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European Association of Urology

Letter to the Editor

Re: Liselotte M.S. Boevé, Maarten C.C.M. Hulshof, André N. Vis, et al. Effect on Survival of Androgen Deprivation Therapy Alone Compared to Androgen Deprivation Therapy Combined with Concurrent Radiation Therapy to the Prostate in Patients with Primary Bone Metastatic Prostate Cancer in a Prospective Randomised Clinical Trial: Data from the HORRAD Trial. *Eur Urol* 2019;75:410–8

High-volume Disease Has a Different Standard of Care

I have carefully read the manuscript by Boevé et al. [1] on the effect of androgen deprivation therapy (ADT) alone on survival in comparison to ADT plus concurrent radiation therapy to the prostate among patients with bone metastatic prostate cancer (PC).

Although this is an important clinical trial, it has two important limitations, one methodological and one clinical. The methodological limitation is that although the outcome is an objective one, all trials must be blinded to avoid performance and ascertainment bias and to prevent overestimation of the size of the effect between interventions [2,3]. Therefore, I encourage the authors to consider blinding for other randomized controlled trials in the future.

Regarding the clinical limitation, 60% of the patients included in the trial had more than five metastatic lesions (high-volume disease). Since 2015, two clinical trials, CHARTED and STAMPEDE arm C, demonstrated that upfront docetaxel plus ADT improves overall survival (OS) in patients with metastatic castration-sensitive PC [4,5]. Specifically, in the CHARTED trial Sweeny et al. [4] found that the median OS for patients with high-volume disease (visceral metastases or ≥ 4 bone lesions with ≥ 1 beyond the vertebral bodies and pelvis) was 49.2 mo for ADT plus docetaxel and 32.2 mo for ADT alone (hazard ratio 0.60, 95% confidence interval 0.45–0.81). According to these results, the contemporary standard of care for these patients should be ADT plus docetaxel.

The study by Boevé et al. was conducted between November 2004 and September 2014, just before the publication of these two hallmark studies; however, at

present the clinical application of their results would not be applicable (limited external validity).

The results of Boevé et al. showed a trend for better survival for patients with fewer than five metastatic sites treated with radiotherapy and ADT, but this was not clinically or statistically significant, perhaps because of the low sample size. In the future, efforts to elucidate the effectiveness of this intervention for this subgroup of patients should be prioritized.

Conflicts of interest: The author has nothing to disclose.

References

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