TABLE 3
CAUSE OF DEATH BY PRIMARY TREATMENT*

Cause of Death	Orchiectomy	Estrogen + Orchiectomy
Prostatic carcinoma	47.4%	64.7%
Other neoplasms	32.8%	6.0%
Cardiovascular diseases	13.2%	22.9%Δ
Other, mainly respiratory diseases	6.6%	6.4%

*Excluding patients who are alive or have died from unknown causes.
ΔNot statistically significant.

may lead to a valid endocrinologic conclusion. In our own experience, this does not justify a change in clinical judgment and is a research project only. The following viewpoints for conventional hormonal palliation with advanced, untreated prostatic carcinoma are restated:

- Withhold therapy until the patient's symptoms or general condition warrant treatment.
- Generally, use castration alone although many physicians also administer stilbestrol either with or without castration.
- When stilbestrol is administered following symptomatic or clinical relapse after castration, limit the dose to one mg. daily. There is some suggestion, however, that three mg./day may provide better androgen suppression in certain patients.
- High-dose estrogen therapy (natural or synthetic source) is not recommended except for selected use in short-term, acute situations.

Hypophysectomy and adrenalectomy have been discussed previously.[1] The effectiveness of these two procedures has been established and need not be repeated at this time. Occasional long-term results from this form of extensive hormonal therapy have been described.[16] However, following new forms of chemotherapy for patients relapsing after conventional hormonal therapy, it has been found that chemotherapy is generally superior.[17] Non-steroidal anti-androgens and other agents that have suppressive effects upon the adrenals have undergone some clinical study.[18, 19] They do not, however, appear to afford a practical or useful alternative for palliation at this time. Metastatic prostatic cancer that has relapsed following conventional hormonal therapy can be managed usefully according to the results of the National Prostatic Cancer Project.

"Hormones should be considered essentially palliative and should not be confused with primary treatment."

The National Prostatic Cancer Project participants (see box on page XX) have demonstrated that a variety of forms of chemotherapy in such patients who have had previous radiotherapy or who have not been treated with radiotherapy, can be effective in controlled randomized clinical T values. Although these agents are toxic, under a carefully controlled program they can be used successfully. Their results have been documented.[20-22] It is important to emphasize that the criteria and evaluation of the response parameters selected by this particular national group have been found reproducible and useful in the hands of others.[23] Moreover, they too, even in dealing with widespread metastatic disease in patients who have relapsed after all forms of conventional therapy, have found a relationship between primary tumor histologic grade and the response to chemotherapy.[24] This im-