



Re: Final Report of the Intergroup Randomized Study of Combined Androgen-Deprivation Therapy Plus Radiotherapy Versus Androgen-Deprivation Therapy Alone in Locally Advanced Prostate Cancer

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EDITORIAL COMMENT

No certain treatment recommendations were given for locally advanced or high-risk prostate cancer in the European Association of Urology (EAU) guidelines (1). In the guidelines, studies supporting surgery or radiotherapy (RT) were listed, and the readers were left alone to make their own decisions.

In the present study, Mason et al. reported the impact of adding RT to androgen deprivation therapy (ADT). One thousand two hundred and five patients with T3-4, N0/Nx, M0 prostate cancer or T1-2 disease with either PSA more than 40 µg/L or PSA 20 to 40 µg/L plus Gleason score of 8 to 10 were randomized to ADT alone (n=602) or to ADT+RT (n=603). A lower dose radiation 64 to 69 Gy was used for RT. Overall survival (OS) risk reduction was 30% for ADT+RT group (P<0.001) at a median follow-up of 8 years. Cancer-specific survival (CSS) was significantly improved by the addition of RT to ADT (HR: 0.46, 95% CI: 0.34 to 0.61; p<0.001). Patients on ADT+RT reported a higher frequency of adverse events related to bowel toxicity. However, reported frequency of ADT-related toxicities (impotence, hot flashes, urinary frequency, ischemia, and hypertension) were similar for both arms. The present study provided results of high-risk patients in a longer median follow-up time than SPCG-7 study (2). Because the study took place between 1995 and 2005, less than 70 Gy was used for RT. Even at lower radiation doses, the authors confirmed that adding RT to ADT improved both OS and cancer-specific survival (CSS) with minimal general toxicity. In the modern era, improved RT techniques may help achieve better outcomes with much higher radiation doses without increased morbidity in this group of patients.

REFERENCES

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