

Trial shows improvements in several clinical outcomes for men with intermediate-risk prostate cancer

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Results from the phase 3 NRG Oncology RTOG 0815 clinical study comparing dose-escalated radiotherapy (RT) alone to dose-escalated RT

with short-term androgen deprivation (STAD) did not meet its primary endpoint of improving overall survival for men with intermediate-risk prostate cancer through the addition of STAD.

Although this study did not meet its primary aim, the addition of STAD to dose-escalated RT was associated with improvements in rates of biochemical failure, distant metastases, and prostate cancer-specific mortality. These results were recently published in the *Journal of Clinical Oncology*.

"While NRG-RTOG 0815 was able to demonstrate an improvement in some other clinical outcomes for this patient population, it is important to note that these improvements need to be weighed against the increased risk of adverse events discovered on this trial with the addition of STAD which have the potential to negatively impact patients' [quality of life](#)," stated Daniel J. Krauss, MD, of the William Beaumont Hospital, Oakland University School of Medicine, and the lead author of the NRG-RTOG 0815 manuscript.

"These impacts were prospectively quantified in an accompanying patient-reported quality of life study led by Dr. Ben Movsas, which will contribute greatly to patients' ability to make informed decisions regarding whether or not to add STAD to their radiation treatment."

NRG-RTOG 0815 accrued 1,492 patients with intermediate risk prostate cancer and randomly assigned patients to receive either dose-escalated RT alone (external beam RT to 79.2 Gy, or external beam to 45 Gy with brachytherapy boost) or dose-escalated RT with 6 months of STAD with LHRH agonist/antagonist therapy plus anti-androgen.

At the median follow up of 6.3 years, 5-year overall [survival rates](#) were 90% for Arm 1 versus 91% in Arm 2 [HR 0.85 (95% CI 0.65-1.11); p=0.22]. The addition of STAD in Arm 2 resulted in reduced PSA

failure (HR 0.52, p

"Further research is ongoing to better identify subsets of these patients who may be able to reduce their risk of metastatic disease utilizing ADT without the toxicity reflected in this trial data," Dr. Krauss added.

More information: Daniel J. Krauss et al, Dose-Escalated Radiotherapy Alone or in Combination With Short-Term Androgen Deprivation for Intermediate-Risk Prostate Cancer: Results of a Phase III Multi-Institutional Trial, *Journal of Clinical Oncology* (2023). [DOI: 10.1200/JCO.22.02390](https://doi.org/10.1200/JCO.22.02390)

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