



Response to the letter to editor: Neurocognitive deficits attributed to androgen deprivation therapy in patients with prostate cancer should be reconsidered

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Editor,

We are pleased that our article [1] has aroused the interest of Dr. Dong and colleagues and that they raise two important points. We agree that the collective we studied does not meet the requirements to establish valid associations between ADT and cognitive deficits in prostate cancer patients. This includes the inadequacy of our calculations, which failed to account for several possible risk factors.

Accordingly, we pointed out these limitations several times in the discussion. It is obvious that it is not possible within the framework of a cross-sectional study with 58 subjects to clarify complex associations such as those present in patients with advanced prostate cancer and cognitive deficits. Our study did not have this claim either. Our goal was less ambitious. We wanted to contribute more data to this question, as suggested by the ICCTF working group [2]. Our data can now be used in future meta-analyses. Therefore, we

also conclude by stating that further research on this topic is needed.

References

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2. Wefel JS, Vardy J, Ahles T, Schagen SB (2011) International Cognition and Cancer Task Force recommendations to harmonise studies of cognitive function in patients with cancer. *Lancet Oncol* 12(7):703–708

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