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European Association of Urology

Letter to the Editor

Re: Thomas Van den Broeck, Roderick C.N. van den Bergh, Nicolas Arfi, et al. Prognostic Value of Biochemical Recurrence Following Treatment with Curative Intent for Prostate Cancer: A Systematic Review. Eur Urol 2019;75:967–87

We congratulate Van den Broeck and colleagues [1] for evaluating the prognostic value of biochemical recurrence (BCR) of nonmetastatic prostate cancer after treatment in their systematic review and meta-analysis. The authors confirm that BCR has some impact on the survival of patients with specific clinical risk factors, and identify some major factors affecting the survival prognosis for patients with BCR. Although the results are interesting, there are some shortcomings in the quality evaluation of the studies included.

Quality assessment of observational studies is important for meta-analyses and low-quality research can affect the end result. The guidelines for meta-analysis of observational studies recommend evaluating the quality of the studies [2]. Most of the studies included in this meta-analysis were retrospective, but the authors only provide a summary graph for the risk of bias in their quality assessment of the studies included, which is far from sufficient. The Newcastle-Ottawa Scale (NOS) was proposed by Wells et al. [3] for evaluating the quality of nonrandomized studies in meta-analyses. The NOS is divided into three parts and includes eight items. Each item has a series of options, and the quality of studies can be semi-quantitatively assessed using a star rating system. Besides the two stars allowed for the comparability item, each item can only be assigned one star at most, so the NOS ranges from 0 to 9 stars. The number of stars awarded is a measure of the quality of the studies included. A meta-analysis of observational studies by Clarke et al. [4] that used the NOS provides effective evidence of the quality of the studies included. Other meta-analyses published in *European Urology* [5,6] also used the NOS.

Therefore, we suggest that the authors should increase the quality evaluation of the studies they included, and the NOS may be an option. The authors could also use other quality assessment tools, but an additional quality assessment is necessary.

Conflicts of interest: The authors have nothing to disclose.

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