

Limit/control side effects of ADT

- **Loss of libido and erectile dysfunction**
- **Anaemia**
- **Osteoporosis**
- **Impairment of cognitive function**
- **Metabolic syndrome**
- **Cardiovascular events**

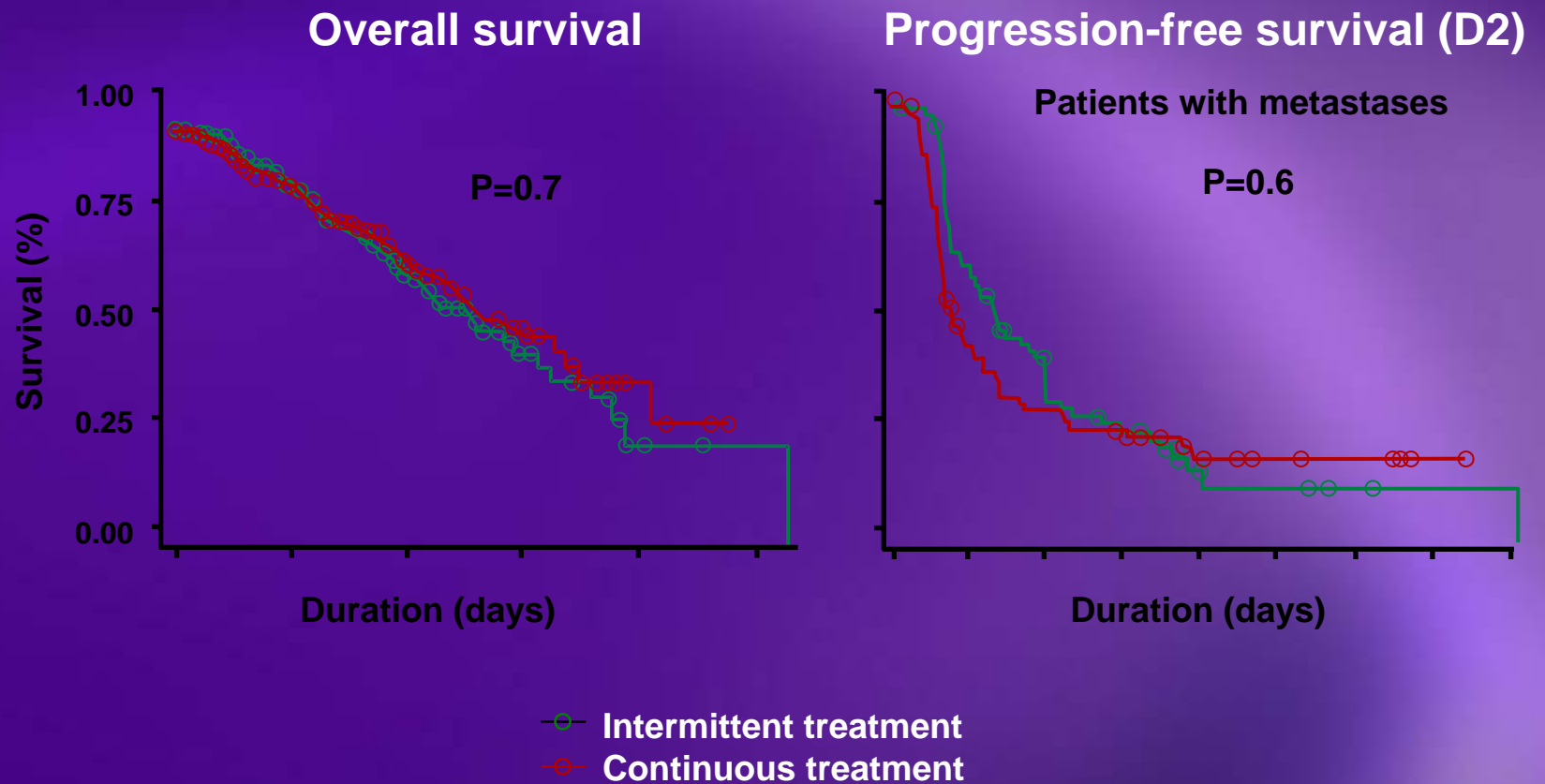
'Global' patient approach: Preserving androgen status

- **If ADT is necessary, take precautionary measures:**
 - **Stop smoking**
 - **Regular physical exercise**
 - **'Cerebral training'**
 - **Diet**
 - **Cardiovascular evaluation**
 - **Monitor glycaemia, serum lipids**
 - **Use cholesterol-lowering agents**

Intermittent ADT

- **Prolong hormone response (?)**
- **Limit the side effects of ADT by alternating periods on and off therapy**

