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Research Highlights

Recent key papers in prostate cancer

This month's column focuses on prostate cancer. Hamm et al. conducted a multisite, community-based longitudinal cohort study evaluating three-year outcomes following a negative multiparametric MRI. They enrolled 593 men with clinically suspected prostate cancer from 54 urology practices and two radiology imaging centres in Berlin, Germany. All men underwent a 3-T mpMRI and 286 (48%) had negative results of which 261 chose no prostate biopsy. Men with negative MRI studies and men with positive MRI findings but a negative biopsy (n = 279) were advised to undergo monitoring of which 233 (84%) were followed for three years. Seven men were found to have clinically significant disease. Of the 307 men with positive MRI results, 58 showed no evidence of prostate cancer, 41 completed monitoring and four were diagnosed with clinically significant prostate cancer. The authors concluded that men with negative mpMRI results can safely avoid prostate biopsy and are not at an elevated risk of being diagnosed with clinically significant prostate cancer.

Holmberg et al. published thirty-year outcomes from the SPCG-4 trial. They showed that a radical prostatectomy resulted in a relative risk reduction of 48% and an absolute risk reduction of 17% in death from prostate cancer when compared to watchful waiting. At 30 years, six men would need to undergo a radical prostatectomy to prevent one prostate cancer death. The authors cautioned that these findings could not be generalised to a contemporary population of men with screen detected cancers since most of the men enrolled in SPCG-4 had clinically detected disease.

Hamm CA, Asbach P, Pöhlmann A et al. Oncological safety of MRI-informed biopsy decision-making in men with suspected prostate cancer. *JAMA Oncol* 2025; 11: 145–53.

Holmberg L, Adami H-O, Bill-Axelson A. Radical Prostatectomy or Watchful Waiting in Early Prostate Cancer. *N Engl J Med* 2024; 391: 1362–3.

"Surgeons should perform an extended pelvic lymph node dissection that includes the external iliac, obturator, and hypogastric nodes"

Touijer et al. published an update from a randomised trial conducted from 2011 to 2017 at Memorial Sloan Kettering in New York that compared outcomes of a limited pelvic node dissection with a more extended node dissection in 1432 men undergoing radical prostatectomy. After a median follow up of 4.2 years the rates of biochemical recurrence were comparable in the two groups. At 5.4 years of follow-up, however, the study recorded 123 metastatic events that showed a protective effect from an extended node dissection (HR = 0.82, 95% CI 0.71–0.93). The authors concluded that surgeons should perform an extended pelvic lymph node dissection that includes the external iliac, obturator, and hypogastric nodes.

Parker et al. conducted a three-arm randomised trial exploring the appropriate duration of androgen deprivation therapy (ADT) in men undergoing postoperative radiotherapy. Between 2007 and 2015, 492 men were randomized to 24 months of ADT (n = 162), 6 months of ADT (n = 164) or no ADT (n = 166). The median age at randomisation was 66 years and most of the men had either Grade Group 2 disease (47%) or Grade Group 3 disease (26%). After 10 years follow-up metastasis-free survival was

comparable in all three groups: 81% in men receiving ADT for 24 months, 77% in men receiving ADT for 6 months and 80% in men receiving no treatment. The authors concluded that there was no evidence that androgen deprivation therapy improved outcomes for men with intermediate grade disease. They suggested that future trials should focus on men with a high risk of disease progression.

Finally, Emmett et al. explored the impact of lutetium-177 in the treatment of men with castrate resistant prostate cancer receiving enzalutamide. They conducted an open label trial in Australia entitled ENZA-p from 2020 to 2022. Seventy-nine patients were randomly assigned to enzalutamide and 83 to enzalutamide plus [^{177}Lu]Lu-PSMA-617. Ninety-six deaths were reported after a median follow up of 34 months. Patients receiving [^{177}]Lu-PSMA-617 survived 34 months compared to 26 months among the men receiving enzalutamide alone. Health-related quality of life was rated by 95% of the participants. Deterioration-free survival, physical function, fatigue and overall health at 12 months favoured the enzalutamide plus [^{177}Lu]Lu-PSMA-617 group. Self-rated xerostomia favoured the enzalutamide alone group. There were no differences in the other health domains. Grade 3–5 adverse events occurred in 44% of the enzalutamide alone group and in 46% of the enzalutamide plus [^{177}Lu]Lu-PSMA-617 group. No deaths were attributed to study treatment in either group. The authors concluded that these findings warrant a phase 3 evaluation of [^{177}Lu]Lu-PSMA-617 in combination with androgen receptor pathway inhibitors in men with metastatic prostate cancer.

Touijer KA, Vertosick EA, Sjoberg DD et al. Pelvic lymph node dissection in prostate cancer: Update from a randomized clinical trial of limited versus extended dissection. *Eur Urol* 2025; 87: 253–60.

Parker CC, Clarke NW, Cook AD et al. Randomised trial of no, short-term, or long-term androgen deprivation therapy with postoperative radiotherapy after radical prostatectomy: Results from the three-way comparison of RADICALS-HD (NCT00541047). *Eur Urol* 2024; 86: 422–30.

Emmett L, Subramaniam S, Crumbaker M et al. Overall survival and quality of life with [^{177}Lu]Lu-PSMA-617 plus enzalutamide versus enzalutamide alone in metastatic castration-resistant prostate cancer (ENZA-p): secondary outcomes from a multicentre, open-label, randomized, phase 2 trial. *Lancet Oncol* 2025 https://doi.org/10.1016/S1470-2045(25)00009-9.

Research Highlights is written by Peter Albertsen.