Is It Time to Reevaluate Definitive Therapy in Prostate Cancer?

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In this issue of the Journal, Hoffman et al. (1) explore one of the many unanswered questions confronting newly diagnosed prostate cancer patients: Which definitive treatment is superior—radical prostatectomy (RP) or external beam radiotherapy (EBRT)? The authors analyzed an observational cohort from the population-based Prostate Cancer Outcomes Study treated in the mid-1990s, and the resulting data suggested a survival benefit associated with RP over EBRT (1). A propensity score analysis was used to adjust for treatment selection bias in this cohort of men aged 55 to 74 years with clinically localized disease. In men with high-risk tumors (Gleason score ≥ 8 or prostate-specific antigen > 10), both overall and prostate cancer-specific mortality were statistically significantly lower in the group that received RP than the group that received EBRT. In men with low-risk tumors (Gleason score ≤ 6 and prostate-specific antigen ≤ 10), there was no difference in prostate cancer mortality and a modest but statistically significant difference in overall mortality. Notably, this analysis did not include intermediate-risk patients. It is also interesting to note that acceptance of active surveillance as a treatment option for most, if not all, patients with low-volume, low-risk disease is much greater now that it was when this study was initiated.

Although this analysis is provocative, it has several limitations. First and foremost, as in most studies comparing RP and EBRT, there is substantial concern that patients who …

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