



European Association of Urology



## Letter to the Editor

**Reply to Herney Andrés García-Perdomo's 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**

### *Is Local Treatment Really Beneficial in Low-volume Metastatic Prostate Cancer?*

We thank Dr. García-Perdomo for his view on our paper [1] and take this opportunity to address some issues.

During the course of randomised clinical trials, new clinical data may emerge in the peer-reviewed literature on studies in similar patient series. This also holds true for the HORRAD trial, during the course of which new clinical data on the beneficial effects of the chemotherapeutic drug docetaxel in patients with hormone-naïve bone metastatic prostate cancer emerged [1–3]. In addition, proof that the CYP17 inhibitor abiraterone extended median overall survival in a similar patient population was published [4]. These hallmark studies may be particularly relevant to the treatment of patients with a high-volume metastatic burden, as the gain of survival with docetaxel in low-volume disease at baseline remains limited.

Results from the STAMPEDE trial [5] were recently published and described the effect of local radiation therapy in patients with hormone-naïve metastatic prostate cancer treated with androgen deprivation therapy. Similar to the HORRAD data, radiotherapy to the prostate did not improve overall survival for unselected patients with newly diagnosed metastatic prostate cancer. However, in a prespecified subgroup analysis by metastatic burden, overall survival was better among patients with a low metastatic burden at baseline who were allocated to radiotherapy

(hazard ratio 0.68, 95% confidence interval 0.52–0.90;  $p = 0.007$ ). It should be noted that the difference in median overall survival with local radiotherapy in STAMPEDE (3.7 mo for the patient subgroup with a low metastatic burden) [5] is much lower than that reported for docetaxel in the CHAARTED trial (>13 mo) [2] and STAMPEDE trial (18 mo) [3] and for abiraterone in the LATTITUDE trial (>15 mo) [4] among unselected patients. It remains to be elucidated whether the beneficial effects of local treatment in oligometastatic disease will hold in a combined statistical analysis of STAMPEDE [5] and HORRAD [1] data. We do agree that future research on local treatment in patients newly diagnosed with prostate cancer should focus on patients with a low metastatic burden, since both studies clearly show a lack of benefit in high-volume disease.

**Conflicts of interest:** The authors have nothing to disclose.

## References

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