UPDATE IN UROLOGY

PROSTATE CANCER

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Editorial Comment: Ultra-hypofractionated versus conventionally fractionated radiotherapy for prostate cancer: 5-year outcomes of the HYPO-RT-PC randomised, non-inferiority, phase 3 trial

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COMMENT

Due the low alpha/beta ratio, the hypofractionation of the external radiotherapy treatment of prostate cancer can increase the therapeutic ratio and reduce the health-care cost and improve the patient comfort. It can be done by moderate hypofractionation (using 2.4 – 3.4 Gy) or by ultra-hypofractionation (at least 5 Gy per fraction) (1-3).

This phase 3 non-inferiority randomized trial is the first to report on the efficacy and side-effects on ultra-fractionation compared with conventional and has the PSA relapse and clinical failure as primary endpoint. The most relevant secondary endpoints were the overall survival and prostate cancer-specific survival and the median follow-up time was 5yr.

The ultra-hypofractionation was non-inferior to the conventional fractionation (HR 1.002) and no significant differences were found in terms of relevant urinary or gastrointestinal toxicity.

CONFLICT OF INTEREST

None declared.

REFERENCES

1. Dasu A, Toma-Dasu I. Prostate alpha/beta revisited -- an analysis of clinical results from 14 168 patients. Acta Oncol. 2012;51:963-74.
2. Zietman AL. Making Radiation Therapy for Prostate Cancer More Economical and More Convenient. J Clin Oncol. 2016;34:2323-4.
3. Morgan SC, Hoffman K, Loblaw DA, Buyyounouski MK, Patton C, Barocas D, et al. Hypofractionated Radiation Therapy for Localized Prostate Cancer: Executive Summary of an ASTRO, ASCO, and AUA Evidence-Based Guideline. Pract Radiat Oncol. 2018;8:354-60.

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