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## Re: Radical Prostatectomy or Watchful Waiting in Prostate Cancer—29-Year Follow-up

Bill-Axelsson A, Holmberg L, Garmo H, et al

*N Engl J Med* 2018;379:2319–29

### Experts' summary:

This prospective randomized study investigated the impact of radical prostatectomy (RP) versus watchful waiting (WW) on overall survival for men with clinically detected localized prostate cancer and initial prostate-specific antigen <50 ng/ml ( $n = 659$ , recruiting from November 1989 to February 1999) [1]. After median follow-up of 23.6 yr, the authors found lower mortality among patients undergoing prostatectomy (RP 71.9% vs WW 83.8%;  $p < 0.001$ ) and a lower rate of metastatic disease (RP 26.5% vs WW 43.1%;  $p < 0.001$ ).

### Experts' comments:

Prostate carcinoma is the second most common tumor among men. A 10-yr survival rate of >90% suggests a low oncologic threat, but prostate cancer still has the fifth highest mortality rate among all tumors worldwide [2]. In this context, SPCG-4 is of rare and high value, especially since—not least for ethical reasons—such a trial could not be repeated today knowing the aggressiveness of the high-risk tumors included.

In 2002, after follow-up of 6.2 yr, the first results of this study showed no significant difference in terms of overall survival between RP and WW [3]. At that time, the perception by a large part of the medical community was that treatment with RP may cause more harm than good. However, even at that time a lower risk of distant metastases was observed for men undergoing RP. In 2005, the lower disease-specific mortality became significant for the RP group [4]. Today, the advantage for RP is highly significant (see above), although the procedure was not performed for patients with N+ disease, a group that would have benefited most from RP [1]. In this respect, it is

important to note that the PIVOT study also shows an advantage for RP over WW among patients with intermediate- and high-risk cancers, albeit not significant because of insufficient statistical power for relevant subgroup analysis [5].

The course of SPCG-4 shows that therapy studies for prostate cancer require sufficient long-term follow-up. It also highlights the oncologic efficacy of RP in patients with intermediate- and high-risk disease.

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

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## Re: Prostate Cancer-specific Mortality Across Gleason Scores in Black vs Nonblack Men

Mahal BA, Berman RA, Taplin ME, Huang FW

*JAMA* 2018;320:2479–81

### Experts' summary:

Mahal et al. [1] used the Surveillance, Epidemiology and End Results (SEER) prostate active surveillance (AS)/watchful waiting database from 2010 to 2015 to identify