ADT efficacy: Intermittent similar to continuous



Modern hormonal therapy

- **Select patients suitable for hormonal therapy (benefit/risk)**
- **Treat the patients effectively from the start**
- **Degarelix represents a new effective ADT**

Discovery of degarelix

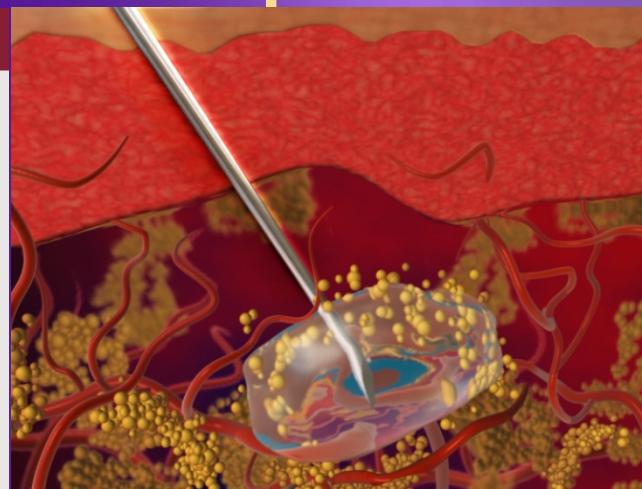
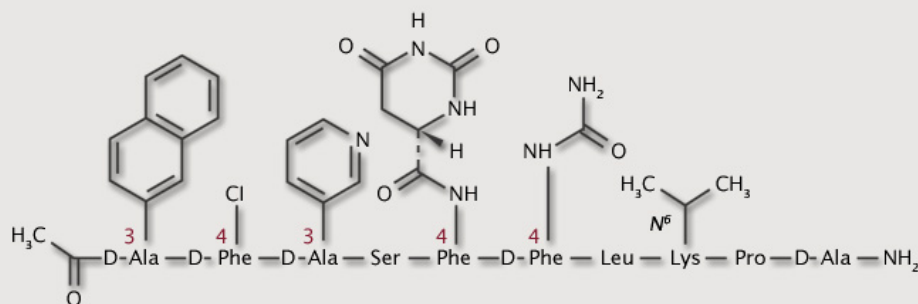
- Degarelix was discovered at the Ferring Research Institute, Inc. in San Diego and developed by Ferring R&D
- Of 400 molecules studied, degarelix had the longest duration of action and best safety profile



