



## Editorial Comment: Abiraterone in “High-” and “Low-risk” Metastatic Hormone-sensitive Prostate Cancer

Hoyle AP<sup>1</sup>, Ali A<sup>2</sup>, James ND<sup>3</sup>, Cook A<sup>4</sup>, Parker CC<sup>5</sup>, de Bono JS<sup>5</sup>, et al.

<sup>1</sup> The Christie and Royal Salford Hospitals, Manchester, UK; Genito Urinary Cancer Research Group and the FASTMAN Centre of Excellence, Division of Cancer Sciences, The University of Manchester, Manchester, UK; <sup>2</sup> The Christie and Royal Salford Hospitals, Manchester, UK; <sup>3</sup> Institute of Cancer and Genomic Sciences, University of Birmingham, Edgbaston, Birmingham, UK; <sup>4</sup> MRC Clinical Trials Unit at UCL, Institute of Clinical Trials and Methodology, UCL, London, UK; <sup>5</sup> Royal Marsden Hospital, Sutton, UK

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Felipe Lott<sup>1</sup>

<sup>1</sup> Instituto Nacional do Câncer – INCA, Rio de Janeiro, RJ, Brasil

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### COMMENT

Two randomised trials has established the use of Abiraterone (AA) as an alternative standard of care to Docetaxel treatment in men with metastatic Hormone Naïve Prostate Cancer (mHNPC) with “high risk” or high volume disease (1, 2). Uncertainty exists in the benefit of AA in “low risk” M1 disease.

This trail uses the STAMPEDE platform (3) design, randomizing 1:1 for use of AA + androgen deprivation therapy (ADT) vs ADT alone.

There were a 34% survival benefit in the AA group also in the “low risk” mHNPC although the number needed to treat to prevent one death was 4 times higher in “low risk” group compared with the “high risk”.

This trial results support the use of abiraterone in mHNPC irrespective of “risk” or “volume.”

## CONFLICT OF INTEREST

None declared.

## REFERENCES

1. Fizazi K, Tran N, Fein L, Matsubara N, Rodriguez-Antolin A, Alekseev BY, et al. Abiraterone plus Prednisone in Metastatic, Castration-Sensitive Prostate Cancer. *N Engl J Med.* 2017;377:352-60.
2. James ND, de Bono JS, Spears MR, Clarke NW, Mason MD, Dearnaley DP, et al. Abiraterone for Prostate Cancer Not Previously Treated with Hormone Therapy. *N Engl J Med.* 2017;377:338-51.
3. Royston P, Barthel FM, Parmar MK, Choodari-Oskooei B, Isham V. Designs for clinical trials with time-to-event outcomes based on stopping guidelines for lack of benefit. *Trials.* 2011;12:81.

### **Felipe Lott, MD**

*Instituto Nacional do Câncer – INCA  
Rio de Janeiro, RJ, Brasil  
E-mail: felipelott@hotmail.com*

## ARTICLE INFO

 **Felipe Lott**

<https://orcid.org/0000-0001-5678-5343>

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