

What to Know

ASCO's Guideline on 5-alpha Reductase Inhibitors for Prostate Cancer Prevention

KEY POINTS

- A class of drugs called 5-alpha reductase inhibitors (5-ARIs) may lower your risk of developing prostate cancer.
- Talk with your doctor about your risk of developing prostate cancer and whether you should be screened for prostate cancer.
- Talk with your doctor about the benefits and risks of taking a 5-ARI to lower your risk of prostate cancer.

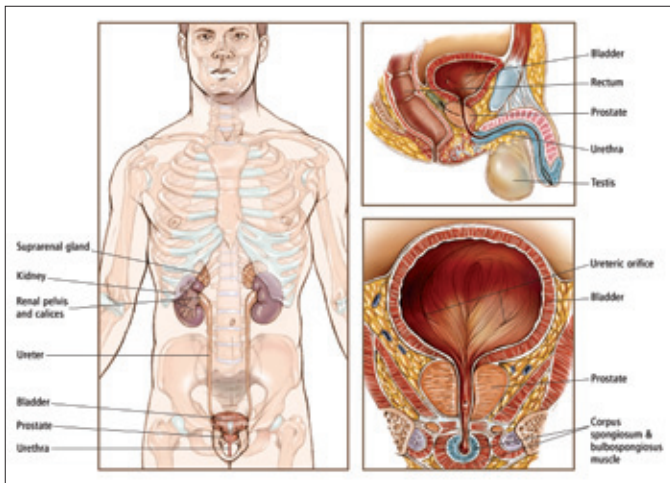
To help doctors give their patients the best possible care, the American Society of Clinical Oncology (ASCO) asks its medical experts to develop recommendations for specific areas of cancer care. ASCO and the American Urological Association (AUA) together developed recommendations for the use of 5-ARIs to help lower the risk of prostate cancer in men. This guide for patients is based on their recommendations.

As you read this guide, keep in mind that every person is different when considering cancer prevention methods. These recommendations are not meant to replace your judgment or that of your doctor. The final decisions you and your doctor make will be based on your individual circumstances.

BACKGROUND

Prostate cancer is the most common non-skin cancer among men and is the second leading cause of cancer death in men. The prostate is a walnut-sized gland located behind the base of the penis, in front of the rectum, and below the bladder. It surrounds the urethra, the tube-like channel that carries urine and semen through the penis. The prostate's main function is to produce seminal fluid, the liquid in semen that protects, supports, and helps transport sperm.

Screening for prostate cancer may include a blood test for the prostate-specific antigen (PSA). PSA is a substance released by prostate tissue that is found in higher levels in a man's blood when there are prostate problems, including prostate cancer, benign prostatic hyperplasia (BPH, an enlarged prostate), or prostatitis (inflammation of the prostate). Doctors may also look for prostate cancer by a digital rectal examination (DRE), in which the doctor inserts a gloved, lubricated



finger into a man's rectum and feels the surface of the prostate for anything that is not regular. However, neither the PSA test nor the DRE have been shown to lower the risk of dying from prostate cancer.

Cancer chemoprevention is the use of natural, synthetic (made in a laboratory), or biologic (from a living source) substances to reverse, suppress, or prevent the development of cancer. The goal of chemoprevention is to stop cancer from starting or slow its growth, not to treat existing cancer. Chemoprevention does not eliminate the risk of cancer but may reduce it.

5-ARIs are being studied as chemoprevention for prostate cancer. One 5-ARI is finasteride (Propecia, Proscar). Finasteride lowers the level of the hormone dihydrotestosterone (DHT) that contributes to the growth of prostate cancer. Finasteride is used to treat other conditions that are not cancer, including male-pattern baldness and urinary problems, such as blood in the urine, frequent urination, and a weak or interrupted urine flow caused by BPH.

ASCO and AUA developed this guideline to determine whether chemoprevention with 5-ARIs can help prevent prostate cancer.

RECOMMENDATIONS

The ASCO and AUA recommendations for chemoprevention of prostate cancer are based on

evidence gathered from clinical trials (research studies involving people) in which men took a 5-ARI for one to seven years.

The largest of these clinical trials was the Prostate Cancer Prevention Trial (PCPT), which tested whether finasteride helped lower the risk of developing prostate cancer. In the PCPT, finasteride lowered the risk of developing prostate cancer. Out of 1,000 men taking finasteride for seven years, 15 fewer men got prostate cancer, compared with men who did not take finasteride. However, doctors also found that out of 1,000 men taking finasteride for seven years, three additional men got high-grade prostate cancer (a more aggressive type of cancer) than men not taking finasteride. Because of these findings, it is important for patients to discuss the use of 5-ARIs with their doctors. The recommendations for the use of 5-ARIs are below.

