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Use of Flutamide in treatment of prostatic cancer

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Flutamide is a potent non-steroidal antiandrogen that is devoid of direct hormonal activity. It is a metabolized into a idroxylated derivative, and shows its effects on adult male rats, in aged dogs and baboons, reducing a prostatic epithelial cell mass and acid phosphatase concentrations. We used Flutamide in order to investigate a possible further antiandrogenic responsiveness in relapsing prostatic carcinoma (PC) patients previously treated by orchidectomy plus Cyproterone Acetate. We divided the patients in 2 groups: a) 7 untreated PC patients and b) 20 previously treated patients. Flutamide was administered at dosage of 750 mg daily. The follow-up ranged between 3 to 28 months (at the end of June 1985). The clinical reponse to treatment was evaluated according with NPCP criteria. In 55% of patients a partial clinical regression was observed, in 40% a stable clinical reponse was obtained. The main side effects observed were diarrhoea, nausea, gastric pain, vertigo, breast tenderness, skin rushes. However the side effects were never so severe to discontinue the treatment. In our opinion the Flutamide rapresent the true antiandrogen drug hormonal treatment of prostatic cancer, even if we do not think that it could be forever or by itself the only treatment in prostatic cancer.

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Use of Lonidamina in treatment of advanced prostatic cancer

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Experimental studies has been shown that Lonidamine exert is an antitumoral activity without the toxic effects of the antimitotic agents.Lonidamine, in fact, does not inhibit the cell duplication process, but the energetic metabolism of some tumours. To evaluate the clinical activity in prostatic carcinoma, 10 patients with advanced prostatic carcinoma (stage C and D), previously treated by orchidectomy plus Cyproterone Acetato and actually in progression were included in our clinical study. Lonidamine was administered continously according to an increasing dosage scheme, starting with one 150mg tablet daily up to maximum tolerate dose with weekly increments of 150mg. Response treatment was assessed by clinical examination, finger palpation,C.T. ultrasonography, bone scane, laboratory and cytological examination. In 30% of patients were observed a volume reduction of linphonodes and prostate. 60% of cases showed a reduction of subjiective syntomatology: in one patients the indewelling catheter was removed at 2 weeks of treatment; in 2 patients the therapy was discontinued due to severe myalgias. The other side effects observed were gastric pain, asthenia, loss of appetite. Although the small number of treated patients does not allow any definite conclusions, the results obtained are according with the hypotesis that Lonidamine combined with hormonal manipulation could have a synergistic effect. In view of the above, we are now planning a randomized clinical trial.