Ketoconazole as a Secondary Hormonal Intervention in Advanced Prostate Cancer

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Prostate cancer is the most common nonskin cancer in American men, and androgen-deprivation therapy is the cornerstone of treatment for advanced prostate cancer. Unfortunately, the median duration of response to initial androgen deprivation is limited to 18–24 months. After failing primary therapy, many individuals respond to multiple secondary hormonal interventions, such as ketoconazole. A potent adrenolytic agent, ketoconazole is associated with potential hepatotoxicity, adrenal insufficiency, and drug and food interactions. Nurses can greatly impact the course of treatment for patients by being aware of the rationale for the use of secondary hormones, ketoconazole as a hormonal intervention, potential drug interactions, side effects, and management of toxicities.

At a Glance
✦ New therapies beyond hormones are needed to improve outcomes for patients with progressive prostate cancer; however, some patients with castrate levels of testosterone do respond to multiple, successive hormonal manipulations.
✦ Whether to try additional hormonal manipulations or proceed immediately to cytotoxic therapy depends on functional status, comorbidities, disease extent, and symptoms.
✦ Ketoconazole, an adrenolytic agent used as a hormonal therapy for prostate cancer treatment, can be administered safely and effectively. Close monitoring of drug administration, drug interaction, and toxicity assessment by nurses can greatly impact the overall effectiveness of this regimen while minimizing toxicity.

Therefore, at that point, second-line hormone therapy should be considered (Dawson, 2002).

The aim of this article is to describe the role of secondary hormones, specifically ketoconazole, in the treatment of advanced prostate cancer.