Every year the annual cancer meeting of the American Society of Clinical Oncology (ASCO) in Chicago, publishes the preliminary results of thousands of scientific studies. As usual, I reviewed all the scientific presentations related to prostate cancer and picked out a few that are of particular interest or applicable for men with prostate cancer. ASCO tends to publish more studies evaluating the effectiveness of treatments for men with more advanced stages of prostate cancer.

The Impact of The Government’s Recommendation in 2011 to Stop PSA Screening

In abstract #5026, Dr. Scott Eggener from the University of Chicago provided an update on how the recommendation by the US Preventative Services Task Force in 2011 to forgo PSA screening is affecting the frequency of PSA screening in the general population. Dr. Eggener used the National Health Interview Survey to estimate the proportion of men screened for prostate cancer in 2010 and again in 2013. He found that screening significantly declined from 2010 to 2013 among all men over 50. Men ages 60-74 were most heavily tested, with a 51.2% rate of men being screened in 2010 which was reduced to 43.6% in 2013. His study concluded that “Prostate cancer screening significantly declined following the USPSTF guideline of discouraging PSA-based screening.”

Does Carboplatin Improve The Anticancer Activity of Jevtana?

In abstract #5010, Dr. Ana Aparicio reported on 135 men with advanced hormone-resistant prostate cancer treated either with Jevtana alone or with Jevtana plus Carboplatin. PSA reductions more than 50% and more than 90% occurred in 44% and 20%, respectively, of men treated with Jevtana compared with 60% and 28% of men that received the combination. Measurable improvement of scan results occurred in 14% of men receiving Jevtana vs. 52% in men getting the combination. Side effects with Jevtana alone vs. the combination were fatigue (4% vs. 10%), anemia (2% vs. 17%), neutropenia (4% vs. 15%) and thrombocytopenia (0% vs. 8%). The conclusion was that carboplatin improved response rates to a meaningful degree.

More Evidence for Using Statins And Metformin in High-Risk Prostate Cancer

In abstract #5018, Dr. Grace L. Lu-Yao evaluated 22,110 high-risk prostate cancer patients, of which 1,365 died of prostate cancer. Use of a statin medication in combination with metformin was associated with a 43% reduction in prostate cancer mortality. The benefit was present in all men but was present to a larger degree in men with obesity.

Should Men with A Rising PSA Start Hormone Therapy Immediately?

In abstract #5007, Dr. Nigel Spry tested the policy of starting hormone therapy immediately following PSA relapse versus waiting until further progression (metastasis, symptoms, or shortened PSA doubling time). From September 2004 to July 2012, 293 patients entered the study. After 5 years there were 30 deaths in the delayed group compared to only 16 in the men starting Lupron immediately. Lupron reduces the risk of prostate cancer death and death from other causes.
**Should Men with A Rising PSA After Surgery Add Taxotere to Their Hormone Therapy?**

In abstract #5011, Dr. Michael J. Morris evaluated relapsing patients whose PSA doubling time was less than 9 months and whose PSA was over 1.0. Half of 413 men were treated with Lupron and the other half received Lupron and Taxotere. The information is preliminary after only 2.5 years of follow-up but a statistical trend towards an improvement in cure rates was observed in the men treated with Taxotere and Lupron.

**Can Men with Intermediate-Risk Get A Good Result with Seed Implants Alone?**

In abstract #e16041, Dr. Barry Goy from Kaiser Permanente in Los Angeles evaluated the long-term treatment outcomes of seed implants compared to beam radiation in men with intermediate-risk prostate cancer. Between 2004 and 2007, 93 patients underwent iodine seed implantation while 597 patients received standard beam radiation in median dosage 7531 cGy. The projected 10 year cure rate for seed implants was 81.7%. For beam radiation it was 54.5%. Dr. Goy’s conclusion from the study is that men with intermediate-risk prostate cancer can safely use radioactive seeds without adding beam radiation.

**The Combination of Taxotere with Xofigo Lowers PSA**

In abstract #5012, Drs. Michael J. Morris, Celestia S. Higano, Howard I. Scher and Charles J. Ryan evaluated 46 men, 33 were treated with Xofigo every 6 weeks in combination with Taxotere given every 3 weeks while 13 were on Taxotere only. Overall the combined treatment was well-tolerated and 30 of the 33 participants (91%) had a decline in PSA levels. This outcome contrasts sharply with the typical lack of PSA decrease observed in men treated with Xofigo alone.

**Effects of Procrit on Counteracting Anemia in Men on Taxotere**

In abstract #e16064, Dr. Ursula Steiner evaluated 139 men on Taxotere. Half of the men had 40,000 units weekly Procrit added to their chemotherapy regimen if their hemoglobin level dropped below 10.5. When their hemoglobin rose above 13.0, the Procrit treatment was held. Only 9.1% of the men on Procrit developed a hemoglobin less than 10 whereas 24.6% of the men without receiving Procrit had hemoglobin levels under 10. The men on Procrit required significantly fewer blood transfusions (p = 0.026). The overall survival rate was significantly higher (62.5% vs 29.3%, p < 0.001) in the men treated with Procrit.

**Conclusion**

You can see that with all the new agents for treating prostate cancer becoming available, many of the studies are starting to address the optimal way to sequence and combine different therapies. Also, ever since the CHAARTED study came out last year documenting a 17-month survival advantage of starting Taxotere immediately at the time of diagnosis, greater attention is being paid to the importance of studying the potential benefit of using effective agents early after diagnosis. I expect this policy of combining anticancer therapies and using them early will continue to gain adherents.