



Letter to the Editor

Reply to Pirus Ghadjar and Thomas Wiegel's Letter to the Editor re: Abdenour Nabid, Nathalie Carrier, André-Guy Martin, et al. Duration of Androgen Deprivation Therapy in High-risk Prostate Cancer: A Randomized Phase III Trial. *Eur Urol* 2018;74:432–31

We thank Drs. Ghadjar and Wiegel for their interest in and comments on our randomized trial comparing 36 versus 18 mo of androgen deprivation therapy (ADT) for patients harboring high-risk prostate cancer [1]. They argue that because we did not discriminate between potential different risk stratifications within the high-risk group, our result should not be generalized to all patients within the high-risk classification.

Although we agree that significant heterogeneity in prognosis exists among these patients and that a patient with T4 and/or N+ disease belong to a different classification within the high-risk domain, our study was carried out using the most acceptable and contemporary classification at the time at which the study was undertaken. Not surprisingly, as mentioned in our paper, given a more recent recruitment, our cohort was characterized by fewer patients with stage T3 disease but with a greater number with higher Gleason scores when compared to the EORTC study comparing 6 versus 36 mo of ADT [2]. It remains to be demonstrated whether these differences in T stage could have impacted on final outcomes. Furthermore, the inaccuracy of properly determining T stage via digital rectal examination (DRE) is well known, as shown in a surgical series in which more than 23% of patients classified as having T3 disease on DRE had pathologic T2 disease on prostatectomy [3]. Whether multiparametric magnetic resonance imaging will become the gold standard in establishing T stage also remains to be determined.

We agree that additional research is needed and that a more discriminatory and refined classification should be used in future trials for high-risk patients, perhaps even incorporating genetic and molecular markers and taking in account recent technological advances in radiation

oncology. Until then, and recognizing the long-term toxicities associated with prolonged ADT duration with its significant impact on quality of life, we believe that our level 1 data provide valuable information to the uro-oncology community for confident discussion with selected patients with high-risk prostate cancer of the relative benefits and harmful effects of 18 versus 36 mo of ADT and the assurance that survival is not likely to be compromised by the shorter ADT duration.

Conflicts of interest: Abdenour Nabid has received speaker fees from Janssen Canada and Sanofi; advisory board fees from Sanofi, Astellas, Janssen Canada, and Bayer; and financial support for congress attendance from Sanofi and AstraZeneca. Luis Souhami has nothing to disclose.

References

- [1] Nabid A, Carrier N, Martin AG, et al. Duration of androgen deprivation therapy in high-risk prostate cancer: a randomized phase III trial. *Eur Urol* 2018;74:432–531.
- [2] Bolla M, de Reijke TM, Van Tienhoven G, et al. Duration of androgen suppression in the treatment of prostate cancer. *N Engl J Med* 2009;360:2516–27.
- [3] Gosselaar C, Kranse R, Roobol MJ, Roemeling S, Schroder FH. The interobserver variability of digital rectal examination in a large randomized trial for the screening of prostate cancer. *Prostate* 2008;68:985–93.

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