The bicalutamide 150 mg Early Prostate Cancer (EPC) programme was initiated to evaluate the efficacy and tolerability of immediate bicalutamide ('Casodex') 150 mg/day as adjuvant to standard care in patients with locally advanced disease at radical prostatectomy (RP) or with locally advanced disease at a median follow-up of 5.4 years (n=4454).

CONCLUSIONS
- Bicalutamide (Casodex) 150 mg/day as adjuvant to RP significantly reduces the risk of objective progression in patients with locally advanced disease at RP population at a median 5.4 years.
- ETR analysis showed that bicalutamide 150 mg/day as adjuvant to RP significantly increased the PFS time in patients with early non-metastatic prostate cancer at a median follow-up of 5.4 years.
- Patients who received bicalutamide 150 mg/day as adjuvant to RP experienced a benefit from a significant improvement in objective PFS with bicalutamide 150 mg/day as adjuvant to RP.
- The estimated time taken for the first 20% of patients to progress in the RP population is 20.7 months longer for bicalutamide 150 mg versus placebo.

REFERENCES