

ASCO 2007 Guideline Update: Recommendations for the Initial Hormonal Management of Androgen-Sensitive Metastatic, Recurrent, or Progressive Prostate Cancer

Previous Recommendation (2004)	Current Recommendation (2007)
Is Combined Androgen Blockade Better Than Castration Alone?	
A discussion should occur between the patient and his practitioner. The patient needs to appreciate that there is a small potential gain in OS with the addition of a nonsteroidal antiandrogen to medical or surgical castration and that increased side effects may occur as a result.	Combined androgen blockade (CAB) should be considered.
Does Early Androgen Deprivation Therapy (ADT) Improve Outcomes Over Deferred Therapy?	
Until data from studies using modern medical diagnostic and biochemical tests and standardized follow-up schedules become available, no specific recommendations can be issued by this Panel regarding the question of early versus deferred ADT using LHRH agonists or orchiectomy. A discussion about the pros and cons of early versus deferred therapy should occur between patient and practitioner. Antiandrogen monotherapy is not recommended. Patients should be followed clinically and started on ADT once symptoms of locally progressive or metastatic disease present.	For patients with metastatic or progressive prostate cancer, there is a moderate decrease (17%) in relative risk (RR) for prostate cancer-specific mortality, a moderate increase (15%) in RR for non-prostate cancer-specific mortality, and no overall survival advantage for immediate institution of ADT versus waiting until symptoms onset for patients. Therefore, the Panel cannot make a strong recommendation for the early use of ADT. PSA kinetics and other metrics allow the identification of populations at high risk for prostate cancer specific and overall mortality. Further studies must be completed to assess whether patients with adverse prognostic factors gain a survival advantage from immediate ADT. If a patient decides to wait until symptoms for ADT, he should have regular visits for monitoring. For patients with recurrent disease, clinical trials should be considered if available.
Is Intermittent ADT Better Than Continuous ADT?	
Two large randomized Intergroup studies are ongoing and intermittent androgen blockade should still be considered experimental.	Currently, data are insufficient to support the use of intermittent androgen blockade outside of clinical trials.

This table is derived from recommendations in the ASCO 2007 Update of Recommendations for the Initial Hormonal Management of Androgen-Sensitive Metastatic, Recurrent, or Progressive Prostate Cancer. This table is a practice tool based on ASCO® practice guidelines and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the practice guidelines and this table are voluntary. The practice guideline and additional information is available at <http://www.asco.org/guidelines/asprostate>. Copyright © 2007 by the American Society of Clinical Oncology. All rights reserved.