

Recommendations for adjuvant post prostatectomy radiation

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Dr. Ha and associates have provided their robotic prostatectomy data to support the concept that many men with positive surgical margins do not require adjuvant radiation therapy. They identified a series of risk factors such as a Gleason of 7 or less or a prostate-specific antigen (PSA) less than 5.3 that suggested adjuvant therapy was not necessary.¹ The authors point out the median follow up is less than 4 years and many other studies with much longer follow up, some over 10 years, have demonstrated benefit with adverse pathologic features including positive surgical margins (reviewed in Valicenti et al²). It should be noted that adjuvant radiotherapy in these men with adverse pathologic findings at prostatectomy (i.e., seminal vesicle invasion, positive surgical margins,

extraprostatic extension) should be offered adjuvant radiotherapy based on a joint American Society for Radiation Oncology (ASTRO)/American Urological Association (AUA) guidelines paper released in 2013.² This paper was not addressed by Ha and associates and should be consulted in this regard. Lastly, the rapidly evolving area of genomics will add more clarity to this area beyond the traditional clinical and pathologic parameters. □

References

1. Ha Y-S, Kang DI, Kim JH et al. Favorable risk factors in patients with positive surgical margin after robot-assisted radical prostatectomy. *Can J Urol* 2014;21(3):7290-7297.
2. Valicenti RK, Thompson I Jr, Albertsen P et al. Adjuvant and salvage radiation therapy after prostatectomy: American Society for Radiation Oncology/American Urological Association guidelines. *Int J Radiat Oncol Biol Phys* 2013;86(5):822-828.

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