Prostate cancer and testosterone treatment in older men

By ACSH Staff — December 9, 2010

Two newly-issued studies dealing with care of older men have just been released. Both emphasize the complexities faced by mature patients, a group which comprises a larger and larger segment of our population.

*The Journal of Clinical Oncology* reported yesterday [1] that men over the age of 75 faced with high-risk prostate cancer often get less intense and thus often poorer treatment than younger men. The researchers found that this was true even when adjustment was made for the fact that older patients are more likely to suffer from indolent (i.e. slower-developing) cancers.

ACSH's Dr. Gilbert Ross says that this attitude among doctors is “not surprising, as older patients are more often at risk of dying of something else or are frail, such that aggressive treatment — including surgery — is something doctors might wish to avoid prescribing. But the study also reminds us that for patients in otherwise good health, doctors ought to seriously consider aggressive treatments more typically employed with younger patients. Doctors should ask if the patient remains healthy and active. Doctors need to consider the individual in assessing treatment options, not just the age of the patient.”

A second study [2], conducted by British researchers and published in the *Journal of Clinical Endocrinology & Metabolism*, followed 274 older men randomly assigned to be given testosterone gel treatment or a placebo for treatment of frailty. Use of testosterone gels may lessen the weakness of elderly men, but the benefits diminish as soon as treatment is halted, the researchers concluded. Over the course of six months, testosterone therapy increased muscle mass, strength and quality of life for older men, but once treatment stopped the improvements vanished within six months. Approximately six percent of men over the age of 70 suffer from frailty, and the condition is normally treated through improvements in diet and exercise.

Dr. Martin Miner, who co-directs the Men’s Health Center at The Miriam Hospital in Providence, Rhode Island, told reporters for Reuters that while the prescription of testosterone for frailty is still controversial in the U.S., “As long as the men don’t have congestive heart failure or prostate cancer, testosterone can be quite safe.” To be on the safe side, Dr. Ross advises that testosterone gel should be avoided in men with enlarged prostates, or of course cancer. “However, a previous concern, that the hormone may aggravate heart disease, has been shown not to be a real problem,” he says.

ACSH’s Dr. Jonathan Bloom points out, though, that the treatment “could interfere with the PSA test [for prostate cancer] by artificially increasing the levels.” To this, Dr. Ross suggests that, “a man should have a PSA test prior to testosterone therapy in order to get a baseline to assess...
prostate health.”


Links
[1] http://jco.ascopubs.org/content/early/2010/12/02/JCO.2010.30.2075.abstract?sid=4679325d-33ff-41e0-9d0c-960ffcf1eb0b
[2] http://jcem.endojournals.org/cgi/content/abstract/jc.2010-1167v1