

In Reply

We thank Dizdar [1] for citing two studies [2, 3] in which dexamethasone was used after or instead of prednisolone or prednisone for the treatment of patients with metastatic castration-resistant prostate cancer (mCRPC). Currently, abiraterone acetate is approved for the treatment of mCRPC only in combination with prednisone or prednisolone. This indication is based on the results of two pivotal phase III trials [4–8] that showed improved survival in the group receiving combination therapy over prednisone or prednisolone alone. The author suggests that dexamethasone might offer advantages over prednisone or prednisolone in combination with abiraterone acetate for certain populations of mCRPC patients. As we emphasized in our review [9], the risks of each regimen must be weighed against the benefits. Will the “steroid switch” [2] or monotherapy [3] results with prostate-specific antigen translate into improved survival when dexamethasone is combined with abiraterone acetate compared with the Food and Drug Administration-approved prednisone combination? A confirmation of this hypothesis can only come with well-designed and adequately powered prospective clinical studies comparing the two combinations in the future.

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