Editorial Comment on: Degarelix: A Novel Gonadotropin-Releasing Hormone (GnRH) Receptor Blocker—Results from a 1-yr, Multicentre, Randomised, Phase 2 Dose-Finding Study in the Treatment of Prostate Cancer

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This study by Van Poppel et al [1] looks at the results of a phase II study of toxicity and efficacy, combined with the dose-ranging estimation, of the new compound degarelix. The study sought to assess patients for two separate loading doses of the compound, and three maintenance doses given over 12 mo. The study used as its surrogate testosterone and prostate-specific antigen (PSA).

Degarelix is not the first type of antagonist whose perceived benefit is the lack of testosterone flare (as shown by references 18 and 20 in the original trial). An earlier compound, Abarelix, was withdrawn (reference 21) because of toxicity problems due to hypersensitivity [2–5].

In essence, this is a chemical castration and appears to confer no greater benefit to the patient than an orchiectomy. Its only rationale, as an agent in intermittent hormone treatment, is somewhat lightly dismissed by the authors of the study. There is no data supporting it as an agent if recommended for continuous usage, and the long-term efficacy as compared with LRHR agonists is not yet in hand. In the initial 12 mo of this phase II study, very few, if any, problems in toxicity were apparent. But there has not yet been sufficient patient time to demonstrate possible longer-term toxicities. The fundamental question about an agent of this nature—which does not seek to demonstrate a significant advance in treatment efficiency or effectiveness—is: *cui bono*?

References

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