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Summary: 2012 Genitourinary Cancers Symposium

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At the **2012 ASCO Genitourinary Cancers Symposium** in San Francisco, California, researchers from around the world presented hundreds of abstracts on new and improved treatments for the different stages of prostate cancer, including the promising Phase III study on the effect of **MDV-3100, an androgen receptor signaling inhibitor (ARSI)** in patients with prostate cancer post-chemotherapy.

Some highlights of the research presented at the meeting include:

- **MDV-3100**, a new, more potent form of hormone therapy, showed a **distinct survival advantage** compared to placebo in men with advanced prostate cancer refractory to Taxotere. **Median survival was increased 37%,** from 13.6 months to 18.4 months. Side effects of MDV-3100 were the same as the placebo. **Comment:** Another potent anticancer agent is most welcome. FDA approval is expected by the end of the year. The low incidence of side effects suggests that MDV-3100 will be popular for treating men with earlier stage prostate cancer as well.

- **A study comparing proton therapy and IMRT showed a similar incidence of treatment for relapse.** However, proton therapy was associated with a somewhat higher frequency of treatment for gastrointestinal side effects when compared to IMRT. **Comment:** Many practitioners see IMRT and proton therapy as comparable in both anticancer effects and potential side effects. It's possible that the higher incidence of gastrointestinal side effects noted with proton therapy resulted from a more frequent use of pelvic lymph node radiation.

- **Vitamin E at a dose of 400 units daily increases the risk of prostate cancer by 17%,** compared to men who were taking a placebo. **Comment:** This trial was designed to show that Vitamin E reduces prostate cancer risk, but **ended up showing just the opposite**. The same trial, for unexplained reasons, showed that if selenium was added to vitamin E, the higher risk of prostate cancer caused by Vitamin E was negated.

- **Radium infused into the blood (Radium-223) showed a survival advantage,** compared to placebo in men with very advanced prostate cancer refractory to Taxotere. **Median survival was increased 25%** from 11.2 months to 14.0 months. **Comment:** Previous injectable forms of radiation like Samarium and Strontium, which migrate to areas of cancer in the bone, have been limited because they can induce long-term suppression of the bone marrow and the immune system. This initial report indicates that **radium may be substantially less likely to affect the marrow**.

- **Xgeva delays the onset of bone metastases** in men with androgen-independent prostate cancer. **Comment:** Xgeva is the first agent shown to delay bone metastases in men with androgen-independent disease.

- Men undergoing radical prostatectomy who have never been married are **3.5 times more likely to die of prostate cancer** than married men. **Comment:** The authors speculated that "social isolation may have a detrimental effect on survival."

- The combination of Taxotere, Avastin and Revlimid is associated with **PSA declines of more than 50%** in 86.7 percent of patients treated. **Comment:** This combination of drugs delivers incredibly high response rates. However, one concern is that **osteonecrosis of the jaw is a frequent side effect.**

Abstracts from the 2012 meeting can be viewed here.

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Questions?
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