# PSAに基づき再発とされた前立腺がん患者においてホルモン療法延期は安全なようである（Abstract: 5003）

## PSA検査により再発が発見された前立腺がん患者においてアンドロゲン除去療法を症状発現まで遅らせても安全なようである

## Delaying androgen deprivation therapy until onset of symptoms may be safe for men with prostate cancer relapse detected by PSA testing

前立腺手術または放射線療法後にPSAのみで再発とされた前立腺がん患者において、症状発現または画像上がんが出現するまでアンドロゲン除去療法（ADT）を遅らせても長期生存率は実質的に悪化しない、と第50回American Society of Clinical Oncology学会で発表された。スタディでは14,000人超の患者を解析し、うち2,012人は治癒目的の前立腺全摘術または放射線療法後にPSAに基づき再発が認められた。PSA再発後3か月以内にADTを開始した患者は"迅速"療法群とされた。PSA再発後2年以上経過してから、または転移、症状発現、またはPSA倍化時間が短い場合にADTを開始した患者は"遅延"療法群とされた。初回治療からPSA再発までの時間中央値は27か月であった。再発後、患者は中央値41か月追跡された。推定5年全生存率は2つのADT開始群で同等であった：遅延ADT群87.2%に対し迅速ADT群85.1%であり、迅速なADT開始は遅れて開始する場合と比較し生存率に関する有益性はほとんどないか、または全くないことが示唆された。この結果から、ADTを延期することは安全であり、治療に関連した副作用や医療費を軽減したり遅らせたりできると考えられる。

## Full Text

According to a large, population-based observational study of men who had a PSA-only based relapse after prostate surgery or radiation therapy, delaying androgen deprivation therapy (ADT) until the onset of symptoms or appearance of cancer on a scan does not substantially compromise long-term survival. The findings suggest that it may be safe to postpone ADT, reducing and/or delaying treatment-related side effects and costs.

"Rising PSA levels trigger a lot of anxiety, and many men want to start treatment as soon as possible," said lead study author Xabier Garcia-Albeniz, M.D., a research associate at Harvard University School of Public Health in Boston, MA. "These findings suggest that there may be no need to rush to ADT. If our results are confirmed in randomized trials, patients could feel more comfortable waiting until they develop symptoms or signs of cancer that are seen on a scan, before initiating ADT."

The current study provides novel data on patients with so-called "PSA relapse," where PSA levels are increased but patients have no symptoms, and there is no evidence of a tumor on a CT or bone scan. There are no standard guidelines for timing of ADT initiation in such patients.

The study analyzed national prospective registry data (CaPSURE: Cancer of the Prostate Strategic Urologic Research Endeavor, based at the University of California, San Francisco) on over 14,000 patients, 2,012 of whom had a PSA relapse after radical prostatectomy or radiation therapy with curative intention. Patients were assigned to the "immediate" strategy if they received ADT within three months of PSA relapse. They were assigned to the "deferred" strategy if they started ADT at least two years after the PSA relapse, or when they presented with metastasis, symptoms, or a short PSA doubling time.

In the current observational study, the median time from primary treatment to PSA relapse was 27 months. After a relapse, patients were followed for a median period of 41 months. The estimated five-year overall survival was similar between the two ADT timing strategies: 87.2 percent for deferred ADT vs. 85.1 percent for immediate ADT, suggesting that there was little or no survival benefit of immediate ADT initiation compared with deferred initiation. As this was an observational study, the authors cannot exclude the possibility that some unmeasured characteristics affecting survival (e.g., healthy behavior, diet, blood pressure) were different among compared groups and, despite the best possible statistical adjustment, the true difference between the compared strategies might differ from the one reported.

In practice, deferred initiation could help delay ADT by two or more years for some men, according to the authors, offering men substantially better quality of life by avoiding common and often debilitating side effects — sexual dysfunction, osteoporosis and risk of bone fracture, hot flashes, decreased mental sharpness, fatigue, loss of muscle mass, increased cholesterol, weight gain, and depression. Some of those side effects may become more severe the longer a patient is on ADT.

"Hormone therapy is one of the oldest, most common and most effective treatment approaches in prostate cancer, and these findings will influence the treatment of thousands of patients worldwide," said Peter P. Yu, M.D., FASCO, ASCO President-Elect. "This study is also a great example of how less aggressive treatment can sometimes offer patients optimal outcomes while sparing them from side effects that impair their quality of life."

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