



Letter to the Editor

Re: Sebastian Berg, Alexander P. Cole, Marieke J. Krimphove, et al. Comparative Effectiveness of Radical Prostatectomy Versus External Beam Radiation Therapy Plus Brachytherapy in Patients with High-risk Localized Prostate Cancer. *Eur Urol* 2019;75:552–5

In a study using data from the National Cancer Data Base, Berg and co-workers [1] investigated treatment for healthy men (defined as a Charlson comorbidity index [CCI] score of 0) younger than 66 yr with high-risk localized prostate cancer and found that initial radical prostatectomy was associated with greater overall survival when compared with external beam radiotherapy therapy plus brachytherapy.

The authors have alluded to the limitations of their study such as the retrospective design, unmeasured confounders, and selection bias [1]. We would like to point out the issue of controlling for comorbidity when men selected for radical prostatectomy are compared with those selected for radiotherapy. The CCI score should be used with caution in this setting. For age-matched patients with a CCI score of 0 treated with either radical prostatectomy or external beam radiotherapy, overall mortality may differ considerably, favoring the more strictly selected radical prostatectomy patients and hindering valid comparisons of effectiveness. In one study, for instance, patients aged 60 yr with a CCI score of 0 had a nomogram-predicted 10-yr overall survival probability of approximately 88% when selected for radical prostatectomy, compared to only approximately 65% when selected for external beam radiotherapy [2].

In summary, the authors performed a thoughtful retrospective analysis and provide important data for the central issue of the optimal curative treatment for patients

with high-risk prostate cancer. However, in the absence of prospectively randomized data, the answer to this question will remain elusive. Taking into account selection-related mortality differences for young and healthy patients (healthier patients with a CCI score of 0 were preferentially selected for surgery [2]) it appears rather surprising that patients treated with radical prostatectomy had only a small survival advantage in this study [1].

Conflict of interests: The authors have nothing to disclose.

References

- [1] Berg S, Cole AP, Krimphove MJ, et al. Comparative effectiveness of radical prostatectomy versus external beam radiation therapy plus brachytherapy in patients with high-risk localized prostate cancer. *Eur Urol* 2019;75:552–5.
- [2] Walz J, Gallina A, Saad F, et al. A nomogram predicting 10-year life expectancy in candidates for radical prostatectomy or radiotherapy for prostate cancer. *J Clin Oncol* 2007;25:3576–81.

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