(ADT) with luteinizing hormone releasing hormone (LHRH) agonist being the common choice. LHRH antagonist is a recent alternative as first line ADT which causes rapid GnRH inhibition with no initial testosterone surge.

This study is to report the patient demographics, clinical and biochemical response in our patients who have been started on LHRH antagonist.

**Material and Method:** This is a clinical audit of all patients started on LHRH antagonist, Degarelix followed up monthly with standard of care clinical and PSA review.

**Results:** From 1 January 2015, 14 patients have been administered LHRH antagonist at a mean of 3.64 injections per patient (range 1–8). Average age was 71.8 years, with Chinese predominance (42.9%) followed by Indians (21.4%), Malays (7.1%) and Caucasians (7.1%). The average interval between injections was 30.8 days. All patients had either high risk prostate adenocarcinoma (63.6%) or intermediate risk (36.4%) with a mean Gleason Score of 8.18. Mean injection site pain, on a visual analogue pain score was 1.48. Mean pretreatment PSA was 627.41 (range 69–4948, median 195.5). First injection in all patients resulted in more than 50% reduction in PSA level. Average percentage of PSA reduction after first injection was 93.07% at 1 month. Clinically, one patient who was catheter dependent successfully had his catheter removed. One patient with pancytopenia improved biochemically and clinically after administration. 90.9% of our patients were compliant to their injection schedule.

**Conclusion:** Degarelix achieves rapid biochemical response, with corresponding clinical improvement. It is a tolerable injection for our patients and compliance is good. A prospective study with larger population and longer follow-up should provide more comprehensive data.