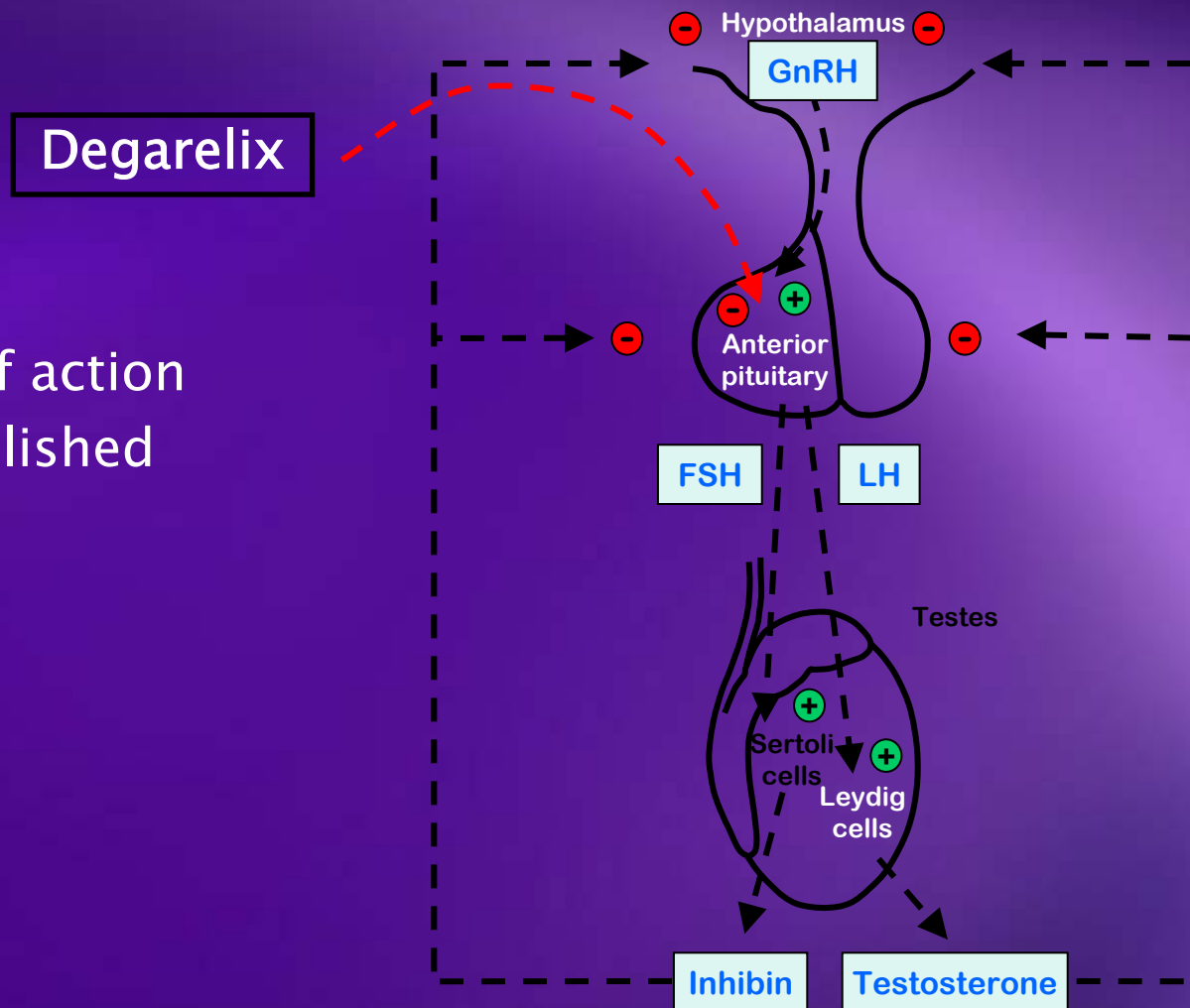
Molecule

- A fully synthetic, linear decapeptide amide containing seven unnatural amino acids, five of which are D-amino acids
- A natural gelling depot with a unique

Biochemical Structure of Degarelix



Degarelix: direct and logical mode of action – no stimulation of hypothalamic-pituitary-gonadal axis

