CORRESPONDENCE

Re: Incidence of Initial Local Therapy Among Men With Lower-Risk Prostate Cancer in the United States

Miller et al. (1) found that among men with lower-risk prostate cancer, 55% may have been overtreated (most of them by radiation therapy), whereas 45% underwent “appropriate” expectant management or androgen deprivation therapy. It is indeed noteworthy that so many of the lower-risk cases were treated by curative therapy rather than expectant management or androgen deprivation therapy.

However, appropriateness depends more upon the remaining life expectancy of the patient than his chronologic age. For example, curative therapy may be more appropriate for a 75-year-old man who has a long life expectancy than for a 60-year-old man who has a short life expectancy. Before concluding that overtreatment was rampant, therefore, Miller et al. should have examined a sample of the subjects to determine whether or not chronologic age was indeed a good surrogate for estimated life expectancy in this particular population. If the patients selected by physicians for curative therapy had much longer life expectancies than those selected for expectant management, then each treatment was probably quite appropriate.

Finally, expectant management, as described by Miller et al., included observation as well as surgical or medical castration, which have enormously different physical and financial repercussions. In determining “appropriateness”, it is therefore important to know something about the relative frequencies of these various kinds of expectant management as well.

Bhadrasain Vikram

REFERENCE


NOTES

The views expressed herein are those of the author and do not necessarily represent the views of the National Institutes of Health or the US Government.

Correspondence to: Bhadrasain Vikram, MD, Clinical Radiation Oncology Branch, National Cancer Institute, 6130 Executive Blvd., Suite 6002, Rockville, MD 20892-7440 (e-mail: vikramb@mail.nih.gov).

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RESPONSE

We agree with the concerns raised by Dr Vikram. First, we acknowledge that our data are insufficient to draw inference regarding the appropriateness of care for individual patients. Rather, our study estimated levels of treatment among patients who were, on average, either at relatively low risk of dying from conservatively managed prostate cancer over the next 20 years (1) or less likely to experience an overall survival benefit from aggressive local therapy (2). Second, we agree that estimates of life expectancy should play an important role in treatment decisions for men with prostate cancer. Unfortunately, life expectancy cannot be assessed from Surveillance, Epidemiology, and End Results data; moreover, accurately estimating life expectancy remains a substantial challenge for many clinicians (3,4). Third, we concur that insufficient data regarding patterns of hormonal therapy limit our study and that primary androgen deprivation therapy can have substantial financial and physical costs. We did not set out to determine who should be treated for early-stage prostate cancer; rather, we hoped to stimulate further dialogue and research in this important area.

David C. Miller
Stephen B. Gruber
Brent K. Hollenbeck
James E. Montie
John T. Wei

REFERENCES


Notes

Affiliations of authors: Departments of Urology (DCM, BKH, JEM, JTW), Internal Medicine (SBG), Epidemiology (SBG), and Human Genetics (SBG), University of Michigan, Ann Arbor, MI.

Correspondence to: John T. Wei, MD, MS, Department of Urology, Taubman Health Care Center, University of Michigan Health System, 1500 East Medical Center Dr., Ann Arbor, MI 48109-0330 (e-mail: jtwi@med.umich.edu).

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