Early rather than deferred androgen suppression therapy more beneficial for advanced prostate cancer

Clinical Question	How effective is early versus deferred standard androgen suppression therapy (AST) for advanced hormone-sensitive prostate cancer?
Bottom Line	In men with clinically localized prostate cancer who were either unable or unwilling to undergo local treatment with curative intent, or who had locally advanced prostate cancer, node positive disease and/or (asymptomatic) metastatic disease, this review favoured early over delayed androgen suppression therapy. This was reflected in lower risk of dying from prostate cancer or from any cause (moderate-certainty evidence), and slightly lower risk of problems related to bony metastases (low-certainty evidence). Rates of serious adverse events and quality of life were similar (low-certainty evidence). Early therapy was associated with increased fatigue and risk of heart failure (low-certainty evidence).
Caveat	This review pooled trial evidence that dates as far back as the 1960s. Participants enrolled in these trials differed substantially from today's prostate cancer patients who are often detected by PSA screening and may have a lower disease burden throughout their disease course. None of the studies included in this review blinded patients or personnel, which may have impacted the intensity of follow-up and the type of care they received.
Context	Standard AST using surgical or medical castration is considered a mainstay of advanced hormone-sensitive prostate cancer treatment. AST can be initiated early when disease is asymptomatic or deferred when patients suffer symptoms of disseminated prostate cancer.
Cochrane Systematic Review	Kunath F et al. Early versus deferred standard androgen suppression therapy for advanced hormone-sensitive prostate cancer. Cochrane Reviews, 2019, Issue 6. Art. No.: CD003506.DOI:10.1002/14651858.CD003506.pub2. This review contains ten studies involving 15,657 participants.

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Systematic review link:
https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD003506.pub2/full