

Vraag 2a: Is er een voordeel in overleving - van pN+M0 patiënten met prostaatacarcinoom - bij behandeling door radicale prostatectomie (met of zonder hormonale therapie) in vergelijking met hormonale therapie alleen?

Vraag 2b: Is er een voordeel in overleving - van pN+M0 patiënten met prostaatacarcinoom - bij behandeling door uitwendige radiotherapie met hormonale therapie in vergelijking met hormonale therapie alleen?

a. Primary studies 2a

I Study ID	II Method	III Patient characteristics	IV Intervention(s)	V Results primary outcome	VI Results secondary and other outcome(s)	VII Critical appraisal of study quality
Engel 2010 ¹⁻³	<ul style="list-style-type: none"> Retrospective cohort study Support and conflicts of interest: Munich Cancer Registry and Bavarian Ministry of Health; no conflicts of interest Setting: Munich Cancer Registry, Germany Sample size: N=1413 (938 included in analyses) Duration: 1988-2007 	<ul style="list-style-type: none"> Inclusion: histologically confirmed primary prostate cancer registered to be lymph node positive during lymph node dissection Exclusion: neoadjuvant therapy; evidence of a previous malignant tumor or another synchronous malignant tumor; patients of a district where the inhabitants' registration office did not provide life status Patient characteristics: median age 65.4 y; T1: 6%; T2: 32.6%; T3: 49.8%; T4: 11.8% 	Prostatectomy (N=957) vs. abandoned prostatectomy (N=456)	<u>Hazard ratio for survival</u> : 2.04 (95%CI: 1.59–2.63; p<0.0001) (adjusted for age, clinical T category, number of positive lymph nodes, WHO grade and PSA)	<u>Overall survival</u> : <ul style="list-style-type: none"> 5 y: 84% vs. 60% 10 y: 64% vs. 28% 	Level of evidence: B <ul style="list-style-type: none"> Consecutive patients Prospectively maintained population-based database Follow up data available for 90% of patients and linked to death registration Groups were imbalanced: <ul style="list-style-type: none"> 17.2% vs. 28.0% had ≥4 + lymph nodes 5.2% vs. 23.7% of patients were T4 Median follow up: 5.6 y Multivariate analysis “Majority of lymph node positive patients” received androgen deprivation therapy, but no information was provided concerning additional treatments given during follow-up

Abbreviations: CI: confidence interval; y: years

b. Primary studies 2b

I Study ID	II Method	III Patient characteristics	IV Intervention(s)	V Results primary outcome	VI Results secondary and other outcome(s)	VII Critical appraisal of study quality
Tward 2010 ^{4,5}	<ul style="list-style-type: none"> Retrospective cohort study Support and conflicts of interest: not reported; no conflicts of interest Setting: Surveillance, Epidemiology and End Results (SEER) Program database Sample size: N=1285 Duration: 1988 – 2006 	<ul style="list-style-type: none"> Inclusion: clinically staged N1 prostate carcinoma considered non-metastatic Exclusion: not reported Patient characteristics: mean age 69 y, range: 41-95 y 	External beam radiotherapy vs. no definitive therapy	<p><u>Hazard ratio cause-specific mortality:</u> 0.68 (95%CI: 0.56 to 0.82; p<0.0001) (multivariate analysis adjusting for age at diagnosis, Gleason sum 2-4, 5-7, and 8-10, year of diagnosis, presence or absence of definitive radiotherapy)</p> <p>‘For the overall survival multivariate analysis, the results were similar, except increasing age was correlated with worse survival’</p>	<p><u>Cause-specific survival:</u></p> <ul style="list-style-type: none"> 5 y: 74.5% vs. 66.5% 10 y: 58.9% vs. 46.2% 15 y: 48.6% vs. 32.7% <p><u>Overall survival:</u></p> <ul style="list-style-type: none"> 5 y: 64.6% vs. 51.6% 10 y: 41.6% vs. 26.6% 15 y: 19.8% vs. 13.6% 	<p>Level of evidence: B</p> <ul style="list-style-type: none"> Study only available in abstract form. Data from Tward 2010⁴ differ slightly from Tward 2011⁵; those from Tward 2010 reported here Characteristics of the groups not available: imbalance between groups cannot be assessed Multivariate analysis data presented for cause-specific mortality only The effect of hormone therapy was not taken into account