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Survey on preferences of androgen deprivation therapy in prostate cancer patients

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Introduction and objective

- Androgen deprivation therapy (ADT) has become the standard treatment for metastatic prostate cancer in the past decades, achieved by three main modalities: gonadotropin-releasing hormone (GnRH) agonist and GnRH antagonist and bilateral orchidectomy
- Apart from injectable ADT, oral GnRH antagonist has been approved recently.
- There are different routes of drug administration (injection vs oral) and frequency of drug administration.
- This study aims to investigate prostate cancer patients' choice of ADT and possible factors that will affect their preferences of ADT

Patients & Methods

This is a single-centre cross-sectional study

Inclusion criteria

- Prostate cancer patients who are currently receiving LHRH agonist or antagonist as ADT.

Exclusion criteria

- Patients who received bilateral orchidectomy.
- Patients who are not able to provide consent for study.

The survey collects information related to preferences on drug usage (routes and frequency of administration) and their reasons.

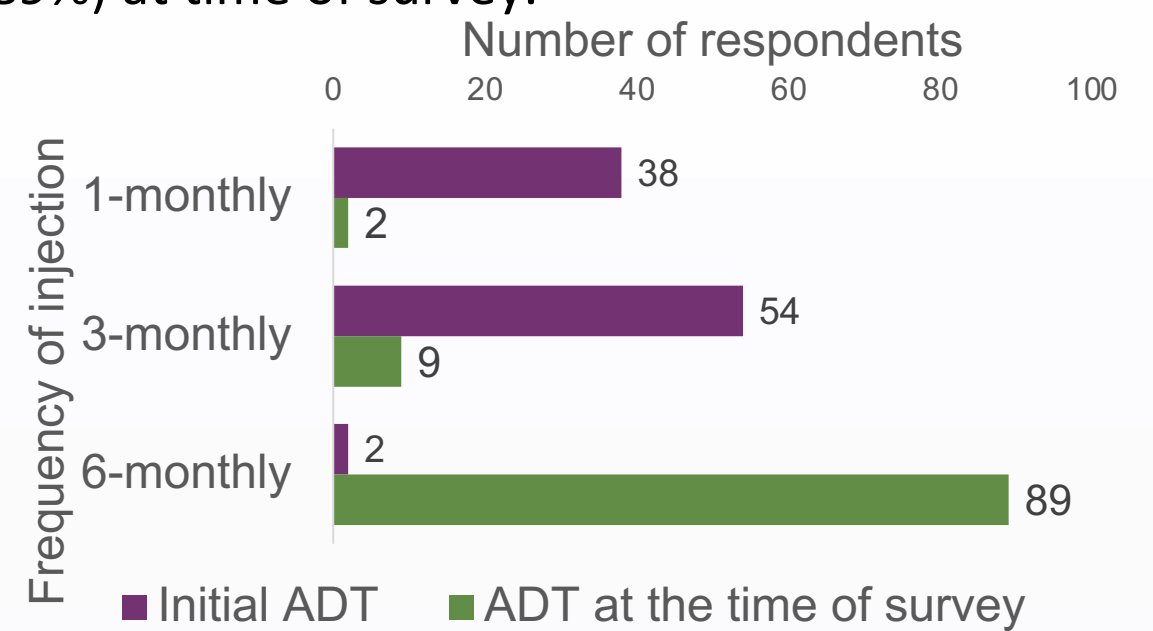
At the end of the survey, they were asked to choose from 3 formulations of ADT, with reference to route of administration, follow-up scheduled and possible cardiovascular risk:

	Follow-up frequency	CV side effects	Injection site reaction
Drug A (oral daily)	Every few months	50% less than that of Drug C Incidence rate of CV events: 3.9%	NA
Drug B (1-monthly injection)	Monthly	50% less than that of Drug C Incidence rate of CV events: 2.8% Mortality: 1.3%	40%
Drug C (3/6-monthly injection)	3/6-monthly	~2 times greater Incidence rate of CV events: 7.1% Mortality: 2.6%	10%

<http://www.hkua.org/>

Results

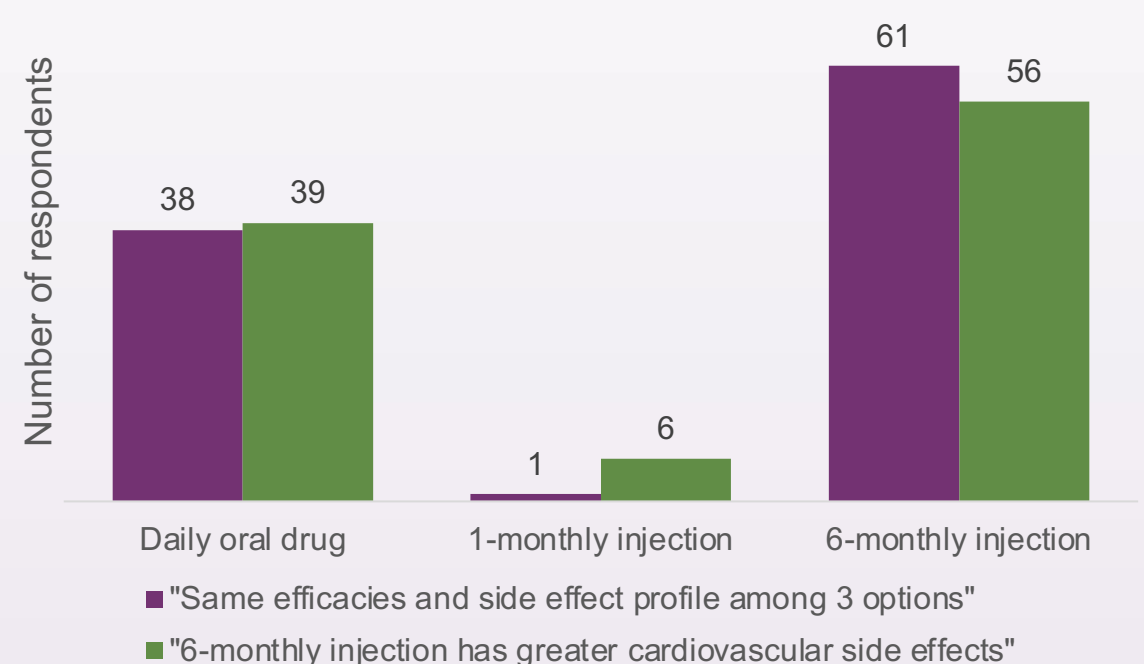
100 patients completed the survey. Average duration of ADT use is 34.1 +/- 29.9 months. Most patients started with more frequent ADT injection and switched to 6-monthly injections (89%) at time of survey.



Major reasons for changes in ADT usage:

- Healthcare opinion (72%)
 - Less frequent treatment (51%)
- Others: less frequent follow ups (17%)

Patients' preferences on 3 options of ADT (daily oral drugs, 1-monthly and 3/6-monthly injections):



Patients with polypharmacy (more than 5 regular medications) were more inclined to injections ($p < 0.001$).

There was no significant difference in patient's preference with reference to their age, education background, employment status, marriage status and disease status.

Conclusion

- 6-monthly ADT injection was the most preferred ADT option despite having greater cardiovascular risks.
- Among 1-monthly injection or daily oral LHRH antagonist, more patients prefer oral option.