

RESPONSE TO “HIGH RISK OF NEUTROPENIA FOR HORMONE-NAIVE PROSTATE CANCER PATIENTS RECEIVING STAMPEDE-STYLE UPFRONT DOCETAXEL CHEMOTHERAPY IN USUAL CLINICAL PRACTICE” by DR TANGUAY et al

Dr Tanguay and colleagues present data on patients treated with docetaxel.(1) We agree that the reported rates of neutropenia-based toxicities varies across the trials, as do the categories against which toxicities are reported (Table 1).

We agree that docetaxel, like any chemotherapy, is not a risk-free and patients should be counselled appropriately of the risks when choosing their treatment strategy. We agree that particular thought is needed in men without metastases. The STAMPEDE paper presented an improvement in survival overall but that this was dominated by deaths in patients who had metastatic disease when joining the trial.(2) A sizeable improvement in failure-free survival was noted for men with and without metastases.

Dr Tanguay and colleagues are not the first to point out that outcomes for patients treated outside trials may be less favourable than those treated in a trial situation,(3) but this is an important point in translation of results. We note that the sample size from one centre is modest at this time.

Neutropenic sepsis does have fatal potential, so more consideration may be given to the use of G-CSF in the routine care of such patients. In STAMPEDE, G-CSF was permitted by institutional standards, but we did not collect information on its use. This will be collected prospectively in the ongoing trial comparisons for patients who having docetaxel as part of their standard-of-care.

We thank the authors for their timely warning and encourage others to remain vigilant whilst giving this potent treatment, which we have shown to improve survival.

251 words

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Table 1: Summary of neutropenia-based events reported

	STAMPEDE		CHAARTED		GETUG-15		GETUG-12		TAX327 ¹		Velindre	
Reference	(2)		(4)		(5)		(6, 7)		(8)			
Pts allocated DOC	592		390		205		189		332		39	
Setting	First-line		First-line		First-line		First-line		CRPC		First-line	
M1 at baseline	60%		100%		100%		0%		100%		59%	
Neutropenia	66	12%	47	12%	56	27%	n/a		106	32%	14	36%
Febrile neutropenia	84	15%	26	6%	5	2%	15	8%	10	3%	n/a	
Infection + neutropenia	n/a		9	2%	n/a		5	3%	n/a		n/a	
Neutropenic sepsis	n/a		n/a		n/a		n/a		n/a ²		8	20%

¹ 3-week arm, and numbers estimated from %

² One fatalities from sepsis

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