

Radical prostatectomy doesn't cut mortality versus observation

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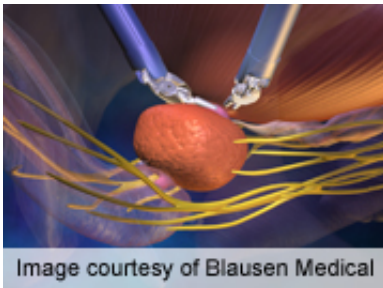


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For men with clinically localized prostate cancer, radical prostatectomy does not significantly reduce all-cause or prostate-cancer mortality compared with observation through 12 years of follow-up, according to a study published in the July 19 issue of the *New England Journal of Medicine*.

(HealthDay) -- For men with clinically localized prostate cancer, radical prostatectomy does not significantly reduce all-cause or prostate-cancer mortality compared with observation through 12 years of follow-up, according to a study published in the July 19 issue of the *New England Journal of Medicine*.

Timothy J. Wilt, M.D., M.P.H., from the University of Minnesota School of Medicine in Minneapolis, and colleagues randomly assigned 731 men with localized prostate cancer (mean age, 67 years; median prostate-specific antigen [PSA] value, 7.8 ng/mL) to radical [prostatectomy](#) (364 men) or observation (367 men), from November 1994 through January 2002. Patients were followed for a median of 10.0

years, through January 2010.

The researchers found that 47 and 49.9 percent, respectively, of the men in the radical prostatectomy and observation groups died (hazard ratio, 0.88; $P = 0.22$). Death from prostate cancer or treatment occurred for 5.8 and 8.4 percent assigned to radical prostatectomy and observation, respectively (hazard ratio, 0.63; $P = 0.09$). Among men with a [PSA value](#) greater than 10 ng/mL, radical prostatectomy correlated with decreased all-cause mortality ($P = 0.04$), and a possible decrease was seen for those with intermediate- or high-risk tumors ($P = 0.07$). Within 30 days after surgery 21.4 percent of men experienced adverse events, including one death.

"In conclusion, our study showed that, as compared with observation, [radical prostatectomy](#) did not significantly reduce all-cause or prostate-cancer mortality through at least 12 years among men with clinically localized prostate cancer that had been diagnosed in the era of PSA testing," the authors write.

Several authors disclosed [financial ties](#) to the pharmaceutical and medical device/technology industries; one author disclosed providing expert testimony for medical malpractice law suits.

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