

Temporary castration for prostate cancer sufferers

Injections may reduce the need for a surgical solution, says Dr Stuttaford



Dr Thomas Stuttaford

The case history of François Mitterrand, the late former French President, is an encouragement to every man who has advanced prostatic cancer. The president defied the gloomy prognosis of doctors by living for 15 or 16 years with inoperable prostate cancer. He chose to have intermittent hormone therapy so that, between courses of injections, much of his old vitality and virility returned.

For the best results, prostate cancer should be treated at an early stage by radical surgery or radiotherapy so that the cancer cells are removed or obliterated. Not everyone's general health makes them suitable for radical treatment and some patients may have tumours too advanced for the cancer to be eradicated.

Most, but not all, prostatic cancer cells need testosterone, the male hormone, if they are to flourish. When hormonal treatment for prostatic cancer was started, doctors surgically castrated their patients or gave them large doses of female hormone. Unfortunately the testes are not the only source of testosterone so that, although most patients go into long-term remission after castration, sooner or later the malignancy returns.

Scientists then discovered that injection of a different hormone is able to block the action of the GnRH receptors in the pituitary gland, the gland that controls the production of testosterone. These injections achieved a temporary chemical rather than surgical castration of the patient.

For years Zoladex, goserelin acetate and Prostag leuprorelin injections have dominated the market for GnRH receptor-blockers. These injections have allowed thousands of men with advanced prostatic cancer, or a constitution too frail for radical surgery, to continue to live a rewarding life. Soon the existing injections of Zoladex or Prostag will be rivalled by degarelix, another GnRH receptor-blocker. Data from a clinical trial presented earlier in the year at the European meeting of urologists in Milan demonstrated that degarelix acts faster than leuprorelin and achieves a greater reduction in circulating levels of testosterone. The rapid effectiveness of degarelix is illustrated by the rate at which the PSA, the prostatic antigen produced by the prostatic cells whether benign or malignant, falls.

John Anderson, a consultant urological surgeon at the Royal Hallamshire Hospital in Sheffield, said recently that not only do degarelix subcutaneous injections achieve chemical castration almost as quickly as surgical castration, but there was no surge in hormone levels after the first injection, a side-effect that can sometimes cause a patient trouble.

The treatment of recurrent prostatic cancer continues to improve. As well as hormone therapy by injection, Casodex bicalutamide tablets offer many of the same advantages without always a loss of sexual drive. Chemotherapy prepared from yew tree leaves is useful in advanced hormone-resistant cases. Bisphosphonates, Fosamax-type drugs used to treat osteoporosis and breast cancer, have also been shown to delay the spread of prostate cancer. Recently hope has been raised that abiraterone may sometimes be able to remove testosterone from within malignant cells and that ZD4054, an endothelial receptor antagonist, may improve the ability of chemotherapy to treat widespread prostatic malignancy.

Local recurrence of a hormone-resistant tumour can also be treated by HIFU, high intensity focused ultrasound, a relatively simple procedure that is useful for salvage therapy. Meanwhile, patients who have had prostatic cancer, or have a family history of it, should have a tomato-rich diet. I recommend vitamin D, acquired by sunshine without sunburn, and Lyc-O-Mato, made from whole tomatoes and therefore containing several flavonoid antioxidants including lycopene.

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