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News & Comments

Novel Agent to Treat Prostate Cancer

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The major treatment for advanced prostate cancer is androgen deprivation therapy. Most men respond to androgen deprivation therapy, but some develop castration-resistant prostate cancer, which is characterized by elevated serum levels of prostate-specific antigen and/or disease progression as seen in radiological analyses. Castration-resistant, non-metastatic prostate cancer is a diverse disease with a four-year median survival rate, the potential for metastasis development, and a high mortality rate. In non-metastatic, castration-resistant prostate cancer males with shorter serum levels of prostate-specific antigen doubling time, abiraterone, enzalutamide, and palutamide (second-generation antiandrogens) were reported to effectively prolong metastasis-free survival and symptoms progression. The goal of the retrospective study was to examine castration-resistant, non-metastatic prostate cancer outcomes, side effects, and survival among Chinese men.

The study was carried out at the Department of Urology, the First Affiliated Hospital of Soochow University, Suzhou, Jiangsu. The 500 Chinese males who were diagnosed with castration-resistant, non-metastatic prostate cancer and treated with 50 mg/day of bicalutamide or 1 g/day of abiraterone after androgen deprivation therapy failed were included in the database. For statistical analysis, InStat 3.01 from GraphPad Software, San Diego, California, USA, was utilized. For statistical analysis, the unpaired t-test for continuous variables, the Chi-square test for independence, or the Fisher's exact test for constant variables was employed.

Those in the AB cohort had a longer prostate-specific antigen doubling time than men in the BL cohort after 48 months of therapy. Prostate-specific antigen response has been recorded in a total of 80 (68%) men from the AB cohort and 220 (57%) men from the BL cohort. Males in the AB group have significantly higher prostate-specific antigen responses than men in the BL cohort ($p = 0.040$). Those in the AB cohort had a similar overall survival rate to men in the BL group ($p = 0.709$). Due to negative side effects, more men were moved from bicalutamide to abiraterone (hyperglycaemia, cataract, and arthralgia). Four years after the beginning of treatment, specific outcome measurements are given. Abiraterone had previously been linked to hypertension, elevated alanine and aspartate aminotransferases, fractures, and pneumonia. Bicalutamide had complained of arthralgia, back pain, and pain in the extremities. According to the study, men who received treatment with 1 g/day of abiraterone plus 5 mg/day of prednisolone had greater prostate-specific antigen doubling times, prostate-specific antigen responses, and metastasis-free survival rates than men who received treatment with 50 mg/day of bicalutamide. Compared to the males in the BL cohort, fewer men from the AB group received second-line chemotherapy. The outcomes of the current study's second-line

chemotherapy were not comparable to those of a retrospective study. Results from the retrospective study were inconsistent because of the small sample size.

When compared to bicalutamide, aritter one improves men's metastasis-free survival, prostate-specific antigen response, and doubling time of that antigen. Men tolerated 50 mg of bicalutamide well compared to 1 g of abiraterone acetate plus 5 mg of prednisolone per day. In comparison to 50 mg/day of bicalutamide, a total of 1 g/day of abiraterone plus 5 mg/day of prednisolone did not prevent males from dying.

JOURNAL REFERENCE
Abiraterone, bicalutamide, castration-resistant prostate cancer, metastasis, prednisolone, prostate-specific antigen doubling time, prostate-specific antigen response

KEYWORDS
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