Editorial Comment: Ultra-hypofractionated versus conventionally fractionated radiotherapy for prostate cancer: 5-year outcomes of the HYPO-RT-PC randomised, non-inferiority, phase 3 trial

Anders Widmark 1, Adalsteinn Gunnlaugsson 2, Lars Beckman 3, Camilla Thellenberg-Karlsson 4, Morten Hoyer 5, Magnus Lagerlund 6, et al.

1 Department of Radiation Sciences, Oncology, Umeå University, Umeå, Sweden; 2 Department of Hematology, Oncology and Radiation Physics, Skåne University Hospital, Lund University, Lund, Sweden; 3 Department of Oncology, Sundsvall Hospital, Sundsvall, Sweden; 4 Department of Radiation Sciences, Oncology, Umeå University, Umeå, Sweden; 5 Department of Oncology and Danish Centre for Particle Therapy, Aarhus University Hospital, Aarhus, Denmark; 6 Department of Oncology, Kalmar Hospital, Kalmar, Sweden

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Felipe Lott 1

1 Instituto Nacional do Câncer – INCA, Rio de Janeiro, RJ, Brasil

COMMENT

Due the low alpha/beta ratio, the hypofractionation of the external radiotherapy treatment of prostate cancer can increase the therapeutic ratio and reduce the health-care cost and improve the patient comfort. It can be done by moderate hypofractionation (using 2.4 – 3.4 Gy) or by ultra-hypofractionation (at least 5 Gy per fraction) (1-3).

This phase 3 non-inferiority randomized trial is the first to report on the efficacy and side-effects on ultra-fractionation compared with conventional and has the PSA relapse and clinical failure as primary endpoint. The most relevant secondary endpoints were the overall survival and prostate cancer-specific survival and the median follow-up time was 5yr.

The ultra-hypofractionation was non-inferior to the conventional fractionation (HR 1.002) and no significant differences were found in terms of relevant urinary or gastrointestinal toxicity.
CONFLICT OF INTEREST

None declared.

REFERENCES


Felipe Lott, MD
Instituto Nacional do Câncer – INCA
Rio de Janeiro, RJ, Brasil
E-mail: felpelott@hotmail.com