

Evaluation of the criteria for renewal of LHRH agonists in patients with prostate cancer: results of the ANAREN Study

PLAIN LANGUAGE SUMMARY

Hormone therapy is a common treatment for prostate cancer that works by lowering testosterone levels and causing the cancer to grow more slowly or shrink. Hormone therapy drugs have been created to last for long periods of time and only need to be injected every 3 or 6 months. Because medical advice is for patients to check in with their doctors every 3 to 6 months, injections can be given at routine appointments. This study gathered information about treatment patterns in men with prostate cancer, and included 497 men who had started a type of hormone therapy called long-acting luteinizing hormone-releasing hormone agonist (LHRHa) therapy. Patients were monitored over 2 years from their first LHRHa injection and completed quality-of-life questionnaires at four follow-up visits. The number of patients who changed the frequency of their injections was recorded, as were their reasons for making the change. The study showed that most patients did not change their treatment/injection plan at 3 or 6 months (95.75%; follow-up visit 1) or at 2 years (75.0%; follow-up visit 4). The few patients that did change how often they took their injection stated convenience or personal preference as their reason. Patients' responses to the quality-of-life questionnaires revealed no changes in urinary or bowel symptoms, and an improvement in sexual activity. Overall, most patients maintained their level of health with the same treatment over 2 years. Patients and doctors were both satisfied with this outcome.