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The management of locally advanced prostate cancer remains a dilemma, and so does the treatment of high-grade cancer, even in those relatively few patients with low-stage high-grade cancer. Radical surgery or radiation treatment are followed by tumour recurrence in most cases. Progress in radiation has led to prolongation of the time to treatment failure, for instance, combination of interstitial and external radiation, and 3 D conformal treatment technique.

New cytotoxic and alternative drugs are being evaluated, alone or in combination with radiation therapy or surgery. A number of trials are going on where neoadjuvant androgen deprivation therapy is given prior to radical prostatectomy in patients with relatively large tumor volume, but still without preoperative evidence of ex-

traprostatic cancer. Tumor in the resection margins was observed significantly less often in patients on neoadjuvant therapy than in the controls. However, there was no difference or delay in tumor recurrence as indicated by rising PSA values. With a combination of radiation therapy and androgen deprivation, tumor recurrence was delayed in some controlled trials on record. A prolongation of survival was observed in a subcategory of patients, particularly in those with high-grade cancer. If these results are confirmed in further controlled trials with strict identification of the tumor extent and grade and with adequate observation period, it will imply an important step forward. The investigation by Dr Hanks and coworkers is a valuable contribution to the progress in this topic.