Conclusions. This study reveals a high degree of controversy over neoadjuvant HT in PC. HT is only accepted as part of the D’Amico regimen.

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Data from the spanish multicentre observational ANAMET study

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Resumen

Introduction and objectives. Cardiovascular mortality is the most important cause of death in prostate cancer (PC) patients. This may partly relate to a greater risk of metabolic syndrome (MS) during long-term androgen deprivation therapy (ADT). The primary objective of this analysis was to assess the prevalence of MS in men with PC before initiating ADT and after 12 months of ADT.

Materials and methods. ANAMET was an observational, prospective, multicentre, open study conducted in Spain to assess the prevalence of MS in ADT-naïve PC patients during 12 months of treatment with quarterly gonadotropin-releasing hormone (GnRH) agonists. MS was evaluated at baseline, 6 and 12 months after initiation of ADT. An increase of over 5% in MS prevalence was considered clinically significant.

Results. Of 535 patients included in the study, 422 completed the study and 310 completed all evaluations (per-protocol population). In the per-protocol population, MS was detected in 71 (22.9%) patients at baseline and 83 (26.8%) after 12 months of ADT (difference of 3.9% and 95% CI [−0.3–8.1%]). Of the 71 patients with MS at baseline, 25 (35.2%) did not have MS after 12 months of ADT. Of the 239 patients without MS at baseline, 37 (15.5%) had MS after 12 months of ADT.

Conclusion. Some increase in MS following 1 year of ADT with GnRH agonists was observed in this open observational study; however, of the patients presenting with MS at baseline, there was a notable reduction in the number presenting with MS after 1 year of ADT. The prevalence of MS was high at baseline in this ADT-naïve population, suggesting that other measures unrelated to PC therapy (such as weight control) are important for reducing the risk of MS in this population. More long-term observational data are needed to elucidate the impact of ADT on MS.

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Dose-escalated salvage radiotherapy increase biochemical control in localized prostate cancer

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Purpose/objective. To retrospectively evaluate the outcomes and prognostic factors of salvage External Beam Radiotherapy (EBRT) after Radical Prostatectomy (RP) for localized prostate cancer (PCa) with different dosing schedules.

Materials/methods. Data from 159 patients referred from 4 different urology departments between 2007 and 2012, were included in a retrospective study describing referral criteria for postoperative EBRT. From that series, 20 were referred for adjuvant-EBRT, 9 did not receive EBRT and 8 had not a post-RP PSA. Finally 122 consecutive patients, referred for salvage-EBRT were included in the present study. Clinical and pathological data were analyzed, including pT stage, Gleason score, margin status, perineural invasion, pre-EBRT PSA, and EBRT dose. Clinical outcome was evaluated as Biochemical Progression-Free Survival (BPFS). Pathological findings showed a 58.2% of pT3a-b/T4 tumours and 59% of positive margins. An undetectable level of post-RP PSA (<0.10 ng/ml) was reached by 46.7%, while a permanently detectable-PSA (PD-PSA, ≥0.10 ng/ml) was present in 53.3%. The limit of a pre-EBRT PSA ≥1 ng/ml was exceeded in 41% of patients. The delivered EBRT doses were: 66 Gy (17.2%), 70 Gy (55.7%) and 72–74 Gy (27.1%).

Results. The median follow-up was 17 months. The probability of BPFS at 3 years was 72.4%. No differences were found in terms of patient referral as relapsed or PD-PSA. Doses ≥72 Gy were associated to increased BPFS at 3 years (89% vs. 59%; p = 0.044) compared to lower doses (66–70 Gy). Higher doses were related to increased BPFS in patients meeting adjuvant-EBRT criteria (pT3a-b/T4 or positive margins; p = 0.026 and 0.002, respectively). Furthermore, patients with pre-EBRT PSA levels <1 ng/ml has a...