Letter to the editor

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To the editor,

Treatment of hormone-refractory prostate cancer, HRPC, remains challenging. In the journal *Medical Oncology*, we read with interest the article written by Nelius et al. [1] in which they concluded metronomic cyclophosphamide may be beneficial for patients with docetaxel-resistant HRPC. In this pilot study, 17 patients who failed docetaxel were treated with cyclophosphamide 50 mg/day and dexamethasone 1 mg/day. A prostate-specific antigen response was reported in 44.4% of patients and was attributed to the cyclophosphamide “monotherapy.”

Although we agree that low-dose cyclophosphamide has some activity against HRPC, it should be recognized that dexamethasone monotherapy at 0.5 mg/day, less than the dose reported in this study, has comparable response rates [2]. As such, it is difficult to reconcile the therapeutic effects of cyclophosphamide in the setting of concomitant dexamethasone treatment. Indeed, both agents are thought to have anti-angiogenic properties, while dexamethasone may have additional benefits like inhibition of androgen

production by the adrenal glands [3]. In order to test the hypothesis proposed by Nelius et al., metronomic low-dose oral cyclophosphamide should be reevaluated without the confounding affects of exogenous steroids in docetaxel-resistant HRPC.

References

1. Nelius T, Klatte T, de Riese W, Haynes A, Filleur S. Clinical outcome of patients with docetaxel-resistant hormone-refractory prostate cancer treated with second-line cyclophosphamide-based metronomic chemotherapy. *Med Oncol*. 2009. doi:[10.1007/s12032-009-9218-8](https://doi.org/10.1007/s12032-009-9218-8).
2. Venkitaraman R, Thomas K, Huddart RA, Horwich A, Deamaley DP, Parker CC. Efficacy of low-dose dexamethasone in castration-refractory prostate cancer. *BJU Int*. 2008;101(4):440–3.
3. Khandwala HM, Vassilopoulou-Sellin R, Logethesis CJ, Friend KE. Corticosteroid-induced inhibition of adrenal androgen production in selected patients with prostate cancer. *Endocr Pract*. 2001;7(1):11–5.

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