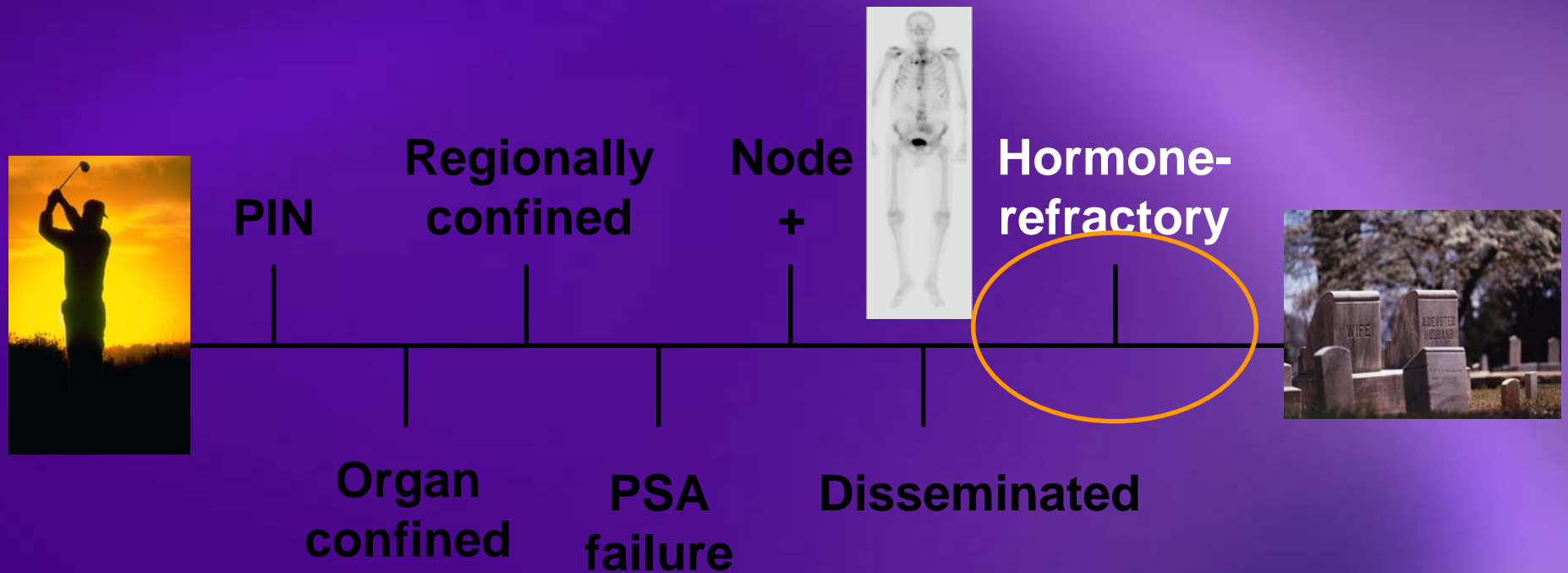


Mechanism of action
is well established

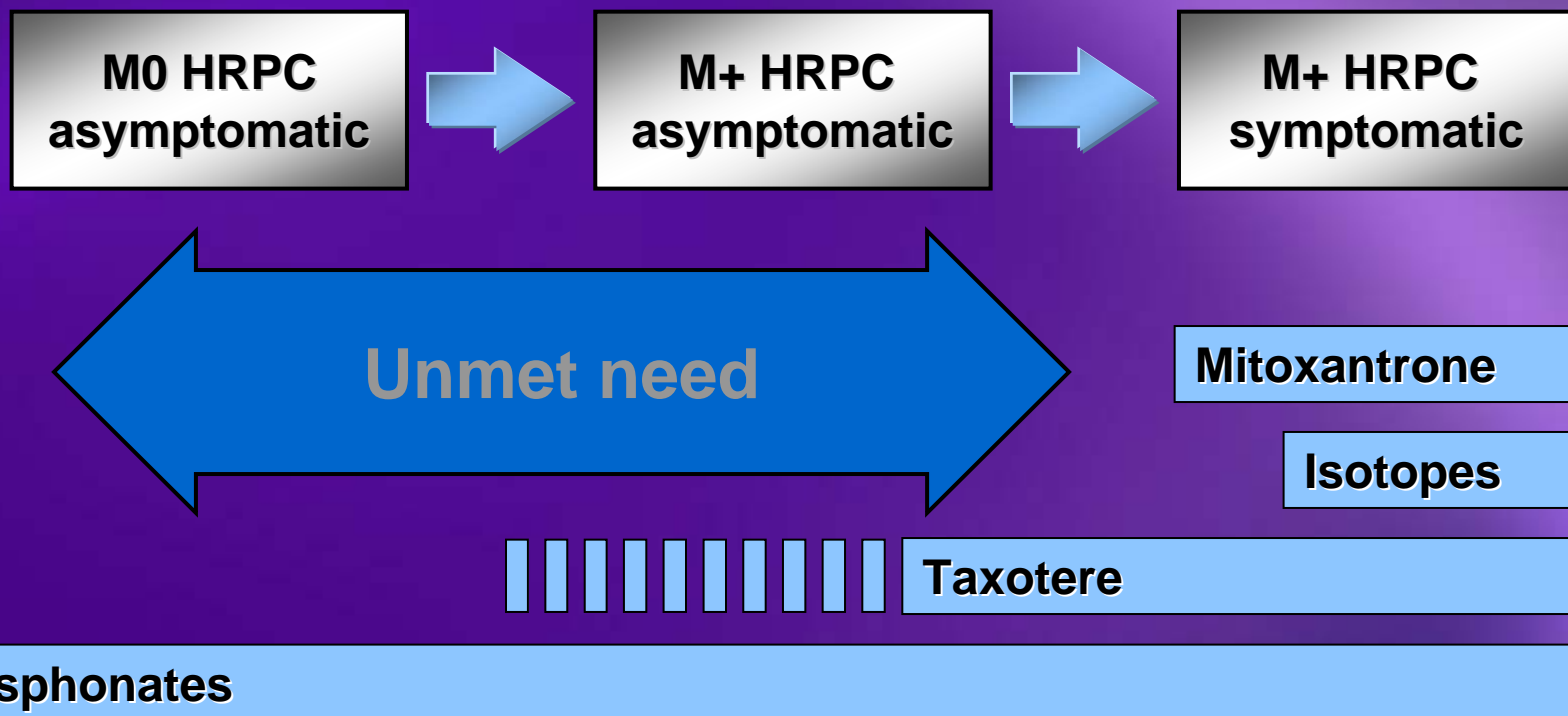
Future hormonal therapy

- **ADT remains the mainstay of pharmacological therapy of prostate cancer**
- **More selective use guided by patient risk and benefit**
- **GnRH agonists produce an initial hormone surge**
- **New promising hormone treatments on horizon may better mimic orchidectomy and provide additional benefits for patient**

