Abstract

Purpose: To establish the impact of intermittent androgen deprivation in terms of symptoms, safety and efficacy in patients with metastatic prostate cancer or biochemical relapse after curative treatment compared with continuous androgen deprivation.

Materials and methods: A retrospective analytical study were performed, reviewing medical records of 188 patients diagnosed with prostate cancer, from 1992 until 2011, establishing the characteristics of the population with prostate cancer undergoing intermittent androgen deprivation (IAD) or continuous androgen deprivation (CAD). Oncological control with PSA levels and bone scans was analyzed for each group. Progression to hormone resistance and side effects were recorded.

Results: 74% were managed with IAD, and 26.08% with CAD. The average age of the total population was 73 years. The initial PSA values were 58.18 with a standard deviation of 218.11. Secondary events that occurred more frequently associated with hormonal therapy were: obesity, hot flashes and decreased libido. As for the correlation between secondary events associated with the group of patients with continued hormone blockade and intermittent hormonal blockade, these were presented in 68% and 13% respectively. The hormone resistance was identified more frequently in the followup of patients undergoing CAD in 9% of the population, with a median time of 36 months. In the group of intermittent androgen blockade only 6.5% of the patients evolved to hormone resistance with an average period of 36 months, no significant difference with respect to continuous blocking group (p: 0.345 Test of Kruskal Wallis).

Conclusions: The IAD is a safe and effective therapeutic option for patients with advanced prostate cancer in PSA relapse and metastatic when compared with CAD, requires periodic monitoring of PSA and bone scan, and provides good results in terms of quality of life, decreasing the frequency of symptoms associated during off treatment periods.

Keywords
Prostate cancer, intermittent androgen deprivation, continuous androgen deprivation.