

Advanced prostate cancer treatment guidelines: a global perspective; trends of hormone therapy in Japan

H. AKAZA

Department of Urology, University of Tsukuba, Tsukuba-city, Ibaraki, Japan

INTRODUCTION

In Japan, the trends in the use of hormone therapy for prostate cancer differ significantly from those in the USA and Western Europe. The use of hormone therapy by Japanese patients with prostate cancer and its relation to outcomes were analysed to establish guidelines for optimal hormone therapy.

The survey, termed J-CaP, is Internet-based and will limit access to doctors who were joint researchers. At the present time, only background factors have been analysed for cases registered between 2001 and October 2003, with a total of 17 312 patients who had been newly treated with any type of hormone therapy. This number is roughly estimated to be 75% of the newly diagnosed patients with prostate cancer in Japan in this period, and 70% of them are registered in J-CaP.

At diagnosis, most patients were aged 70–74 years and had variable PSA levels, mostly >10 ng/ml. Gleason scores were 7–10 in over half the patients, who were mostly T2 or T3 stage, with no metastasis and no node involvement. (Table 1). In the patients included in the J-CaP survey, hormone therapy was the main treatment in most. Hormone-based treatments were given as neoadjuvant therapy in only 18% of the patients and as adjuvant therapy in 4% (Fig. 1). The most common form was an

FIG. 1. The purpose of hormone therapy in the J-CaP Japanese registry.

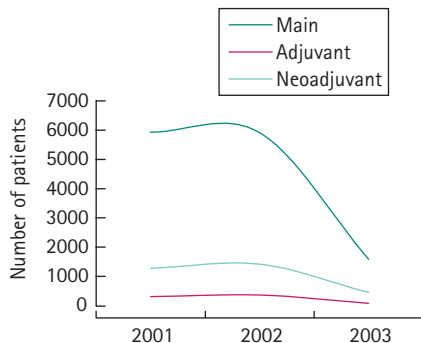
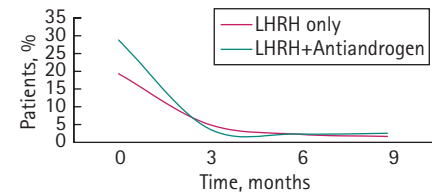


TABLE 1 Age, PSA levels, Gleason score and staging at diagnosis of prostate cancer in the J-CaP Japanese registry (17 312 men)

Variable	Patients (%)
Age, years	
<60	4.1
–64	8
–70	16.1
–74	26.2
–80	24.5
≥80	21
PSA level, ng/mL	
<4	3.4
–10	23.7
–20	20.7
–50	19.4
≥50	32.5
Gleason score	
2–4	7.8
5	9.8
6	15.5
7	23.9
8–10	27.3
Unknown	15.7
T stage	
T1	22.9
T2	35.1
T3	32.9
T4	8.6
N stage	
0	81.3
1	12.3
Unknown	6.3
M stage	
0	73.4
1	1.7
Unknown	4

FIG. 2. The specific types of hormone therapy in the J-CaP Japanese registry.



LHRH agonist plus antiandrogens (Fig. 2). Hormone therapy was largely used in less extensive tumours, independent of the Gleason score and the age of the patients. This type of use, especially with the LHRH agonist-antiandrogen combination, has led to a high PSA response rate, with PSA levels returning to normal within 6 months.

The preliminary results of the J-CaP registry suggest that in Japan hormone therapy is largely used independent of the TNM stage or histological stage of the tumour. The differences in the use of hormone therapy between Japan and other developed countries, mainly the USA and Western Europe, may be attributed to different perceptions of its adverse effects and quality of life issues.

Correspondence: H. Akaza, Department of Urology, University of Tsukuba, Tsukuba-city, Ibaraki, Japan.
e-mail: akazah@md.tsukuba.ac.jp