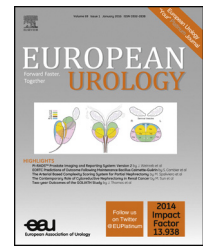


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Letter to the Editor

Reply to Alba Fiorentino, Angelo Errico, and Marcello Scarcia's Letter to the Editor re: Marco Moschini, Emanuele Zaffuto, Pierre I. Karakiewicz, et al. External Beam Radiotherapy Increases the Risk of Bladder Cancer When Compared with Radical Prostatectomy in Patients Affected by Prostate Cancer: A Population-based Analysis. Eur Urol. In press. <https://doi.org/10.1016/j.eururo.2018.09.034>.

Radiation Therapy Versus Radical Prostatectomy: No Way Out Without a Randomized Trial

We welcome the interesting comments raised by Fiorentino et al. [1] regarding our recently published article on the risk of developing bladder cancer for patients affected by localized prostate cancer treated with external beam radiotherapy (RT) compared to those treated with radical prostatectomy (RP). As correctly reported by Fiorentino and colleagues, the Surveillance, Epidemiology and End Results (SEER)-Medicare database has several limitations, such as inclusion of only 28% of the US population. Although the authors call for a larger population in their comments, with a population of 84 397 our study is one of the largest in the literature investigating this issue.

Moreover, the SEER-Medicare database includes only patients older than 65 yr. Although this issue has to be considered as a limitation, the natural history of prostate and bladder cancers, which are diseases that normally occur in older patients, mitigates this factor. Therefore, we do not think that inclusion of a younger population would have been beneficial for our analyses; conversely, as reported by Fiorentino and colleagues, in younger patients the effect of RT on the development of secondary cancers might be even more prominent, as reported for other cancers.

We strongly agree that the lack of characteristics for RT and the wide study period represent important limitations of the study. Indeed, results might differ if considering only patients treated with contemporary radiotherapy techniques. This issue was largely addressed in the limitations section of our discussion.

Finally, considering overall survival, Fiorentino and colleagues refer to results from the prospective trial by

Hamdy et al. [2] suggesting that no differences in overall survival were observed between RP and RT in the treatment of localized prostate cancer. However, this prospective trial compared 553 patients treated with surgery and 545 treated with RT without reporting data regarding the occurrence of secondary tumors. Nevertheless, no survival analyses were included in our manuscript.

Conflicts of interest: The authors have nothing to disclose.

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- [1] Moschini M, Zaffuto E, Karakiewicz PI, et al. External beam radiotherapy increases the risk of bladder cancer when compared with radical prostatectomy in patients affected by prostate cancer: a population-based analysis. *Eur Urol. In press.* <https://doi.org/10.1016/j.eururo.2018.09.034>.
- [2] Hamdy FC, Donovan JL, Lane JA, et al. 10-Year outcomes after monitoring, surgery, or radiotherapy for localized prostate cancer. *N Engl J Med* 2016;375:1415–24.

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