Vraag 4b: Wat zijn de somatische en/of psychische problemen in het eerste jaar na hormonale behandeling voor gemetastaseerd prostaatcarcinoom?

Systematic reviews

Study ID	Method	Patient characteristics	Intervention(s)	Results primary outcome	Results secondary and other outcomes	Critical appraisal of review quality
De Conti P 2012 [1]	• SR • Funding/CoI: no CoI declared; Grant no. 5R01DK63300-4, USA; Editing support was in part provided by the National Institutes of Health (NIH), and the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) • Search date: until 2006 • Databases: CENTRAL, Medline, EMBASE, LILIACS • Study designs: RCTs • N included studies: N=5	• Eligibility criteria: patients with prostate cancer and no prior androgen suppression therapy • *A priori* patient characteristics: ○ Hering 2000: 43/43 pts with M+ disease ○ EAU TULP 2002: 155/193 pts with M+ disease ○ Yamanaka 2005: no pts (out of 215) with M+ disease ○ de Leval 2002: unclear ○ Calais 2002: unclear	Intermittent androgen suppression (IAS) vs. Continuous androgen suppression (CAS)	• Hering 2000: cyproterone acetate 200 mg/d ○ GI adverse effects, gynaecomastia or asthenia: 2/25 (IAS) vs. 5/18 (CAS), RR 0.29 (95%CI 0.06-1.32) • EAU TULP 2002: buserelin 2 monthly depot (6, 6 mg); nilutamide first 4 weeks 300 mg od, followed by 150 mg od ○ Hot flushes: 49/97 (IAS) vs. 57/96 (CAS), RR 0.85 (0.66-1.10) ○ Depression: 6/97 vs. 11/96, RR 0.54 (0.21-1.40) ○ Gynaecomastia: 4/97 vs. 7/96, RR 0.57 (0.17-1.87)		Level of evidence: B • Review of good quality • None of the results are pooled, all are presented per individual study (no relevant outcomes in Calais 2002 and de Leval 2002)

Study ID	Method	Patient characteristics	Intervention(s)	Results primary outcome	Results secondary and other outcomes	Critical appraisal of review quality
Haseen F 2010 [2]	• SR + MA • Funding/CoI: not reported • Search date: 1/2009 • Databases: Medline, EMBASE, WoS • Study designs: cohort studies + RCTs • N included studies: N=16 (14 cohort studies, 2 RCTs)	• Eligibility criteria: patients with prostate cancer • *A priori* patient characteristics: N=573 ○ mix of locally advanced, M0, M1 and recurrent disease	Androgen suppression therapy	• Changes in body weight: ○ N=289 patients, 9 studies ○ Treatment periods: 1-12 months ○ Range weight increase: 0.6-5.4%, significant in 5 studies ○ Pooled mean % change in weight: 2.1% (95%CI 1.4-2.9%, p<0.0001)	• Changes in BMI: ○ N=208 patients, 8 studies ○ Treatment periods: 3-12 months ○ Pooled mean % change in BMI: 2.2% (95%CI 1.2-3.1%, p<0.0001)	Level of evidence: B • Review of moderate quality • Limited quality appraisal of the included studies • No separate results for M+ disease
Zhu J 2012 [3]	• SR + MA • Funding/CoI: not reported • Search date: 7/2011 • Databases: Medline, CNKI, EMCC, Google Scholar, CBM • Study designs: RCTs • N included studies: N=16	• Eligibility criteria: patients with advanced prostate cancer, irrespective of age and race • *A priori* patient characteristics: unclear	Intermittent androgen suppression (IAS) vs. Continuous androgen suppression (CAS)	• Hot flushes: 5 studies, N=1259 ○ OR: 0.11, 95%CI 0.08-0.14, p<0.00001; in favour of IAS ○ N events: 98/635 (15.4%) vs. 405/624 (64.9%)	• Gynaecomastia: 5 studies, N=1259 ○ OR: 0.31, 95%CI 0.22-0.42, p<0.00001; in favour of IAS ○ N events: 61/635 (9.6%) vs. 157/624 (25.2%)	Level of evidence: B • Review of good quality • RCTs of low quality • No separate results for M+ disease