

Taxane-based chemohormonal therapy effective for metastatic prostate cancer

Clinical Question	How effective is taxane-based chemohormonal therapy (TBCT) for newly diagnosed, metastatic, hormone-sensitive prostate cancer?
Bottom Line	Compared to systemic androgen deprivation therapy (ADT) alone, the early (within 120 days of beginning ADT) addition of TBCT to ADT for newly diagnosed, metastatic, hormone-sensitive prostate cancer prolonged both overall and disease-specific survival and delayed disease progression. There was an increase in toxicity with TBCT in combination with ADT. There also was a small, clinically unimportant improvement in quality of life at 12 months with TBCT and ADT treatment.
Caveat	The certainty of the evidence for time-to-death from any cause, risk of prostate cancer-specific death and the time to disease progression was moderate. The certainty of the evidence was low for adverse events of all grades, people stopping treatment due to adverse events, and quality of life.
Context	Of the men diagnosed with prostate cancer, approximately 16% will present with cancer that has spread at diagnosis. In addition, another 15% to 30% of men will get the disease again after having primary treatment. Hormone therapy has been the first treatment for advanced cancer but it does not cure it and eventually the cancer comes back. Recently studies have looked at whether chemotherapy, when given early, can improve outcomes.
Cochrane Systematic Review	Sathianathen NJ et al. Taxane-based chemohormonal therapy for metastatic hormone-sensitive prostate cancer. <i>Cochrane Reviews</i> , 2019, Issue 10. Art. No.: CD012816.DOI: 10.1002/14651858.CD012816.pub2. This review contains three studies involving 2,261 participants.

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Cochrane systematic review link:

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD012816.pub2/full>