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Survival in the Prostate Cancer Prevention Trial

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TO THE EDITOR

In their article on long-term survival in the Prostate Cancer Prevention Trial (PCPT), Thompson et al. (Aug. 15 issue) comment on the aggressiveness of high-grade disease (which they defined as a tumor having a Gleason score of 7 to 10). These authors have always argued that the increase in high-grade disease in men receiving finasteride was an artifact. If this were true, men with high-grade disease who are treated with finasteride should have a better survival rate than men in the placebo group. However, the survival rates in these groups were virtually the same. This finding indicates that the increase in high-grade disease is not an artifact but is real. The Food and Drug Administration rejected the use of finasteride for the prevention of prostate cancer on the basis of a related increase in the most aggressive, potentially lethal form of high-grade disease (Gleason score, 8 to 10), excluding the less aggressive pattern of disease (Gleason score of 7).¹ In another recent report, the PCPT investigators stated that tumors with a Gleason score of 8 to 10 may cause “a small increase in prostate cancer mortality.” In the study published in the *Journal*, which defined a high-grade tumor as one having a Gleason score of 7 to 10, there is no report on prevalence or mortality for cancers with Gleason scores of 8 to 10. What are they?

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