- Men who have a PSA with a score of 3.0 or below who already get yearly PSA tests, or expect to get a yearly PSA test, and show no signs of prostate cancer may benefit from talking with their doctor about the risks and benefits of a 5-ARI, such as finasteride, for the prevention of prostate cancer. The advantages are a lower risk of prostate cancer and improvement in urinary problems (if present), and the reduction of future urinary problems. The potential risks include the possibility of developing high-grade prostate cancer and/or a chance of short-term (one to two years) sexual problems.
- Men who are already taking a 5-ARI to treat urinary problems may also benefit from talking with their doctors about using this drug for the prevention of prostate cancer, understanding that the improvement in urinary symptoms should be weighed against the potential risks of developing high-grade prostate cancer.

WHAT THIS MEANS FOR PATIENTS

Chemoprevention with finasteride is a choice for men who are being regularly screened for prostate cancer and who are looking to lower their risk of prostate cancer. Finasteride can also help with urinary

problems. Although finasteride can lower a man's risk of prostate cancer, it does not remove all the risk of developing prostate cancer.

QUESTIONS TO ASK THE DOCTOR

To learn more about chemoprevention for prostate cancer, talk with your doctor about your risk of developing prostate cancer, your medical history, your overall health, and the risks and benefits of chemoprevention.

Consider asking the following questions:

- What is my risk of getting prostate cancer?
- Should I be screened for prostate cancer? If so, what type of screening test do you recommend, based on my individual medical profile and family history? When and how often should I be screened?
- Could finasteride help lower my risk of prostate cancer?
- What are the risks of taking finasteride to prevent prostate cancer? What are the benefits?
- If I take finasteride, what is my risk of getting high-grade prostate cancer?
- If I take finasteride, what type of prostate cancer screening schedule do you recommend?
- What side effects are associated with finasteride?
- What should I do if I experience side effects from finasteride?
- How long do I need to take finasteride?
- What clinical trials are open to me?
- Where can I find more information?

In addition, ASCO has created a Discussion Guide (www.asco.org/guidelines/clinicaltools) to help men and their doctors talk about the risks and benefits of taking medication to reduce the risk of getting prostate cancer.

The side effects of finasteride may include a small risk of sexual side effects, such as a decrease in sex drive and erection problems that usually resolve over time. Doctors have studied the effects of 5-ARIs in men for seven years. No one knows the long-term effects or risks of taking 5-ARIs longer than seven years. Also, no studies have looked at whether these drugs can lower deaths from prostate cancer.

A somewhat confusing result of the PCPT showed that a higher number of men in the study who took finasteride were found to have high-grade prostate cancer, compared with men who received a placebo (inactive substance). Doctors are unsure if finasteride caused this. More recent studies suggest that 5-ARIs do not actually increase the risk of developing high-grade prostate cancer, but rather increase the ability of the PSA test to find high-grade cancers that are already there.

Finally, it is important to note that the men participating in these clinical trials received regular screening for prostate cancer with PSA tests, so the results may not apply to men who are not receiving regular screening for prostate cancer. Men should discuss the decision of whether to take finasteride for prostate cancer prevention and the pros and cons of screening with their doctor.

HELPFUL LINKS

Read the entire clinical practice guideline published in the March 20, 2009, issue of the *Journal of Clinical Oncology* (JCO).

Cancer.Net Guide to Prostate Cancer
www.cancer.net/prostate

Chemoprevention
www.cancer.net/prevention

Cancer Screening
www.cancer.net/prevention

Patient Information Resources
www.cancer.net/patientinformationresources

ABOUT ASCO PATIENT INFORMATION RESOURCES

Good cancer care starts with good cancer information. Well-informed patients are their own best advocates, and invaluable partners for physicians. The American Society of Clinical Oncology's (ASCO) patient website, Cancer.Net, brings the expertise and resources of the world's cancer physicians to people living with cancer and those who care for and care about them. ASCO is composed of more than 27,000 oncologists globally who are the leaders in advancing cancer care. All the information and content on Cancer.Net was developed and approved by the cancer doctors who are members of ASCO, making Cancer.Net the most up-to-date and trusted resource for cancer information on the Internet. Cancer.Net is made possible by The ASCO Cancer Foundation, which provides funding for cutting-edge cancer research, professional education, and patient and family support. People in search of cancer information can feel secure knowing that the programs supported by The ASCO Cancer Foundation provide the most thorough, accurate, and up-to-date cancer information found anywhere.

Visit Cancer.Net to find guides on more than 120 types of cancer and cancer-related syndromes, clinical trials information, coping resources, information on managing side effects, medical illustrations, cancer information in Spanish, podcasts, the latest cancer news, and much more. For more information about ASCO's patient information resources, call toll free 888-651-3038.



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