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## Summary

This symposium, 'Therapeutic Options for Localized and Locally Advanced Prostate Cancer', builds upon the work presented at previous meetings, helping specialists in the field to move further toward a consensus for best treatment strategies in this important disease. Prostate cancer (PCa) continues to be an increasing problem in the area of men's health and can only continue to become even more so with its rising incidence throughout the world. It is, therefore, of great importance that we are able to bring together leading researchers to discuss their findings and the latest trends in PCa management.

New innovative ways of treating this problem need to be developed, and we were, therefore, lucky to hear the results from a clinical study reported by Dr. Zumbé, on his group's experience with neo-adjuvant downsizing of PCa prior to cryosurgery. Dr. Zumbé commented that by using neo-adjuvant hormonal therapy it is possible to downsize the prostate, thereby facilitating cryosurgery and improving the results. When the prostate volume is less, there is a greater possibility of freezing the malignant cells, and in addition there is less necrotic material left to be resorbed after the procedure. This, then, is associated with a reduction in post-operative complications, especially the development of infections or abscess formation. We will wait with interest the longer-term follow-up studies in this area to determine how effective neo-adjuvant hormonal therapy before cryosurgery actually is.

Prof. Bono presented a final analysis from an Italian multicenter study which compared complete androgen blockade (CAB) with chemical castration in patients with advanced PCa. With more data becoming available on this therapy, both from Europe and the USA, it appears

that urologists are increasingly coming to the conclusion that CAB does not provide any additional advantages compared to the sole use of a luteinizing hormone releasing hormone analogue in this situation. Of course, more research data need to be finalized before we can definitely say that CAB is no longer necessary. With this in mind, it will be interesting to see the results of these data pooled with those of other phase III studies in the meta-analysis which is to be reported later this year. However, I believe that these reports give a strong indication that CAB does not offer any additional benefits in terms of survival and time to treatment failure as compared with simple chemical castration; this is a finding which urologists need to remember before blindly continuing to use this strategy.

Apoptosis, or programmed cell death, is a particularly important area of cancer research which may have ramifications for treatment of a wide range of different malignancies. Prof. Montironi was able to present the latest findings in this preclinical area, showing that CAB induces an involution of prostate tissue predominantly through enhancing the mechanism of apoptosis. While the aetiological mechanism is not fully clarified, it appears that this type of cell death may be linked to changes in the signal transduction mechanisms occurring as a result of hormone withdrawal. Ongoing work in this area is one of the most exciting aspects of basic cancer research which may provide the therapeutic breakthrough we are seeking.

However, despite the great research efforts and financial investments into PCa which have taken place, we have to be realistic and admit that the information received is in part contradictory, indicating that much of

the clinical management is opinion based rather than evidence based. Certain pieces of evidence, including some of fundamental importance, are still lacking at present, and this will presumably remain so for the foreseeable future. This is why it is so important that we disseminate ongoing information to the urological community as it becomes available, and this is a need which this symposium so ably fulfills.

I would, therefore, like to express my thanks to the participants who, with their excellent presentations, allowed us to learn about innovative therapies and clinical data based on randomized trials. I am sure that all who listened to these talks, and the ensuing discussions, will leave, knowing that progress toward effective care for PCa, although slow, is occurring.