

Surgery increased quality of life in benign prostatic hyperplasia

Wasson JH, Reda DJ, Bruskewitz RC, et al. for the Veterans Affairs Cooperative Study Group on Transurethral Resection of the Prostate. A comparison of transurethral surgery with watchful waiting for moderate symptoms of benign prostatic hyperplasia. *N Engl J Med.* 1995 Jan 12;332:75-9.

Objective

To compare immediate transurethral prostatic resection (TURP) with watchful waiting in men with moderate benign prostatic hyperplasia (BPH).

Design

Randomized controlled trial with mean follow-up of 2.8 years.

Setting

9 U.S. Veterans Affairs medical centers.

Patients

556 consecutive men (mean age, 66 y) who were referred to urology clinics with moderate BPH. Exclusion criteria were age < 55 years, previous prostatic surgery or radiation treatment, inability to walk, active urinary tract infection, prostatic or bladder can-

cer, postvoiding residual urine volume > 350 mL, elevated serum creatinine levels, and other serious illness. Follow-up was 95%.

Intervention

280 men were assigned to TURP within 2 weeks (249 had surgery); 276 men were assigned to watchful waiting. Patients were seen after 6 to 8 weeks and semi-annually for 3 years.

Main Outcome Measures

Treatment failure (mortality, repeated or intractable urinary retention, residual urinary volume > 350 mL, new bladder calculi, incontinence, high symptom scores, or increased serum creatinine levels). Secondary outcomes assessed the effect of urinary difficulties on activities of daily living, sexual function, social activities, and general well-being.

Main Results

Compared with the watchful-waiting group, patients in the surgery group had fewer treatment failures (8% vs. 17%; relative risk [RR], 0.48; 95% CI, 0.30 to 0.77); fewer occurrences of urine retention (0.4% vs. 2.9%;

RR, 0.12; CI, 0.02 to 0.98), high residual urine volume (1.1% vs. 5.8%; RR, 0.18; CI, 0.05 to 0.63), high symptom scores (0.4% vs. 4.3%; RR, 0.08; CI, 0.01 to 0.63); more diagnoses of prostatic cancer (9.6% vs. 2.9%; RR, 2.96; CI, 1.35 to 6.47); and more quality-of-life scores that improved. 24% of the watchful-waiting group ultimately had surgery. The groups did not differ for mortality, general well-being, social activities, and sexual performance.

Conclusion

Transurethral resection of the prostate compared with watchful waiting resulted in fewer treatment failures and reduced rates of urinary symptoms and provided a better quality of life on the basis of perceived urinary difficulties.

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Commentary

TURP is currently the most common major surgical procedure in older men, but we know little about its efficacy and sequelae, particularly among patients with moderate symptoms. In these cases, use of surgical treatment largely depends on subjective factors, including patient preferences, urologist and primary care physician preferences, and socioeconomic factors. This randomized trial focuses on the large subgroup of patients who have moderate symptoms and for whom TURP is usually optional. The authors are to be congratulated on a meticulous study with careful follow-up and analysis. It makes a major contribution to the field.

With regard to clinical applications, 2 points should be mentioned. A minor but interesting point is the 10% detection rate of prostate cancer in the TURP group

compared with 3% in the watchful-waiting group. Was this a benefit or a disadvantage of TURP?

The interpretation of this trial is even more important, particularly in light of the addition of finasteride (1) and terazosin (2) to the therapeutic armamentarium since the initiation of the trial. Although the quality of life in the surgery group improved, > 80% of those in the watchful-waiting group did not have treatment failure, and although 24% of the watchful-waiting group ultimately required surgery, > 75% did not. Clearly, little is gained by immediate surgery, particularly with the availability of pharmacotherapy to alleviate symptoms.

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References

- Gormley GJ, Stoner E, Bruskewitz RC, et al. *N Engl J Med.* 1992;327:1185-91.
- Brawer UK, Adams G, Epstein H. *Arch Fam Med.* 1993;2:929-35.

Author's response

If TURP does not cause impotence or incontinence, what does a patient gain from medications? Compared with watchful waiting, how much will medications help a man not particularly bothered by his urinary problems? Long-term outcome information about BPH medications is lacking (1). We need to remind our patients of this.

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Reference

- McConnell JD, Barry MJ, Bruskewitz RC, et al. AHCPR Publication No. 94-0582. February 1994.