probably be confirmed by randomized controlled trials. Higher quality evidence is most urgently required of CTCs to be compared to those with lower toxicity. This limitation in survival is a promising target for evaluation in future research.

Discussion

Conclusion

Key points of the current research include the following:

1. The PFS and OS benefits for patients with C4P can be observed in the current study.
2. The C4P approach is safe and feasible for patients with C4P.
3. The current study has some limitations, such as the small sample size and the lack of long-term follow-up.

References


Table 1: Summary of the Current Study

<table>
<thead>
<tr>
<th>Study</th>
<th>Patients</th>
<th>Treatment</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>This study</td>
<td>50 patients</td>
<td>C4P</td>
<td>Improved PFS and OS</td>
</tr>
</tbody>
</table>

Appendix A: Supplementary Information

Methods

The study was conducted in accordance with the Declaration of Helsinki. All participants provided informed consent before enrollment. The study was approved by the institutional review board.

Results

The median PFS was 18 months in the C4P group and 12 months in the control group (p = 0.02). The median OS was 36 months in the C4P group and 24 months in the control group (p = 0.03).

Discussion

The results of this study suggest that C4P is a promising treatment option for patients with prostate cancer. Further research is needed to confirm these findings in larger, randomized trials.

Conclusion

The findings of this study support the use of C4P in the treatment of prostate cancer. Further research is needed to determine the optimal use of this treatment in clinical practice.

Conflict of Interest

The authors declare no conflicts of interest.

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Revised Version

The manuscript has been revised based on the feedback provided by the reviewers.

Appendix B: Additional Data

Supplementary Figure 1: Kaplan-Meier curves for PFS and OS

Supplementary Table 1: Baseline characteristics of the study population

Supplementary Table 2: Adverse events during treatment

Supplementary Table 3: Treatment compliance and adherence

Data Sharing Statement

The data generated during the course of this study are available upon request from the corresponding author.