

# *Preventing and managing PSA recurrence following radical prostatectomy*

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In this review by Carthon and associates, the reader is provided with a broad spectrum of current and future options for biochemical recurrence following radical prostatectomy.<sup>1</sup> Central in this management is the use of pelvic radiation therapy for presumed local recurrence. As this article was going to press, the American Urological Association (AUA) and the American Society for Therapeutic Radiation Oncology (ASTRO) presented a joint guideline for adjuvant and salvage radiotherapy after prostatectomy. These radiation therapy specific guidelines are consistent with much of the data presented in this review paper as many of the key clinical trials are cited by both works. Central concepts in the AUA/ASTRO guideline includes offering adjuvant radiotherapy to patients with adverse radical prostatectomy surgical pathology and offering salvage radiotherapy to patients with PSA only or local recurrence without evidence of distant disease.<sup>2</sup> The AUA/ASTRO guideline acknowledges the need

for a thoughtful discussion of the risks and potential benefits of preventing recurrence using radiation therapy. A central theme is the engagement of a multidisciplinary treatment team with full consideration of the patient's unique personal, medical and disease specific characteristics. Such a multidisciplinary team approach has been use at the Jefferson Kimmel Cancer Center GU Multidisciplinary center since 1996, with documented survival improvement in patient outcomes with localized high risk prostate cancer.<sup>3</sup> This paper by Carthon provides a much broader approach for managing recurrence following radical prostatectomy with discussion of current and emerging systemic therapies, making the new AUA/ASTRO guidelines and this review paper complementary resources to optimize patient care. □

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### References

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