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European Association of Urology



Letter to the Editor

Reply to Michael Froehner and Christian Thomas's 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

Froehner and Thomas comment on our study [1] comparing the effectiveness of radical prostatectomy (RP) versus external beam radiation therapy plus brachytherapy (EBRT + BT) and we are grateful for this ongoing discussion. Indeed, the study has limitations that we mentioned in our article. It is true that competing risks can be a significant source of confounding in comparative effectiveness studies in prostate cancer and it is also true that one of the limitations of the National Cancer Database is the absence of information on cause of death. As Froehner and Thomas point out, even within a relatively young (<66 yr) cohort with no comorbidity (Charlson comorbidity index [CCI] = 0) there may be differences in competing mortality risks that could confound the association between treatment and overall survival.

However, we would take issue with the Walz nomogram that they use to support this assertion. This nomogram was developed and validated in a population of men in Quebec who received EBRT or RP from 1989 to 2000. This cohort is very different from the one in our study. First, it included men ranging in age from 55 to 93 yr with a median of 66 yr, which is higher than the maximum age in our study. Second, we included men with high-risk prostate cancer defined as Gleason 9 or 10 disease. While the Walz study does not report information on stage and grade, it is likely that most men undergoing RP in the period from 1989 to 2000 represent a more low-risk group in comparison to our cohort. Finally, we compared EBRT + BT with RP. In other words, men in our study probably had a greater chance of dying from prostate cancer and a lower chance of

dying from other causes, and many received multimodal therapy.

Thus, while the problem of competing risks is real, the figures cited by Froehner and Thomas to emphasize the heterogeneity of patients with CCI = 0 are unlikely to represent the typical experience of men in our study. Ultimately, as long as there are no more definitive prospective data in support of EBRT + BT versus RP for localized prostate cancer, our study may help in making a clinical decision. Ideally, shared decision-making should always include the individual circumstances of a patient's life and disclose the advantages and disadvantages of the treatment options.

Conflicts of interest: Quoc-Dien Trinh reports personal fees from Astellas, Bayer, Janssen, Insightec, and Intuitive Surgical. The remaining authors have nothing to disclose.

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Disclaimer: The National Cancer Data Base (NCDB) is a joint project of the Commission on Cancer (CoC) of the American College of Surgeons and the American Cancer Society. The CoC NCDB and the hospitals participating in the CoC NCDB are the source of deidentified data used herein; they have not verified and are not responsible for the statistical validity of the data analysis or the conclusions derived by the authors.

Reference

- [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.

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Sebastian Berg^{a,b}
Alexander Cole^a
Quoc-Dien Trinh^{a,*}

*Corresponding author. Division of Urological Surgery, Brigham and Women's Hospital, Harvard Medical School, 45 Francis Street, Boston, MA 02115, USA. Tel. +1 617 5257350; Fax: +1 617 5256348.
E-mail address: qtrinh@bwh.harvard.edu (Q.-D. Trinh).

^a*Division of Urology and Center for Surgery and Public Health, Brigham and Women's Hospital, Harvard Medical School, Boston, MA, USA*

^b*Department of Urology and Neurourology, Marien Hospital Herne, Ruhr-University Bochum, Herne, Germany*

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