In reply to:

Christopher J.D. Wallis, Refik Saskin, Richard Choo, et al.

Surgery Versus Radiotherapy for Clinically-localized Prostate Cancer: A Systematic Review and Meta-analysis.

Eur Urol 2016;70:21–30

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Wallis *et al* compared the outcomes of very large cohorts of patients treated with either surgery or radiotherapy (RT) for prostate cancer[1]; however, a flawed analysis remains flawed, no matter how large.

While nonrandomised comparisons can control for known confounders (e.g. age, smoking), it is not possible to control for unknown confounders. Patients treated with RT are very different from those treated with surgery, and residual confounding cannot be excluded.

Examining the data for low-risk prostate cancer clearly indicates that the analysis is not a fair comparison between two well-matched groups. The authors report excess overall mortality for patients treated with RT rather than surgery, with a hazard ratio of 1.47 (95% confidence interval: 1.19–1.83); however, low-risk prostate cancer is almost never lethal within 10–15yr, with cause-specific survival of up to 99.9% even without any immediate treatment[2]. If mortality among RT patients is 47% higher than among surgical patients, it is not because they are dying from prostate cancer; rather, it is because RT patients are less healthy than surgical patients and are more likely to die from other causes.

References

1. C.J. Wallis, R. Saskin, R. Choo, et al. Surgery versus radiotherapy for clinically-localized prostate cancer: a systematic review and meta-analysis. Eur Urol, 70 (2016), pp. 21–30
2. J.J. Tosoian, M. Mamawala, J.I. Epstein, et al. Intermediate and longer-term outcomes from a prospective active-surveillance program for favorable-risk prostate cancer. J Clin Oncol, 33 (2015), pp. 3379–3385