



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

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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.

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