

[Home](#) > [Research and Advocacy](#) > [Research Summaries](#) > [Waiting to Receive Hormone Therapy May Be Safe for Men with Rising PSA Levels after Treatment for Prostate Cancer](#)

Waiting to Receive Hormone Therapy May Be Safe for Men with Rising PSA Levels after Treatment for Prostate Cancer

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According to a large study, men who have rising prostate-specific antigen (PSA) levels after surgery or radiation therapy may be able to safely hold off on receiving hormone therapy until they experience symptoms or other signs that the cancer has returned. PSA is a substance released by prostate tissue that is found in higher levels in a man's blood when there is abnormal activity in the prostate, such as prostate cancer. Rising PSA levels after initial treatment for prostate cancer is called a PSA relapse. It means that the PSA levels are increased, but a man has no other symptoms of cancer or signs of cancer on imaging tests.

Currently, there are no standard recommendations on when to start hormone therapy for men with a PSA relapse. Hormone therapy for prostate cancer, also called androgen deprivation therapy (ADT), is used to reduce the amount of male hormones called androgens that the cancer can use to grow and spread.

For this study, researchers analyzed information from 2,012 men who had a PSA relapse after either surgery to remove the prostate or radiation therapy. When these patients received ADT was categorized as either "immediate," meaning ADT was started within three months of the PSA relapse, or "deferred," meaning ADT was started at least two years after the PSA relapse or when they had other symptoms or signs that the cancer returned or was worsening.

Researchers found that the percentage of men who died of either prostate cancer or other causes after five years was similar for both treatment strategies, with about 85% of men who received the "immediate" treatment and 87% of men who received the "deferred" treatment alive after five years. This means that neither strategy lengthened nor shortened men's lives.

What this means for patients

"Rising PSA levels trigger a lot of anxiety, and many men want to start treatment as soon as possible," said lead study author Xabier Garcia-Albeniz, MD, a research associate at Harvard University School of Public Health in Boston, MA. "These findings suggest that there may be no need to rush to ADT. If our results are confirmed, patients could feel more comfortable waiting until they develop symptoms or signs of cancer that are seen on a scan, before initiating ADT." Delaying hormone therapy would allow men to avoid a decrease in quality of life associated with common side effects of ADT that can worsen the longer it is given, such as sexual problems, bone weakness and breaks, hot flashes, decreased mental sharpness, fatigue, loss of muscle, high cholesterol, weight gain, and depression.