The prostate cancer continuum



Currently Approved Therapies for HRPC



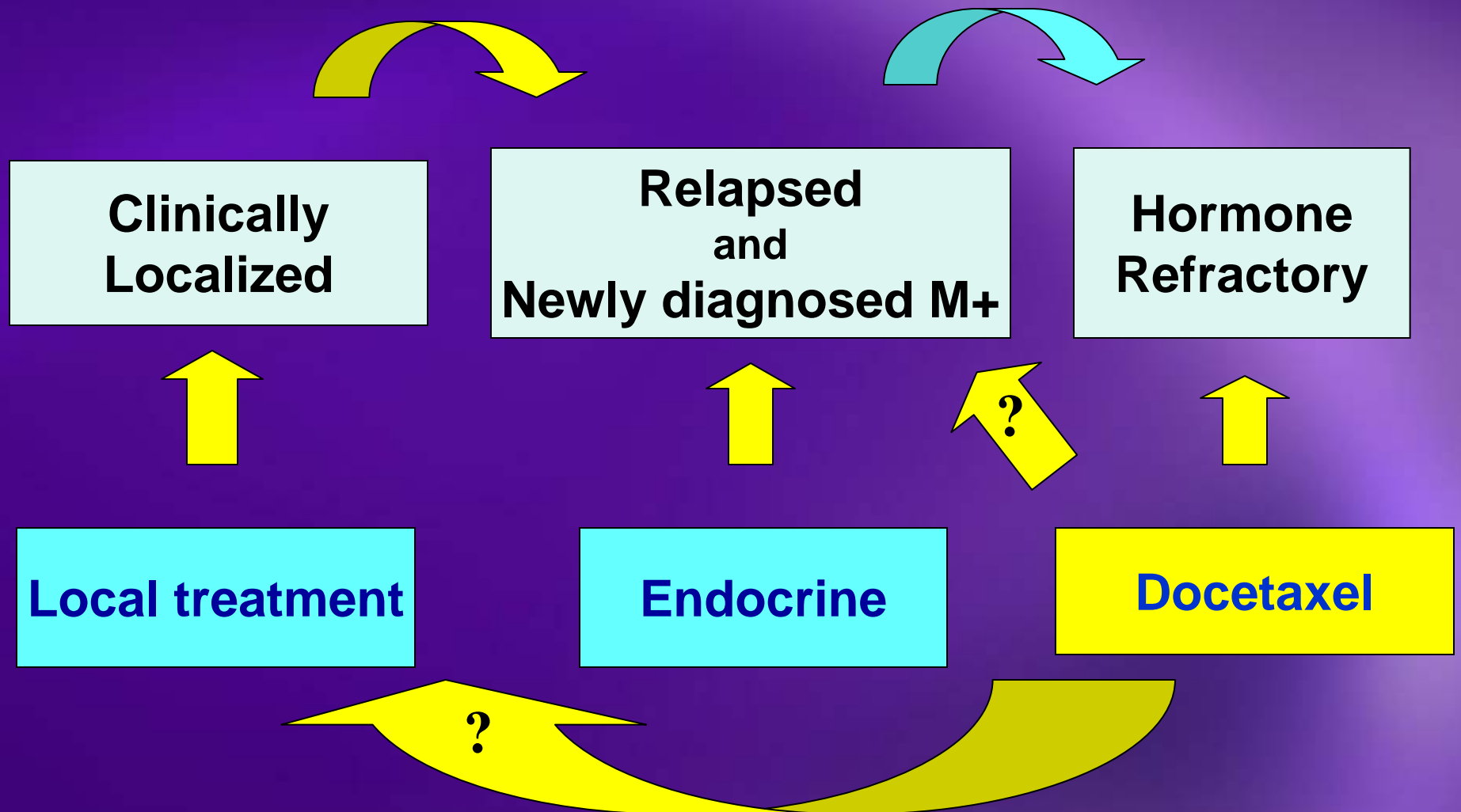
HRPC 2006

3-Weekly Taxotere

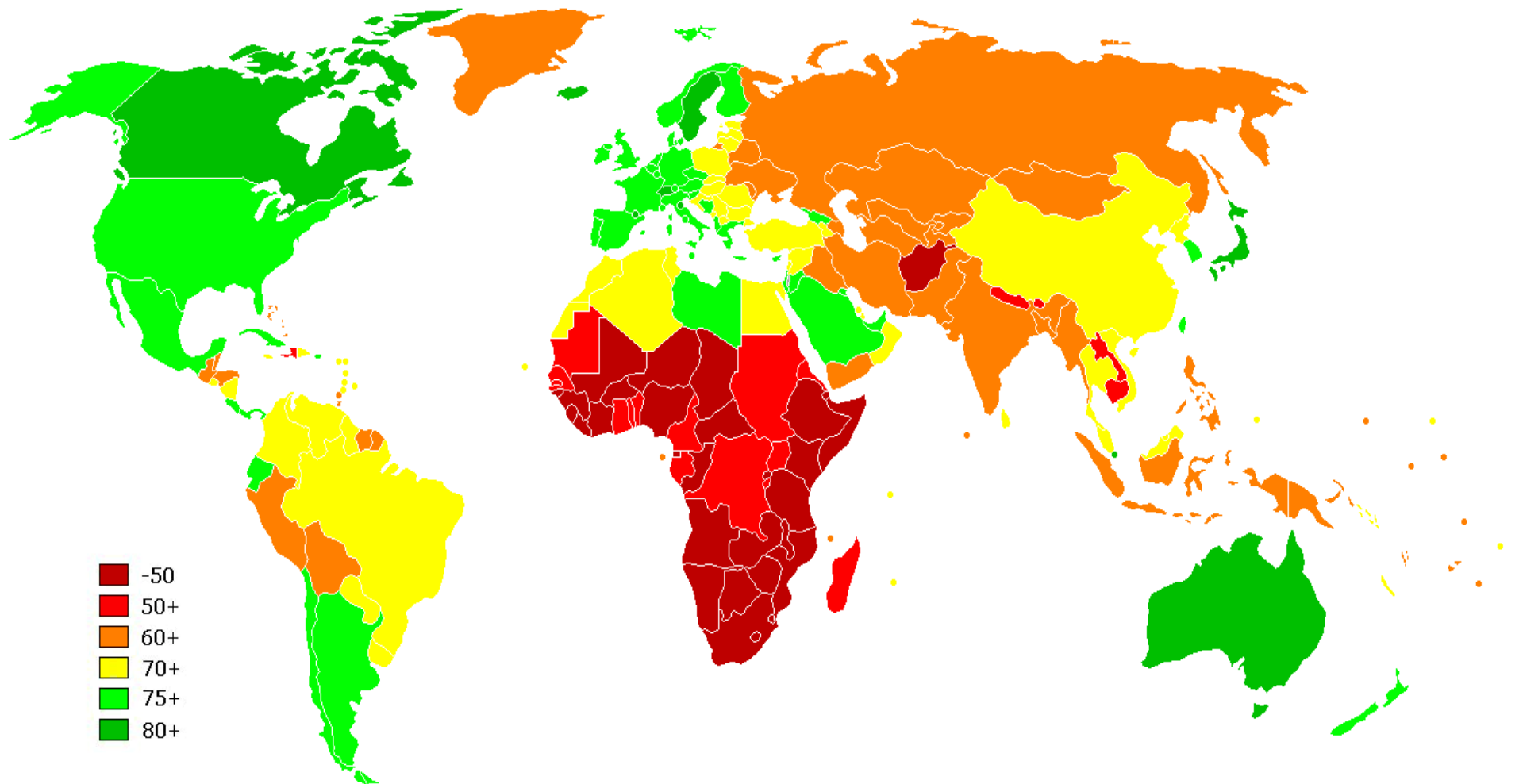
- = The New Standard
- to which newer treatments or combinations for HRPC
- need to be compared

EAU Guidelines

Prostate Cancer Treatment Paradigms



The world population is ageing.....

