intermittent hormonal therapy could decrease these side effects and perhaps delay the resistance to hormonal therapy that most metastatic prostate cancers develop.

Intermittent hormonal therapy appeared to be safe in prior studies, but those studies generally included either men whose only evidence of prostate cancer progression was an increase in PSA level (as opposed to X-ray evidence of disease spread, for example), or men with wide-ranging stages of disease (not just metastatic cancer).

This National Cancer Institute-sponsored intergroup study (led by SWOG) was designed to see if intermittent hormonal therapy achieved survival comparable with continuous therapy among men with metastatic prostate cancer. The trial included more than 1,500 men with hormone-sensitive metastatic prostate cancer whose PSA fell to 4 ng/ml or less after 7 months of continuous hormonal therapy. The men were then randomly assigned to receive intermittent hormonal therapy (n=770 patients) or continuous hormonal therapy (n=759 patients). Because treatment was given periodically, patients in the intermittent therapy group received, on average, about half as much hormonal therapy as those in the continuous therapy group.

After a median follow-up of 9.2 years, median overall survival in men with minimal disease spread (no spread beyond the spine, pelvis, and lymph nodes) was 7.1 years for those who received continuous therapy versus 5.2 years for those who received intermittent therapy. Among men with more extensive disease spread, median overall survival was similar in both arms (4.4 years for the continuous therapy group vs. 5 years for the intermittent group).

ASCO2012特集

[News 01]

進行性小児がん治療に関する有望な結果

[News 02]

メラノーマに対する有望な新併用療法

[News 03]

オランザピンは化学療法の副作用をコントロールする

[News 04]

限局性高リスク前立腺がんの有望な治療

[News 05]

卵巣がんにおける無増悪生存期間の倍加

[News 06]

リンパ腫の新たな治療法はCHOPよりも有効性が高い

[News 07]

進行肺がんの進行抑制

[News 08]

Trametinibは進行メラノーマの生存期間を改善する

[News 09]

スタディにより前立腺がんに関する論争が決着した

[News 10]

新たな分子標的薬はGIST患者の予後を改善する

[News 11]

進行乳がんに関する新たな治療法は有望である

[News 12]

進行大腸がん患者の生存期間延長

[News 13]

新たな微小管阻害薬は週1回のパクリタキセルと変わらない

[News 14]

若年の白血病患者は成人よりも予後が良好である

[News 15]

化学療法と放射線療法の併用は一部の脳腫瘍患者の寿命を延長する

[News 16]

小児がんに対する放射線治療は乳がんリスクを上昇させる

[News 17]

化学療法誘発性末梢神経障害に有効な治療

[News 18]

新たなPD-1標的免疫療法の有望な作用