



Comparative effectiveness of local treatment for low prostate-specific antigen, high Gleason score prostate cancer

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We read the study by Liu *et al.* (1) with great interest and would like to congratulate the authors for their superb study. The authors compared the oncologic outcomes of radical prostatectomy (RP) versus radiotherapy (RT) in low prostate-specific antigen (PSA) and high Gleason score (GS), prostate cancer (PCa) patients. It deals with a significant clinical issue. As such, there are a few points that we would like to bring up.

As shown in Table 1, RP patients were younger and had an earlier T stage than their RT counterparts. Underlying selection biases in favor of RP patients may exist, such as better performance status and more stable hemoglobin concentration compared to the RT group. However, SEER database does not include the above data, so we could not completely account for selection biases related to physical condition. Fortunately, the database provides reasons why patients did not undergo surgery. One of the reasons is surgery was recommended by the doctor but the patient refused. In the study of Liu *et al.*, the RT group can only include the above-mentioned patients who were appropriate surgical candidates; in this way, selection bias can be reduced to some extent.

Most patients who have undergone RP are cured of PCa. Patients with one or more adverse pathologic features (ie, positive margins, seminal vesicle invasion, extracapsular extension) may benefit from adjuvant RT (aRT)(2). However, Liu *et al.* did not include the information about aRT provided by the SEER database, which may have an

unknown impact on their analysis. Another SEER-based study proved survival results with or without aRT were different among GS 9-10 PCa (3).

Liu *et al.*'s study included patients with primary PCa but did not exclude multiple primary cancers. However, a prior SEER-based study demonstrated there were at increased risk for cancers of soft tissue including heart, bladder, kidney, and endocrine system among PCa men compared with the general population (4).

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Footnote

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Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related

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to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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