Reply to Andreas Boehle, Frank Kahmann, Thomas Oliver Henkel, Joerg Zimmermann and Stefan Machten's to the Letter to the editor Re: results of a randomized trial of treatment modalities in patients with low or early-intermediate risk prostate cancer (PREFERE trial)

Thomas Wiegel¹ · Peter Albers² · Detlef Bartkowiak¹ · Roswitha Bussar-Maatz³ · Martin Härter⁴ · Glen Kristiansen⁵ · Peter Martus⁶ · Stefan Wellek⁷ · Heinz Schmidberger⁸ · Klaus Grozinger⁹ · Peter Renner¹⁰ · Fried Schneider¹¹ · Martin Burmester¹² · Michael Stöckle¹³

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We thank the colleagues A. Boehle, F. Kahmann, T.O. Henkel, J. Zimmermann and S. Machten for their remarks (Boehle et al. 2020).

First, we acknowledge the meticulous review of our paper and we revised the graphical errors in figure 3 referring to acute and 12-months toxicities of the treatment options. In addition, we have re-analyzed those toxicity data and provide a revised figure (Wiegel et al. 2020).

Second, the main message of our report is the unexpectedly high rate of termination of AS and the observation of a numerical higher toxicity rate of PSI versus EBRT. Details of patients with AS within PREFERE have been reported elsewhere (Albers et al. 2020). The higher number of toxicities and the results of the quality assurance of

the PSI-patients was indeed surprising and stimulated us to report on these observations in more detail (2020). Whether this observation will be indeed true on the long term will be a matter of a further analysis with longer follow-up.

Third, the PREFERE trial was the first randomized trial in prostate cancer which included PSI as a treatment option. We are grateful that most of the authors of the “Letter to the Editor” considerably contributed to this trial by enrolling patients or performing PSI (Stockinger et al. 2020). This gives us the opportunity to report on toxicities and efficacy of PSI within a prospectively controlled setting including details on quality assurance of every treatment option performed. Therefore, long-term data on oncological efficacy including PSI can be reported at the time of sufficient follow-up. As agreed with all contributors of PREFERE, oncological outcomes of all treatment options in patients

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✉ Thomas Wiegel
thomas.wiegel@uniklinik-ulm.de

¹ Department of Radiotherapy and Radiation Oncology, University Hospital Ulm, Albert-Einstein-Allee 23, 89081 Ulm, Germany

² Department of Urology, University Hospital Düsseldorf, Düsseldorf, Germany

³ PREFERE Project Management, German Cancer Society, Berlin, Germany

⁴ Department of Medical Psychology, University Medical Center Hamburg-Eppendorf, Hamburg, Germany

⁵ Institute of Pathology, University Hospital Bonn, Bonn, Germany

⁶ Department of Clinical Epidemiology and Applied Biostatistics, University Hospital Tübingen, Tübingen, Germany

⁷ Department of Medical Biostatistics, Epidemiology and Informatics, University of Mainz, Mainz, Germany

⁸ Department of Radiotherapy and Radiation Oncology, University Hospital Mainz, Mainz, Germany

⁹ Department of Urology, Klinikum Leverkusen, Leverkusen, Germany

¹⁰ Center for Urology, Lübeck, Germany

¹¹ Department of Urology, Klinikum Lippe Detmold, Detmold, Germany

¹² Department of Urology, Vinzenzkrankenhaus, Hannover, Germany

¹³ Department of Urology, University Hospital Homburg/Saar, Homburg, Germany

with localized prostate cancer may be reported only with at least 10 years follow-up and intentionally were not matter of debate of this report (Neal et al. 2020).

Finally, our report on preliminary data of a prematurely closed trial definitively did not intend to subjectively favor one over the other treatment option as suggested by Boehle et al. We unfortunately had to state that the optimal treatment of low and early intermediate PCa still remains unclear.

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Compliance with ethical standards

Conflict of interest None.

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References

Albers P, Wiegel T, Schmidberger H, Bussar-Maatz R, Härter M, Kristiansen G, Martus P, Meisner C, Wellek S, Grozinger K,

- Renner P, Burmester M, Schneider F, Stöckle M (2020) Termination rates and histological reclassification of active surveillance patients with low- and early intermediate-risk prostate cancer: results of the PREFERE trial. *World J Urol*. <https://doi.org/10.1007/s00345-020-03154-7>
- Boehle A, Kahmann F, Henkel TO, Zimmermann J, Machtens S (2021) Re: Results of a randomized trial of treatment modalities in patients with low or early-intermediate risk prostate cancer (PREFERE trial). *J Cancer Res Clin Oncol*. <https://doi.org/10.1007/s00432-020-03499-x>
- Neal DE, Metcalfe C, Donovan JL, Lane JA, Davis M, Young GJ, Dutton SJ, Walsh EI, Martin RM, Peters TJ, Turner EL, Mason M, Bryant R, Bollina P, Catto J, Doherty A, Gillatt D, Gnanapragasam V, Holding P, Hughes O, Kockelbergh R, Kynaston H, Oxley J, Paul A, Paez E, Rosario DJ, Rowe E, Staffurth J, Altman DG, Hamdy FC, ProtecT Study Group (2020) Ten-year mortality, disease progression, and treatment-related side effects in men with localised prostate cancer from the protect randomised controlled trial according to treatment received. *Eur Urol* 77(3):320–330. <https://doi.org/10.1016/j.eururo.2019.10.030>
- Stockinger M, Karl H, Metz J, Maurer U, Machtens S, Wollschläger D, Martus P, Meisner C, Bussar-Maatz R, Albers P, Stöckle M, Wiegel T, Schmidberger H. Strahlenther Onkol (2020) PREFERE-Studie zu Prostatakarzinomen mit niedrigem oder frühem intermediärem Risiko - Qualitätskontrolle der Permanenten Seed-Implantation. (Suppl 1):196
- Wiegel T, Albers P, Bartkowiak D, Bussar-Maatz R, Härter M, Kristiansen G, Martus P, Wellek S, Schmidberger H, Grozinger K, Renner P, Schneider F, Burmester M, Michael Stöckle J (2020) Results of a randomized trial of treatment modalities in patients with low or early-intermediate risk prostate cancer (PREFERE trial). *Cancer Res Clin Oncol*. <https://doi.org/10.1007/s00432-020-03327-2> (Online ahead of print. PMID: 32886212)

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