

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/programs/frontlines-prostate-cancer/prostate-cancer-care-testosterone-therapys-impact-on-biochemical-recurrence/32215/>

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Prostate Cancer Care: Testosterone Therapy's Impact on Biochemical Recurrence

Announcer:

Welcome to *On the Frontlines of Prostate Cancer* on ReachMD. On this episode, we'll hear from Dr. Mohit Khera, who's a Professor in the Scott Department of Urology at Baylor College of Medicine, where he also holds the F. Brantley Scott Chair. He'll be discussing the impact of testosterone therapy on biochemical recurrence in prostate cancer patients post-treatment. Here's Dr. Khera now.

Dr. Khera:

Over the past decade, it's been very interesting looking at biochemical recurrences in men who have a history of radical prostatectomy versus radiation. So there was a very nice, interesting study by Dr. Tom Ahlering, who looked at men who had radical prostatectomy. He gave these men testosterone supplementation, and he had a control group. What he found was that those men who received testosterone had a 54 percent reduction in biochemical recurrence, and if they did have a biochemical recurrence, that was delayed by 1.5 years, so it was a very interesting finding. I published a series looking at almost 100 men who received testosterone after radical prostatectomy; a subset were high risk—meaning Gleason 8, positive surgical nodes, and positive margins—and we also had a control group as well and found that in those men who received testosterone therapy, the biochemical recurrence rate was less—it was roughly 15 percent over three years—versus those men who did not receive testosterone therapy. Thereby, chemical recurrence rate was closer to 50 percent over three years. There are studies suggesting the biochemical recurrence rate may be less than men after radical prostatectomy. More recently out of Memorial Sloan Kettering, Dr. Flores and Dr. Mulhall published their series looking at men receiving testosterone after radical prostatectomy and found that the biochemical recurrence rate was actually identical—roughly 2 percent at five years—and those men were not receiving testosterone, so clearly, we know that there is not an increased risk of biochemical recurrence in men receiving testosterone after radical prostatectomy.

Now, what's interesting is radiation. We have far less data. And the problem with radiation is that many of these men who received testosterone after radiation have a history of androgen deprivation therapy, and if they have a history of androgen deprivation therapy, their starting testosterone levels are going to be well below the saturation point of 250 ng/dL. So when you start these men on testosterone, they're going to have a rise in their PSA. It's expected. And many believe that this rise is actually a biochemical recurrence, but it's not. It's just the prostate just getting to its euvolemic state. So you have to wait three to six months until the prostate gets to its euvolemic state and you get to a new baseline PSA. So it's not a biochemical recurrence, but unfortunately, many people count that as a biochemical recurrence, and thus, we see higher rates of biochemical recurrence in men after radiation, but it's really not a biochemical recurrence.

Announcer:

That was Dr. Mohit Khera talking about the impact of testosterone therapy on biochemical recurrence in prostate cancer patients post-treatment. To access this and other episodes in our series, visit *On the Frontlines of Prostate Cancer* on ReachMD.com, where you can Be Part of the Knowledge. Thanks for listening!