

**OPTIMAL NADIR T LEVEL ON ADT IS
>20MG/ML**

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- What is the ideal goal for suppression of T levels on ADT?
- Historic castrate level of T in men on ADT is 50mg/ml
- Challenges to the benchmark of 50mg/ml:
 - New assays
 - New studies



[HTTPS://WWW.NEJM.ORG/DOI/FULL/10.1056/NEJMOA1201546](https://www.nejm.org/doi/full/10.1056/NEJMOA1201546)

Intermittent Androgen Suppression for Rising PSA Level after Radiotherapy

Comments open through September 12, 2012

Abstract

Background

Intermittent androgen deprivation for prostate-specific antigen (PSA) elevation after radiotherapy may improve quality of life and delay hormone resistance. We assessed overall survival with intermittent versus continuous androgen deprivation in a noninferiority randomized trial.

Methods

We enrolled patients with a PSA level greater than 3 ng per milliliter more than 1 year after primary or salvage radiotherapy for localized prostate cancer. Intermittent treatment was provided in 8-month cycles, with nontreatment periods determined according to the PSA level. The primary end point was overall survival. Secondary end points included quality of life, time to castration-resistant disease, and duration of nontreatment intervals.



PR – 7 TRIAL CONCLUSIONS

- Intermittent ADT was noninferior to continuous ADT with respect to OS
- Some QOL factors improved with intermittent therapy



THIS ARTICLE HAS BEEN CORRECTED.
See [J Clin Oncol. 2016 June 1; 34\(16\): 1965.](#)

**Nadir Testosterone Within First Year of
Androgen-Deprivation Therapy (ADT) Predicts
for Time to Castration-Resistant Progression:
A Secondary Analysis of the PR-7 Trial of
Intermittent Versus Continuous ADT**

Laurence Klotz, Chris O'Callaghan, [...], and Juanita M. Crook



KLOTZ ET AL STUDY

- Post has analysis
- Men with a nadar T < 20mg/ml within the first year of ADT fared better in:
 - Terms of time to CRPC
 - Cancer-specific survival



REASONS FOR CAUTION OF DEEPER T SUPPRESSION

- Results of PR-7 trial
- SWOG 9384 was inconclusive
- Cost
- Adverse effects/QOL
- Is T nadir prognostic only?

