Goserelin or other gonadotrophin releasing hormone (GnRH) analogues in the treatment of advanced prostate cancer

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Authors' objectives
This report examines the costs and benefits of goserelin in first line palliative treatment of advanced prostate carcinoma, where it may be used as an alternative to orchidectomy.

Authors' conclusions
Orchidectomy is more cost effective than goserelin (unless survival is predicted to be less than about 6 months). The use of intermittent goserelin therapy may be effective and would reduce costs and side effects. At present there is minimal robust evidence supporting this mode of practice. There is some evidence to suggest that given a choice around 70% of patients with advanced carcinoma would chose monthly injections rather than orchidectomy. Local experience suggests that appropriate counselling can result in a high acceptance of orchidectomy (90%) in patients with hormone responsive disease. The authors therefore strongly recommend orchidectomy or goserelin for treatment of advanced prostatic cancer, but say that goserelin is considerably more expensive and has little to recommend it over orchidectomy.

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