



Radiotherapy after prostatectomy in high-risk prostate cancer

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Dear Editor,

We congratulate Casas et al. [1] for their work on the role of postoperative adjuvant and early salvage radiotherapy after prostatectomy in high-risk prostate cancer. In this paper, the authors compared radical prostatectomy plus adjuvant radiotherapy and early salvage radiotherapy versus salvage radiotherapy. Postoperative PSA values guided the decision for radiotherapy. A total of 204 patients with prostate cancer were evaluated. The authors concluded that adjuvant radiotherapy and early salvage radiotherapy (specifically considering increases from 0.00 to <0.3) can benefit disease-free, cause-specific, metastasis-free, and overall survival in patients with prostate cancer and several high-risk pathological factors after radical prostatectomy. In line with these data, we previously showed that adjuvant radiotherapy could be the best choice for those patients with adverse prognostic factors; in particular, we found that positive surgical margins and detectable postoperative PSA are the most important risk factors concerning recurrence after radical prostatectomy [2].

More recently it has been reported that salvage radiotherapy and adjuvant radiotherapy offer similar outcomes for event-free survival, although the use of salvage radiotherapy is preferred since side-effects are lower compared with adjuvant radiotherapy [3, 4]. Although we confirm the need to

redefine the role of adjuvant radiotherapy after radical prostatectomy, we believe that adjuvant radiotherapy should be the first choice in men with prostate cancer and high-risk pathological factors after radical prostatectomy.

In addition, growing evidence suggests that the cumulative length of the positive surgical margin together with the tumor grade at margins of resection are independent predictors of biochemical recurrence [5]. Detailed histopathologic assessment of surgical margins may therefore support clinical decision-making with regard to postoperative radiotherapy recurrence [6].

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Compliance with ethical standards

Conflict of interest The other authors declare that there are no conflicts of interest in this work.

Research involving human participants and/or animals This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent For this type of study, no informed consent is required.

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