



Local treatment for newly diagnosed low prostate-specific antigen, high Gleason score prostate cancer

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We thank Dr. Guo and his group for their points on our study in *Annals of Palliative Medicine*. We hereby take the opportunity to address some issues.

The Surveillance Epidemiology and End Results (SEER) database includes 18 cancer registries that cover 28% of the U.S. population. Using the SEER database, our study has two major clinical implications. First, our results suggest that, for patients with low prostate-specific antigen (PSA) values and Gleason score 8–10 prostate cancer (PCa), local treatment (LT) results in higher survival compared with no local treatment (NLT). Second, our findings suggest that, in the area of LT, radical prostatectomy (RP) provided the most benefit relative to radiotherapy (RT).

While the SEER database is a powerful source, there are some limitations in our retrospective analysis. SEER does not contain information on androgen-deprivation treatment (ADT) or hemoglobin concentration (1), which may influence the prognosis of patients.

Furthermore, the current treatment strategies for localized PC mainly concentrating RP or RT, so there are significant differences between the LT group and the NLT group in terms of the number of patients, age, Gleason score and other baseline data. The baseline data of patients in RP and RT group were also quite different. Physician referrals and patient selection are inherent limitations of retrospective analysis. To account for this limitation, we used the propensity score matching (PSM) to reduce the differences between groups and make the results

comparable.

To address the inherent limitations of a database analysis, further Randomized Controlled Trial is warranted to identify the most effective treatments for patients diagnosed with low-PSA values and Gleason score 8–10 PCa.

Indeed, multiple primary tumors have an impact on patient outcomes. We selected PCa as the first primary tumor. We used SEER, which contains information on cause of death, so we calculated CSS to analyze the difference in prostate cancer death among patients with different treatment regimens.

In our study, the treatment of RP was included only in those who received RP, but adjuvant RT was not included.

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