

# Many Men May Not Need Long-Term Hormone Therapy for Prostate Cancer

Shorter courses of androgen deprivation therapy could reduce risks while still effectively controlling cancer.

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A study co-led by investigators at the [UCLA Health Jonsson Comprehensive Cancer Center](#) found that most of the benefits of androgen deprivation therapy (ADT) for prostate cancer occur within the first 9 to 12 months. Extending therapy beyond that provides only small additional protection and increases the risk of other health problems, such as heart or metabolic issues. Results show that the ideal length of ADT depends on cancer risk:

- Low-risk patients may not need ADT.
- Intermediate-risk patients benefit most from 6 to 12 months.
- High-risk patients may benefit from up to 12 months, while very high-risk patients may require longer therapy.

## Background

ADT is a type of hormone therapy that is commonly given alongside radiation to slow the growth of prostate cancer by lowering testosterone. While effective at controlling the disease, long-term ADT can cause side effects, including bone loss, muscle loss and cardiovascular problems. Current treatment guidelines generally recommend 4 to 6 months of ADT for intermediate-risk patients and 18 to 36 months for high-risk patients, but the optimal duration has been unclear.

## Method

Researchers conducted [an analysis of patient data from the] Meta-Analysis of Randomized Trials in Cancer of the Prostate (MARCAP) Consortium, using data from 10,266 men across 13 international clinical trials. They assessed outcomes including overall survival, cancer-specific survival and deaths from other causes, comparing different ADT durations.

## Impact

The findings highlight the importance of personalized treatment plans for men with prostate cancer. Shorter courses of hormone therapy may be sufficient for many patients, reducing side effects while maintaining effectiveness. Physicians can now use patient-specific factors, including cancer risk, overall health, age and preferences, to make more informed decisions about ADT duration, improving both safety and quality of life.

“Prostate cancer treatment should not be one-size-fits-all,” said [Dr. Amar Kishan](#), professor and executive vice chair of radiation oncology, co-director of the [cancer molecular imaging, nanotechnology and theranostics program](#) at the UCLA Health Jonsson Comprehensive Cancer Center and co-senior author of the study. “These findings help doctors personalize therapy, balancing cancer control with potential side effects and other health risks.”

The [study was published](#) in the journal JAMA Oncology.

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