In conclusion, older patients are less likely to have a worse QOL outcome after treatment with HDRBT for localized prostate cancer. Patients’ QOL changes after treatment should be an important part of treatment selection. The results of this study can potentially help to avoid deferring a decision regarding treatment for older men.

Conflict of interest

None declared.

References


Editorial Comment

Editorial Comment to Impact of age on quality of life in patients with localized prostate cancer treated with high-dose rate brachytherapy combined with external beam radiotherapy

Kikkawa et al. assessed age-related quality of life changes for patients with localized prostate cancer treated by high-dose rate brachytherapy (HDRBT) combined with external beam radiation therapy. The data in this study show important evidence in terms of treatment choice for combining HDR based on patient age. From this study, as the authors stated, older patients were less likely to have a worse quality of life outcome after treatment with HDRBT for localized prostate cancer. I believe HDRBT combined treatment might be a potential option in determining curative treatment specifically in elderly men with localized prostate cancer.

Surprisingly, in this study, no patients were treated with phosphodiesterase type-5 inhibitors in all the cohorts. As the authors stated in the Discussion, the proportion of phosphodiesterase type-5 inhibitors prescribed in men undergoing HDRBT in this study, as well as low-dose rate brachytherapy, is so extremely low. Although sexual function itself is not currently a key factor for QOL after HDRBT and low-dose rate brachytherapy, I agree with the authors’ opinion that a future study is necessary to clarify whether administration of phosphodiesterase type-5 inhibitors can contribute to maintaining the sexual function of patients, and such a study is required focusing on future generations, specifically in the Japanese population.

Koji Okihara M.D., Ph.D.
Department of Urology, Kyoto Prefectural University of Medicine, Kyoto, Japan
kokihara@koto.kpu-m.ac.jp
DOI: 10.1111/iju.13570
Conflict of interest
None declared.

References