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**Lack of Survival Benefit in Older Men Treated Solely with Hormone
Therapy for Localized Prostate Cancer**

Study by Research Team at The Cancer Institute of New Jersey Published in JAMA

New Brunswick, N.J., July 8, 2008 – New research to be published in tomorrow’s issue of *JAMA* (Vol. 300, No. 2) by a team of investigators at The Cancer Institute of New Jersey (CINJ), shows a lack of survival benefit for older men with localized prostate cancer when administered a common therapy. At focus is a treatment known as androgen deprivation therapy, which shuts off male hormones known to promote growth of the disease. For the past decade, this form of treatment, when used as the only therapy, has become a popular alternative to surgery, radiation or conservative management. CINJ is a Center of Excellence of UMDNJ-Robert Wood Johnson Medical School.

The study, *Survival Following Primary Androgen Deprivation Therapy Among Men with Localized Prostate Cancer*, found that after hormone therapy was administered for an average of 18 months to men aged 66 or older, the treatment did not show any increase in the overall survival rate compared to conservative management, in which an older man will forego treatment and undergo regular assessment in order to preserve his quality of life. Results also showed that there was a decrease in the prostate cancer-specific survival rate.

The research utilized information from 19,271 men, with a median age of 77, who were diagnosed with clinical stage T1-T2 prostate cancer (cancer that did not spread beyond the prostate) between 1992 and 2002, and had their history followed through 2006. The study team notes that the results could differ for younger men. The data was compiled from the population-based Surveillance, Epidemiology, and End Results (SEER) database and linked Medicare files.

Grace Lu-Yao, PhD, MPH cancer epidemiologist at CINJ and associate professor of environmental and occupational medicine at UMDNJ-Robert Wood Johnson Medical School, is the lead author. She notes that while previous research has indicated early use of this hormone treatment is appropriate for high-risk patients and for use in conjunction with other therapy, there has not been much study done on the use of androgen deprivation therapy as a sole treatment.

Dr. Lu-Yao says since this treatment has become a standard of care in recent years, more study is necessary, “There have been more reports of health risks such as fractures, diabetes, heart disease and other adverse affects associated with chronic use of this therapy; therefore, it is imperative that more exploration is done on the appropriate application of this treatment.” Lu-Yao, who also authored a recent study showing conservative management as a viable option for older men with low-grade prostate cancer, notes that with the results of the current study, clinicians may want to carefully weigh the rationale for initiating androgen deprivation therapy.

One in six men will be diagnosed with prostate cancer in their lifetime. According to the American Cancer Society, it is the most frequently diagnosed cancer in men, other than skin cancer, and the second leading cause of cancer death in men. It is estimated that approximately 183,000 new cases of prostate cancer will occur in the United States this year, with the illness affecting more African-American men than those of Asian or Caucasian descent. In New Jersey, 5,000 new cases of prostate cancer will be diagnosed, while 800 will die from the disease this year.

Along with Lu-Yao, the author team consists of Peter C. Albertsen, MD, University of Connecticut, as well as CINJ members Dirk F. Moore, PhD, associate professor of biostatistics, UMDNJ-School of Public Health; Weichung Shih, PhD, professor and chair of biostatistics, UMDNJ-School of Public Health; Yong Lin, PhD, associate professor of biostatistics, UMDNJ-School of Public Health; and Robert S. DiPaola, MD, associate director for clinical science at CINJ and professor of medicine, UMDNJ-Robert Wood Johnson Medical School. Senior author Siu-Long Yao, MD, is a clinical assistant professor of medicine at UMDNJ-Robert Wood Johnson Medical School.

About The Cancer Institute of New Jersey

The Cancer Institute of New Jersey is the state's first and only National Cancer Institute-designated Comprehensive Cancer Center, and is dedicated to improving the prevention, detection, treatment and care of patients with cancer. CINJ's physician-scientists engage in translational research, transforming their laboratory discoveries into clinical practice quite literally bringing research to life. The Cancer Institute of New Jersey is a center of excellence of UMDNJ-Robert Wood Johnson Medical School. To support CINJ, please call the Cancer Institute of New Jersey Foundation at 1-888-333-CINJ.

The Cancer Institute of New Jersey Network is comprised of hospitals throughout the state and provides a mechanism to rapidly disseminate important discoveries into the community. Partner Hospital: Robert Wood Johnson University Hospital. Affiliate Hospitals: Bayshore Community Hospital, CentraState Healthcare System, Cooper University Hospital*, Jersey Shore University Medical Center, JFK Medical Center, Morristown Memorial Hospital, Overlook Hospital, Raritan Bay Medical Center, Robert Wood Johnson University Hospital at Hamilton (CINJ-Hamilton), Saint Peter's University Hospital, Somerset Medical Center, Southern Ocean County Hospital, The University Hospital/UMDNJ-New Jersey Medical School*, and University Medical Center at Princeton. *Academic Affiliate

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