Re: Marital Status: A Gender-independent Risk Factor for Poorer Survival After Radical Cystectomy
Sammon JD, Morgan M, Djahangirian O, et al.
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Experts’ comments:
Sammon et al. analyzed a cohort of patients from the Surveillance Epidemiology and End Results database in an attempt to address the effect of marital status on outcomes of patients with urothelial carcinoma of the urinary bladder (UCUB). A total of 14,859 patients undergoing radical cystectomy (RC) for UCUB between 1988 and 2006 were examined to assess their relative rates of bladder cancer–specific mortality (BCSM), all-cause mortality (ACM), and non–organ-confined disease (NOCD) at the time of cystectomy based on their marital status. Patients were classified by gender and then further stratified based on their marital status into one of three categories: married, never married, and separated–divorced–widowed (SDW).

The authors observed that never-married males had a higher rate of NOCD at RC with an odds ratio of 1.22, a trend not observed in their never-married female counterparts. Never-married men also displayed a higher rate of ACM with a hazard ratio (HR) of 1.26, while never-married women possessed an ACM HR of 1.22. Both SDW men and SDW women displayed higher rates of BCSM (HR: 1.16 and 1.18, respectively) and ACM (HR: 1.22 and 1.24, respectively). It is interesting to note that this difference did not translate into a difference in OS, which was about 27 mo in both subgroups of the prednisone-only arm. With data from the TAX 327 trial indicating that docetaxel may be more effective in patients with no pain at baseline [3,4], the effect on survival related to the delay of chemotherapy in metastatic CRPC patients is unknown. For this reason, whether time to start of chemotherapy is a legitimate end point is questionable. A phase 3 trial investigating the sequential use of abiraterone followed by docetaxel versus docetaxel followed by abiraterone with stratification for established prognostic factors such as pain and prostate-specific antigen doubling time is required before the results discussed here on first-line abiraterone in metastatic CRPC can truly be regarded as practice changing.

Conflicts of interest: The authors have nothing to disclose.

References

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