



# Long-Term Results Of A Randomized Trial For The Treatment Of Stages B2 And C Prostate Cancer: Radical Prostatectomy Versus External Beam Radiation Therapy With A Common Endocrine Therapy In Both Modalities

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## Background

External beam radiation therapy has generally been used for patients with locally advanced adenocarcinoma of prostate with or without hormonal therapy. The use of radical prostatectomy for the treatment of locally advanced disease remains controversial. This phase III randomized study offers badly needed information by comparing these two modalities in the treatment of locally advanced prostate cancer.

## Methods

After 8-week endocrine therapy, patients with stage B2/C prostate cancer were randomized to radical prostatectomy (RP) or external beam radiation therapy (RT) followed by additional endocrine therapy until progression. The majority of patients received daily diethylstilbestrol diphosphate (DES-DP) as endocrine therapy. The RP group contained more patients with clinical stage C disease.

## Results

- With a median follow-up of 58.5 months, the progression-free, disease-specific survival, and overall survival rates at 5 years were 90.5%, 96.6%, and 85.6% in the RP group and 81.2%, 84.6%, and 75.9% in the RT group, respectively ( $p=0.044$ ,  $0.024$ , and  $> 0.05$ , respectively).
- More patients in RP group experienced late morbidities, including incontinence and impotence.

## Discussion

Radical prostatectomy in combination with endocrine therapy appeared to have better progression-free and disease-specific survival rates than radiation for patients with locally advanced prostate cancer, but with a higher price of late morbidities. The endocrine therapy used in this study is not considered standard first line treatment in the US. Longer follow-up is needed to make any definitive conclusions regarding overall survival.

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