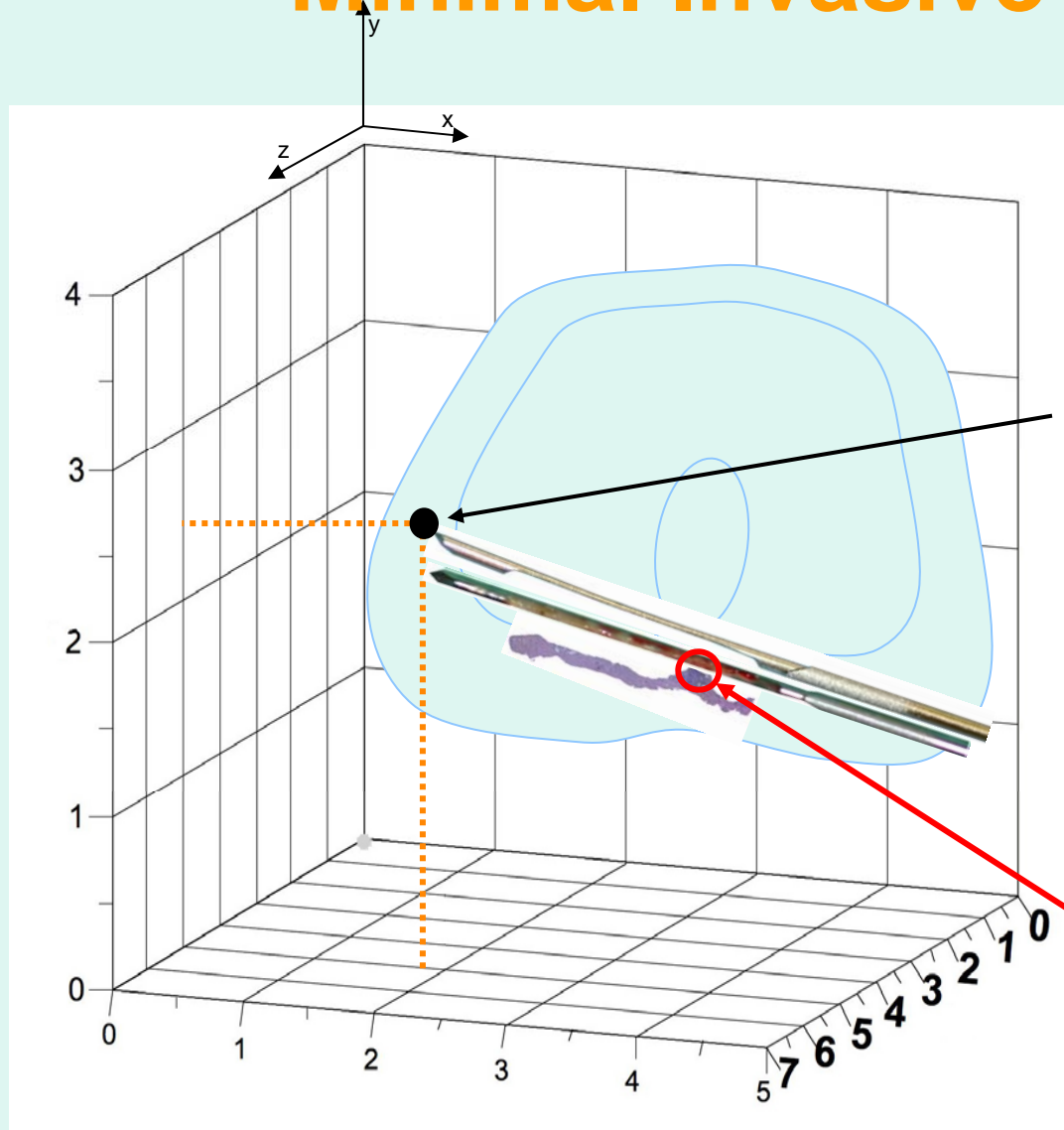




Time is relative
A. Einstein

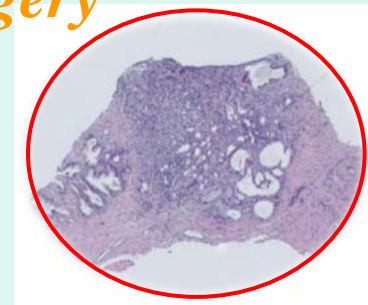
Time is essential for most patients!

