**Short-Term Androgen Deprivation Therapy and High-Dose Radiotherapy in Intermediate- and High-Risk Localized Prostate Cancer: Results from the GETUG 14 Randomized Phase III Trial**

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**Purpose/Objective(s):** Few studies compared short-term androgen deprivation (STADT) with high-dose radiotherapy (STADT-RT) versus highdose radiotherapy (RT) alone in localized prostate cancer.

**Materials/Methods:** The GETUG 14 study randomized 376 patients between RT (n=191) and STADT-RT (n=179). RT dose was 80 Gy in both arms and STADT was monthly triptorelin and daily flutamide for a total duration of 4 months, starting 2 months before irradiation. Disease-free survival (DFS) was the primary endpoint. Secondary endpoints were overall survival (OS), biochemical failure (BF), metastasis failure (MF), toxicity and quality of life.

**Results:** With a median follow-up of 84 months, five-year DFS was 76% in RT arm versus 84% in STADT-RT arm (hazard ratio [HR] = 0.64; [95% CI 0.43 - 0.89]; P = .02). ADT decreased BF (HR = 0.45; P = .001) and MF (HR = 0.5; P = .09) but not OS (HR = 1.22; P = .54). No difference was found in terms of gastrointestinal (26% of grade ≥2 in both arm, P = .97) and genito-urinary acute toxicity (39% for RT and 42% for STADT-RT, P = .55). Similarly, no difference was found in late toxicity and quality of life.

**Conclusion:** STADT improves disease-free survival in intermediate and high-risk prostate cancer patients receiving high dose (80 Gy) RT, without any deterioration in the safety profile.