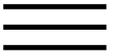


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Androgen deprivation with radiation therapy compared with radiation therapy alone for locally advanced prostatic carcinoma: a randomized comparative trial of the radiation therapy oncology group *

M.D. Miljenko V. Pilepich ^{a, b, c, d, e, f, g, h, i, j, k, l} ... M.D. Mark S. Soloway ^{b, c, d, e, f, g, h, i, j, k, l, m}

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Abstract

Objectives

Androgen deprivation therapy before and during radiation therapy could, by reducing tumor volume, increase local tumor control, disease-free survival, and overall survival in patients with locally advanced adenocarcinomas of the prostate.

Methods

In a randomized controlled clinical trial, patients with large T2, T3, and T4 prostate

tumors, but no evidence of osseous metastasis, were randomized to receive goserelin 3.6 mg subcutaneously every 4 weeks and flutamide 250 mg orally three times daily 2 months before and during the radiation therapy course (Arm I) compared with radiation therapy alone (Arm II). Pelvic irradiation was administered with 1.8 to 2.0 Gy per day to a total dose of 45 ± 1 Gy followed by a boost to the prostate target volume to a total dose of 65 to 70 Gy.

Results

Of 471 randomized patients, 456 were evaluable, 226 on Arm I and 230 on Arm II. With a median potential follow-up of 4.5 years, the cumulative incidence of local progression at 5 years was 46% in Arm I and 71% in Arm II ($P < 0.001$). The 5-year incidence of distant metastasis on Arms I and II was 34% and 41 %, respectively ($P = 0.09$). Progression-free survival rates including normal prostate-specific antigen (PSA) levels for 396 patients with at least one PSA recorded were 36% in Arm I and 15% in Arm II at 5 years ($P < 0.001$). At this time, no significant difference in overall survival could be detected ($P = 0.7$).

Conclusions

Short-term androgen deprivation with radiation therapy results in a marked increase in local control and disease-free survival compared with pelvic irradiation alone in patients with locally advanced carcinoma of the prostate. Long-term surveillance is required to assess effects on overall survival.



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