Minimal Invasive Surgery



1mm³ of the tissue can be defined three dimensionally in the prostate

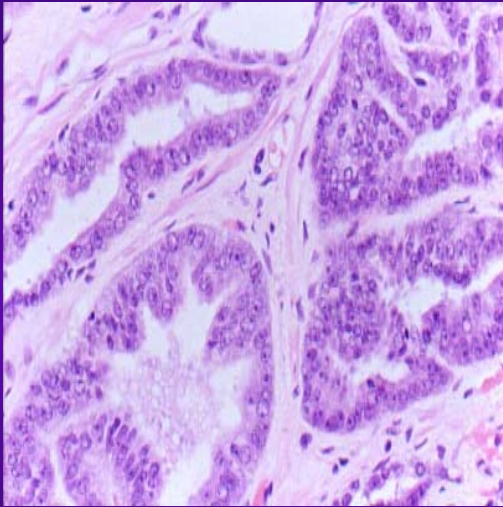
*Navigational
minimal invasive
surgery*



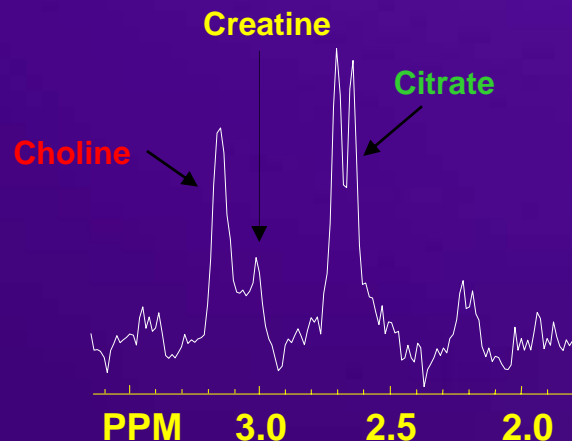
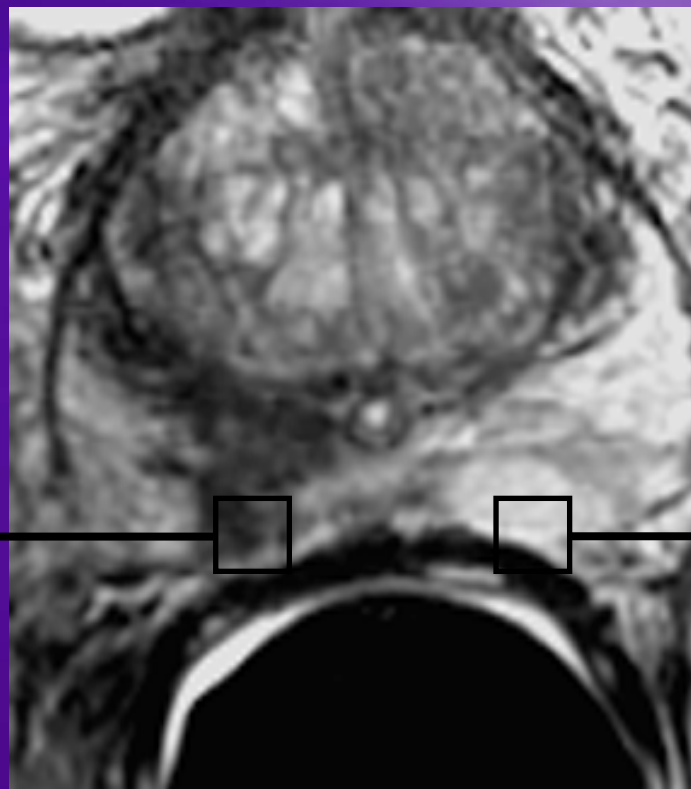
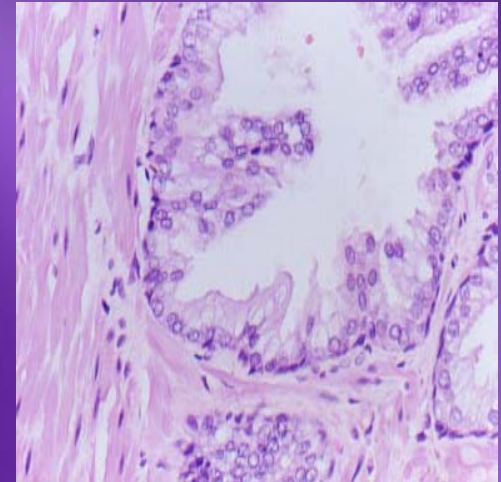
Identification of Cancer using erMRI Spectroscopy

Axial T2W MRI

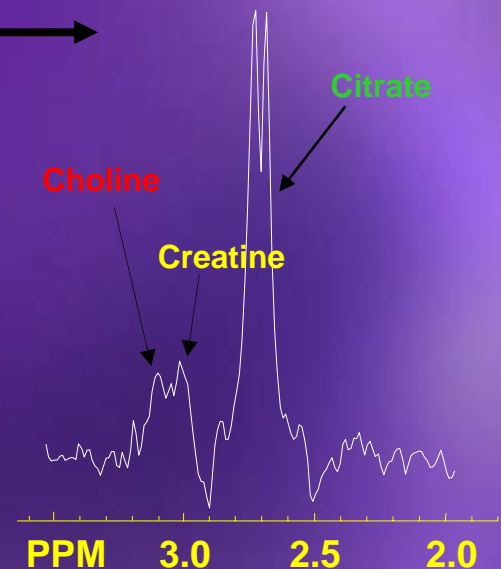
Tumour



Normal



in vivo proton spectroscopy
generating a 3D array of
0.24 cc voxels



So what about 2020?

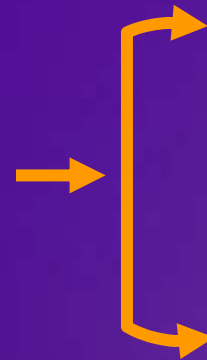


Treatment effectiveness:

- Screening trials will show an improvement in survival of men with screen-detected prostate cancer
- Treatment effectiveness trials will show an improved outcome by radical treatment in men with intermediate & high (?) risk disease
- Robotic-assisted laparoscopic surgery will prevail
- Fewer centres and fewer surgeons will perform more procedures

Take-Home-Messages:

- PSA is still the golden standard, but
- New molecular markers and
- improved treatment options with low morbidity
- Early detection programs are accepted!



2020

**Promotion of recent advances in basic research
into clinical practise!**

I appreciate your attention !

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– BRIDGING THE WORLD –**

