

Delay in Radiation Treatment After Prostate Cancer Diagnosis May Not Affect Outcome

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Oct. 6, 2004 (Atlanta) — Prostate cancer patients who delay the initiation of external beam radiation therapy (EBRT) for up to three months after diagnosis have similar clinical and biochemical outcomes as patients who start treatment immediately, new research shows.

"Obviously, anyone who is diagnosed with cancer should begin treatment as soon as possible," lead researcher Stephen F. Andrews, DO, told Medscape. "But for men treated with EBRT at high doses, patients and physicians can use this data to alleviate concerns about spending time to obtain a well-informed treatment decision."

According to Dr. Andrews, information on treatment delay in radiation therapy for prostate cancer is lacking, despite the fact that it is the second most common malignancy in men. In addition, he said, it is common for a man who comes in with prostate cancer to have a significant delay in treatment due to a desire to explore any multiple treatment options available.

The study, performed by researchers at Fox Chase Cancer Center in Philadelphia, Pennsylvania, included 1,498 prostate cancer patients treated with conventional or three-dimensional conformal radiation therapy (3DCRT) over a 20-year period. The patients were categorized into one of four groups based on time to treatment (TTT) after diagnosis: less than three months (589 patients), three to six months (629 patients), six to nine months (94 patients), and longer than nine months (67 patients).

Analysis included overall survival (OS), cause-specific survival (CSS), distant metastasis (DM), and freedom from biochemical failure (FFBF). The effect of TTT was also analyzed according to low-, medium-, and high-risk patient categories, as determined by pretreatment prostate-specific antigen levels, Gleason score, and T stage. Additional covariates included radiation dose less than 72 Gy (391 patients) or higher than 72 Gy (985 patients), patient age younger than 60 years (182 patients) or older than 60 years (1,196 patients), and receipt of androgen deprivation therapy (1,206 patients treated and 173 patients not treated).

Results showed that TTT was not found to be a predictor of OS, CSS, DM, or FFBF when analyzed as a continuous or categorical variable. Additional analysis performed that separated TTT at the median of 3.3 months or by risk group also did not produce significant results.

The use of androgen deprivation was also not found to affect the outcome when treatment delay was experienced. However, this result was not completely unexpected, according to Dr. Andrews, due to the use of high-dose radiation.

"I think [this information] is useful for physicians who treat with EBRT and to patients," Dr. Andrews concluded.

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Reviewed by Gary D. Vogin, MD