

Evidence Profile 6.2. Radiotherapy vs. Placebo

Certainty assessment							№ of patients		Effect		Certainty	Importance
№ of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Radiotherapy	Placebo	Relative (95% CI)	Absolute (95% CI)		
Bone pain relief (categorical) (complete response, follow up: 1-3 months; assessed with: VAS<15 or "pain free")												
2 ^{1,2}	RCT	serious ^A	not serious	serious ^B	none	none	51/134 (38%)	17/85 (20%)	RR 1.92 (1.18, 3.12)	351 more per 1000 (from 69 to 807 more)	Low	CRITICAL
Bone pain relief (categorical) (improvement [complete or partial response], follow up: 2-3 months or nd; assessed with: VAS≥2/10 reduction in bone pain ["very good"])												
4 ^{1,3,4,5}	RCT	very serious ^D	not serious	not serious	serious ^C	none	71/107 (66%)	45/104 (43%)	RR 1.35 (0.89, 2.07)	235 more per 1000 (from 75 fewer to 707 more)	Very Low	CRITICAL
Pain relief (continuous) (follow up: range 1 to 2 months; assessed with: VAS, NRS; Scale: 0 to 100 [worst] ^E)												
5 ^{2,4,5,6,8}	RCT	serious ^F	not serious ^G	not serious	not serious	none	241	145	Diff -41 (-64, -18)		Moderate	CRITICAL
Pain reduction maintenance												
0									not estimable			CRITICAL
Skeletal-related events, any (follow up: range 1.8 to 3 years)												
2 ^{8,9}	RCT	not serious	not serious	not serious	not serious	none	427/978 (43%)	345/680 (50%)	RR 0.86 (0.77, 0.95) HR 0.73 (0.62, 0.86) ^H	34 fewer per 1000 (from 20 to 83 fewer)	High	IMPORTANT
Skeletal-related events, fracture (follow up: range 1.8 to 3 years)												
2 ^{8,9}	RCT	not serious	serious ^I	not serious	serious ^J	none	47/978 (4.8%)	32/680 (5.1%)	RR 1.05 (0.53, 2.08)	3 fewer per 1000 (from 55 fewer to 24 more)	Low	
Skeletal-related events, spinal cord compression (follow up: range 1.8 to 3 years)												
2 ^{8,9}	RCT	not serious	serious ^I	not serious	serious ^J	none	76/978 (8.3%)	67/680 (9.7%)	RR 0.82 (0.39, 1.71)	18 fewer per 1000 (from 59 fewer to 69 more)	Low	
Skeletal-related events, bone surgery (follow up: 1.8 years)												

Certainty assessment							No of patients		Effect		Certainty	Importance
No of studies	Study design	Risk of bias	Inconsistency	Indirectness	Imprecision	Other considerations	Radiotherapy	Placebo	Relative (95% CI)	Absolute (95% CI)		
1 ⁸	RCT	not serious	N/A	not serious	serious ^j	single study	16/378 (4.2%)	11/379 (2.9%)	RR 1.46 (0.69, 3.10)	13 more per 1000 (from 13 fewer to 40 more)	Low	
Skeletal-related events, hypercalcemia (follow up: 1.8 years)												
1 ⁸	RCT	not serious	N/A	not serious	very serious ^j	single study	2/378 (0.5%)	0/379 (0%)	RR 5.01 (0.24, 104)	5 more per 1000 (from 2 fewer to 13 more)	Very Low	
Quality of life (categorical) (follow up: 3 years; assessed with: FACT-P; improvement ≥10 increase on a scale of 0 to 156 [best])												
1 ⁹	RCT	not serious	not serious	serious ^k	not serious	single study	150/600 (25%)	48/301 (16%)	RR 1.57 (1.17, 2.10)	90 more per 1000 (from 27 to 176 more)	Low	IMPORTANT
Quality of life (follow up: range 1.8 to 3 years; assessed with: FACT-P; Scale: 0 to 100 [best] [Ⓔ])												
2 ^{8,9}	RCT	not serious	not serious	serious ^k	not serious	none	3427	3047	Diff 1.5 (-0.4, 3.3)		Moderate	IMPORTANT
Functional outcomes, Social (follow up: 1.8 years; assessed with: FACT-P-social; Scale: 0 to 100 [best] [Ⓔ])												
1 ⁸	RCT	not serious	not serious	serious ^k	serious ^j	single study	2993	2921	Diff -1.1 (-1.9, -0.3) [Ⓕ]		Very Low	IMPORTANT
Functional outcomes, Physical (follow up: 1.8 years; assessed with: FACT-P-physical; Scale: 0 to 100 [best] [Ⓔ])												
1 ⁸	RCT	not serious	not serious	serious ^h	serious ^j	single study	2993	2921	Diff 1.4 (0.5, 2.3) [Ⓕ]		Very Low	IMPORTANT
Adverse events: bone flare (follow up: soon after treatment)												
3 ^{2,5,7}	RCT	not serious	not serious	not serious	very serious ^{c,j}	none	13/192 (6.8%)	5/102 (4.9%)	RR 1.30 (0.50, 3.42)	20 more per 1000 (from 34 fewer to 164 more)	Low	IMPORTANT

