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Letter to the Editor

Re: Philipp Mandel, Benedikt Hoeh, Mike Wenzel, et al. Triplet or Doublet Therapy in Metastatic Hormone-sensitive Prostate Cancer Patients: A Systematic Review and Network Meta-analysis. Eur Urol Focus. In press. <https://doi.org/10.1016/j.euf.2022.08.007>

We read with great interest the article by Mandel et al. [1] analysing the impact of triplet versus doublet therapy for patients with metastatic hormone-sensitive prostate cancer. We commend the authors for completing very exhaustive statistical analyses that clearly show the potential benefits and limitations of the various drug combinations. We respectfully suggest that in everyday practice, the use of such drug combinations is significantly limited if not rendered impossible by financial restrictions [2]. A drug that is approved by international regulatory agencies is not necessarily readily available to every patient at the national level.

To take an example, in Italy a drug such as abiraterone acetate still “suffers” from a lack of reimbursement from the national health system for the management of metastatic hormone-sensitive disease, although its generic status allows a cost that is much cheaper in comparison to the branded drug. Although pharmaceutical companies might be more interested in other compounds readily available for patients, scientific associations should lobby at a government level asking for its availability. Caffo and Di Maio [2] recently underlined the lack of equity in drug accessibility owing to several disparities in drug approval across European countries. Similarly, Tannock [3] wrote a very wise editorial some years ago. These reflections should be considered by all governmental bodies dealing with reimbursement for drug therapies.

Conflicts of interest: The authors have nothing to disclose.

References

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Accepted January 12, 2023