NRG ONCOLOGY

Advancing Research. Improving Lives.™

Summary of Research Results for NRG-GU003: Testing reduced duration radiation therapy versus standard duration radiation therapy for prostate cancer

Introduction

This summary reviews the main results of the study. There may be benefits and risks to learning study results. A benefit for some people is knowing that they contributed to the research and their participation is appreciated. Another benefit is what was learned from the study may help them make decisions about their health care now or in the future.

For some people, a risk is getting results that make them feel distressed or remember a difficult time in their lives. Some people may feel upset about the study results if the study did not help their condition.

Please talk with your doctor about any questions you may have about this summary. Your doctor can help explain these results to you in relation to your medical concerns.

NRG Oncology thanks you for your participation in this research. Your participation has helped us learn about and advance cancer care.

Background of the study

The purpose of the study was to compare any good and bad effects of shortening the number of radiation therapy treatment days from 37 to 25 by increasing the amount of radiation delivered each day. Increasing the amount of radiation delivered each day is called hypofractionation so the shorter treatment is referred to as hypofractionated radiation therapy (HYPORT). The longer treatment is referred to as conventional radiation therapy (COPORT) dose for a shorter length of time with those of the usual radiation treatment. In prostate cancer specifically, hypofractionation has the added potential advantage of not increasing toxicity compared to standard fractionation.

What did the study involve?

After enrolling on this study, participants were randomized to one of two study groups. The usual standard time radiation therapy with or without hormone therapy was compared *to* a reduced time radiation with or without hormone therapy.

NRG ONCOLOGY

Advancing Research. Improving Lives.™

What were the major findings of the study?

Two hundred and ninety-six (296) men were enrolled from 99 institutions through the NRG Oncology network including the United States and Canada. HYPORT was not associated with excessive urinary or gastrointestinal symptoms two years after treatment, as reported by patients using a questionnaire. There were more gastrointestinal symptoms immediately following HYPORT, but these symptoms were temporary. HYPORT and COPORT were equally effective in reducing the PSA level during the time of the study.

Are there any steps that may need to be taken at this time or in the future for those who participated in the study?

For participants in this study, there are no immediate or long-term steps that need to be considered because of these findings. All participants in this study have completed their treatment and should be followed by their doctor.

What did the researchers learn that will be helpful to other people with this condition?

Based on the study results, HYPORT is an acceptable practice standard for patients receiving postprostatectomy radiotherapy. However, it was important that in this study, HYPORT was associated with greater patient-reported GI toxic effects compared with standard radiation therapy time period, but both groups recovered to similar levels within 6 months.

Who can I contact for further information?

Please talk with your doctor about any questions or concerns you may have about this summary. Further details about the design, conduct and results of this study are available at www.clinicaltrials.gov.

List of publications with references that were generated from this study.

1. Buyyounouski MK, Pugh SL, Chen RC, Mann MJ, Kudchadker RJ, Konski AA, Mian OY, Michalski JM, Vigneault E, Valicenti RK, Barkati M, Lawton CAF, Potters L, Monitto DC, Kittel JA, Schroeder TM, Hannan R, Duncan CE, Rodgers JP, Feng F, Sandler HM. Noninferiority of Hypofractionated vs Conventional Postprostatectomy Radiotherapy for Genitourinary and Gastrointestinal Symptoms: The NRG-GU003 Phase 3 Randomized Clinical Trial. JAMA Oncol. 2024 Mar 14:e237291. doi: 10.1001/jamaoncol.2023.7291. Epub ahead of print. PMID: 38483412; PMCID: PMC10941019.