Abbreviations: **CI:** confidence interval; **Diff:** difference (between groups); **FACT:** Functional Assessment of Cancer Therapy; **HR:** hazard ratio; **nd:** no data (not reported); **NS:** not statistically significant; **RCT:** randomized controlled trial(s); **RR:** relative risk (log scale); **VAS:** Visual Analog Scale.

Explanations

- A. High attrition rate.
- B. One trial's outcome was not true complete response (VAS <15); other trial did not define pain free.
- C. Fewer than 300 participants.
- D. High attrition rate, lack of blinding, possible selective outcome reporting, no data on follow up time.
- E. Scales transformed to 0 to 100, as necessary.
- F. High attrition rate, lack of blinding, possible selective outcome reporting.
- G. Inconsistent in magnitude but not in direction. See figure.
- H. Reported in Radiotherapy 13.6 and 15.6 months until first skeletal-related event. Placebo 11.2 and 9.8 months, respectively.
- I. The two study estimates were in opposite directions.
- J. Wide confidence interval.
- K. FACT (total score) is a measure of quality of life that mix concepts of both quality of life and functional outcomes. We treated the total score as a quality of life measure and the relevant subscores as functional outcomes, but these do not cleanly measure function.
- L. Not statistically significant per study (therefore the calculated estimate here from the single study is inaccurately precise).

References

1. Porter AT, McEwan AJ. Strontium-89 as an adjuvant to external beam radiation improves pain relief and delays disease progression in advanced prostate cancer: results of a randomized controlled trial. *Seminars in oncology*. 1993;20(3 Suppl 2):38-43.
2. Sartor O, Reid RH, Hoskin PJ, Quick DP, Eil PJ, Coleman RE, et al. Samarium-153-Lexidronam complex for treatment of painful bone metastases in hormone-refractory prostate cancer. *Urology*. 2004;63(5):940-5.
3. Buchali K, Correns HJ, Schuerer M, Schnorr D, Lips H, Sydow K. Results of a double blind study of 89-strontium therapy of skeletal metastases of prostatic carcinoma. *European journal of nuclear medicine*. 1988;14(7-8):349-51.
4. Han SH, de Klerk JM, Tan S, van het Schip AD, Derksen BH, van Dijk A, et al. The PLACORHEN study: a double-blind, placebo-controlled, randomized radionuclide study with (186)Re-etidronate in hormone-resistant prostate cancer patients with painful bone metastases. Placebo Controlled Rhenium Study. *Journal of nuclear medicine : official publication, Society of Nuclear Medicine*. 2002;43(9):1150-6.
5. Storto G, Gallicchio R, Pellegrino T, Nardelli A, De Luca S, Capacchione D, et al. Impact of (1)(8)F-fluoride PET-CT on implementing early treatment of painful bone metastases with Sm-153 EDTMP. *Nuclear medicine and biology*. 2013;40(4):518-23.
6. Maxon HR, 3rd, Schroder LE, Hertzberg VS, Thomas SR, Englaro EE, Samaratunga R, et al. Rhenium-186(Sn)HEDP for treatment of painful osseous metastases: results of a double-blind crossover comparison with placebo. *Journal of nuclear medicine*. 1991;32(10):1877-81.
7. Serafini AN, Houston SJ, Resche I, Quick DP, Grund FM, Eil PJ, et al. Palliation of pain associated with metastatic bone cancer using samarium-153 lexidronam: a double-blind placebo-controlled clinical trial. *Journal of clinical oncology : official journal of the American Society of Clinical Oncology*. 1998;16(4):1574-81.
8. James N, Pirrie S, Pope A, Barton D, Andronis L, Goranitis I, et al. TRAPEZE: a randomised controlled trial of the clinical effectiveness and cost-effectiveness of chemotherapy with zoledronic acid, strontium-89, or both, in men with bony metastatic castration-refractory prostate cancer. *Health technology assessment (Winchester, England)*. 2016;20(53):1-288.
9. Parker C, Nilsson S, Heinrich D, Helle SI, O'Sullivan JM, Fossa SD, et al. Alpha emitter radium-223 and survival in metastatic prostate cancer. *The New England journal of medicine*. 2013;369(3):213-23.