

Letter to the Editor

Comment on: 'Preferences between three options for androgen deprivation therapy...'

Keywords

prostate cancer, transdermal oestradiol, androgen deprivation therapy, quality of life, treatment decision-making

We thank Rush et al. [1] for their recent focus group study showing prostate cancer (PCa) patients' interest in having alternative forms of androgen deprivation therapy (ADT). Their work is timely, given recent publications by Langley et al. [2] and James et al. [3], which demonstrated the safety and effectiveness of transdermal oestradiol (tE2) patches for androgen suppression in patients with PCa.

As with most focus group studies, the Rush et al. [1] sample size is small, and we accept that. However, their patient population was limited to 10 men who had never been diagnosed with PCa, as well as 14 men who had been diagnosed with early PCa, but who had never been on any form of ADT [1]. We were aware of the Rush et al. [1] study in advance of publication and undertook an on-line survey of men diagnosed with PCa to explore further PCa patients' interest in options for ADT. To expand upon their study, we purposefully included men who: (i) had never been on any form of ADT, (ii) were currently or previously on LHRH agonists for ADT, (iii) were currently or previously on the oral LHRH antagonist, relugolix, and (iv) were currently or previously on various forms of tE2.

We found that >95% of the 800+ men in our survey favoured having the option of some form of tE2 for ADT, regardless of what other forms of ADT they had or had not been exposed to. In addition, we explored patients' perspectives on alternative methods of administering tE2, beyond the commercial patches referenced in the Rush et al. [1] study. We found that more than twice as many men were interested in daily topical cream or gel products compared to those interested in patches.

Rush et al. [1] noted that androgen suppression with tE2 patches was far less costly than with the oral LHRH antagonist. Most of the cost for patches is in the fabrication of the patches, and not in the oestradiol itself. As a natural hormone, pharmaceutical companies cannot profit from selling oestradiol. The costs to the manufacturers, which are passed on to their customers, are in the construction of patches. Using daily topical cream or gel products eliminates

that material cost and can bring the cost of ADT with tE2 down another order of magnitude or more.

However, there are no tE2 products licensed for patients with PCa, although tE2 for ADT may be prescribed off label. We found that of those patients with PCa most interested in having access to tE2, 40% were willing to pay >\$35 US dollars/month out of pocket. Furthermore 75% were willing to consult more than one additional physician, if first declined a prescription from their oncologist.

Given that androgen suppression with tE2 is associated with better quality of life [4], equally good survival and at much lower costs, we share with Rush et al. [1] a commitment to seeing tE2 products approved as standard of care for men seeking options for ADT.

Disclosure of Interests

The authors declare no conflicts of interest.

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