A Clinical Study Investigating Overall Patient Acceptability of Leuprorelin Acetate for the Treatment of Advanced Prostatic Cancer

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Introduction

The clinical efficacy of leuprorelin acetate in the palliative treatment of advanced prostatic cancer is now well established (Rizzo et al. 1990; O'Brien et al. 1990; Swanson and Garnick 1987; Navratil 1990; Bischoff et al. 1990). The monthly depot formulation (3.76 mg) of this drug ensures good patient compliance and is convenient both for the patient and the treating physician. The depot is given in suspension, subcutaneously via a 23-gauge needle.

This chapter presents the interim analysis of data from an open, single arm, multicentre clinical study which aims to confirm the overall acceptability of leuprorelin acetate to patients suffering with advanced carcinoma of the prostate.

Patients, Materials and Methods

Patients

Patients with untreated, histologically confirmed advanced prostatic cancer and a life expectancy of at least 3 months were enrolled into the study. All patients had measurable and/or evaluable disease and had a WHO performance status of 0–3. Patients with a history of previous malignancies (except basal cell carcinoma of the skin), orchidectomy, past or concurrent hormonal or chemotherapy treatment were excluded. Other exclusion criteria included central nervous system disease, hepatitis antigen positivity, uncontrolled cardiac failure or hepatic dysfunction (bilirubin greater than 20 mols/l). All patients gave informed consent prior to enrolment.
**Treatment**

Each patient received leuprorelin acetate 3.75 mg administered as a single subcutaneous injection every month on an out-patient basis until relapse or withdrawal from the study for any other reason. Acceptable reasons for withdrawal were considered to be: (a) patient request, (b) intolerable adverse effects and (c) progressive disease.

At the discretion of the treating clinician, in order to reduce the risk of flare associated with luteinizing hormone releasing hormone (LHRH) therapy, an anti-androgen could be administered at the start of leuprorelin acetate therapy.

**Assessment of Patients**

All patients underwent a pretreatment assessment on entry. This included documentation of significant medical history, general examination, digital rectal examination, disease staging, performance status, patient symptoms (including bone pain and difficulty in micturition), urinalysis, haematology and biochemistry. Optional assessments included transrectal ultrasound, computed tomography (CT) scan/liver ultrasound scan, bone scan and bone X-rays. A list of all concomitant medications plus dates was also recorded.

Patients visited the clinic once every 4 weeks thereafter to receive subsequent injections. At each visit, patients were asked about adverse events and at weeks 4 and 12 they were given a quality of life questionnaire to complete (Fig. 1).

The first full assessment of each patient was made at 12 weeks. This involved assessment of overall clinical response, performance status, bone pain, difficulty in micturition, digital rectal examination, urinalysis, haematology and biochemistry. As for the pretreatment visit, optional assessments included rectal ultrasound, CT scan/liver ultrasound scan bone scan and bone X-rays. Any changes in concomitant medication was recorded.

For those patients still on-study, a final assessment of overall response is made at 12 months.

For the purpose of this interim analysis, data will be presented on all evaluable patients who have reached the 12 week assessment.