Survey: Surgery Is Superior To Radiotherapy In Men With Localized PCa

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Surgery offers better survival benefit for men with localised prostate cancer, according to a large observational study, conducted by a group of researchers in Sweden and the Netherlands.

The study won the second prize for best abstract in oncology at the 28th Annual EAU Congress which will open in Milan this Friday, 15 March.

"The current gold standard management of localised prostate cancer is radical therapy, either as surgery or radiation therapy. This study suggests that surgery is likely superior to radiation for the majority of men who have localized prostate cancer, especially the younger age group and those with no or few comorbidities," said Dr. Prasanna Sooriakumaran, lead study author, of the Karolinska University Hospital in Stockholm.

In their study, Sooriakumaran and colleagues compared the oncologic effectiveness of radical prostatectomy and radiotherapy in prostate cancer, and analysed the mortality outcomes in 34,515 patients treated with up to 15 years follow-up.

Data from Sweden's National Prostate Cancer Registry showed that the men were treated for prostate cancer throughout Sweden with either surgery (n=21,533) or radiotherapy (n=12,982) as their first treatment option and form the study cohort. Patients were categorised by risk group (localised- low risk, localised- intermediate risk, localised- high risk, and non-localized- any T3-4, N+, M+, PSA>50), age (<65, 65-74, ≥75), and Charlson co-morbidity index or CCI (0, 1, ≥2).

In their results, the researchers said radiotherapy patients generally had higher Gleason sums and clinical stages, were older, and had higher PSA than patients that underwent surgery ($p<0.0001$ for all comparisons). Prostate-cancer-mortality (PCM) became a larger proportion of overall mortality as risk group increased for both the surgery and radiotherapy cohorts. The study also showed that for localised prostate cancer patients (risk groups 1-3) survival outcomes favored surgery, and for locally advanced/metastatic patients treatment results were similar.

"This study may herald an increasing use of surgery over radiation in this group. Also, our study concluded that for men with advanced prostate cancer, both modalities appear equivalent and thus the conventional view that surgery is not indicated in this group may be incorrect," explained Sooriakumaran. He added that with their results majority of men with low risk prostate cancer do not die of the disease.

"A very long follow up period is needed to make any comments regarding

comparative oncologic outcomes between treatments. Hence, the use of active surveillance may be appropriate in men with low risk disease," Sooriakumaran pointed out.

However, men with intermediate and high-risk disease are at relatively high probability to die from prostate cancer. "Especially when we look at the absolute numbers involved," he said, adding that radical treatment, preferably in the form of surgery, is warranted if possible.

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