

**Editorial Comment on: Time, Symptom Burden, Androgen Deprivation, and Self-Assessed Quality of Life after Radical Prostatectomy or Watchful Waiting: The Randomized Scandinavian Prostate Cancer Group Study Number 4 (SPCG-4) Clinical Trial**

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In 1989–96, men with prostate cancer who participated in a treatment trial were randomized to either radical prostatectomy or watchful waiting; in 1997–98, 1–8 years after randomization, the effect of follow-up period, physical symptoms, and androgen deprivation on health-related quality of life (QoL) was assessed [1]. Randomized treatment trials in men with prostate cancer are very scarce. Because of randomization, no big differences are expected at baseline between the treatment groups; however, not all initially randomized men were still alive when QoL was assessed, and survival and response rates were not necessarily identical in both groups. As a result, essential information on the magnitude of differences that may exist between the groups is lacking in this paper.

Stratified for the number of physical symptoms, the radical prostatectomy group appeared to have a better QoL and less anxiety and depression than the watchful waiting group [1]. Remarkably, results suggest a bigger negative impact from becoming impotent due to hormonal treatment than from becoming impotent due to surgery. Maybe this finding is so because the latter treatment had a curative intention? But in that case, men treated by surgery may have been more disappointed—and depressed—when they appeared not to be cured.

My main objection to this paper is that results are presented as if men were followed through the years, whereas each man completed an assess-

ment only once. To establish causal relationships between treatment and effects on QoL, longitudinal, prospective research is needed, preferably including pretreatment assessments. The ongoing PROTECT trial on prostate cancer screening and treatment may provide such data in the coming years [2].

In the current study, 88% of men had clinically detected tumors [1]. Nowadays, the majority of patients are identified through prostate-specific antigen (PSA) testing, which advances diagnosis with some 11 yr [3]. Men who are currently diagnosed with prostate cancer and treated by watchful waiting (or, rather, “active surveillance”) may expect a much longer period without symptoms and without androgen deprivation than the men in this study.

## References

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