

Rádioterapia po prostatektómii

Pavol Dubinský

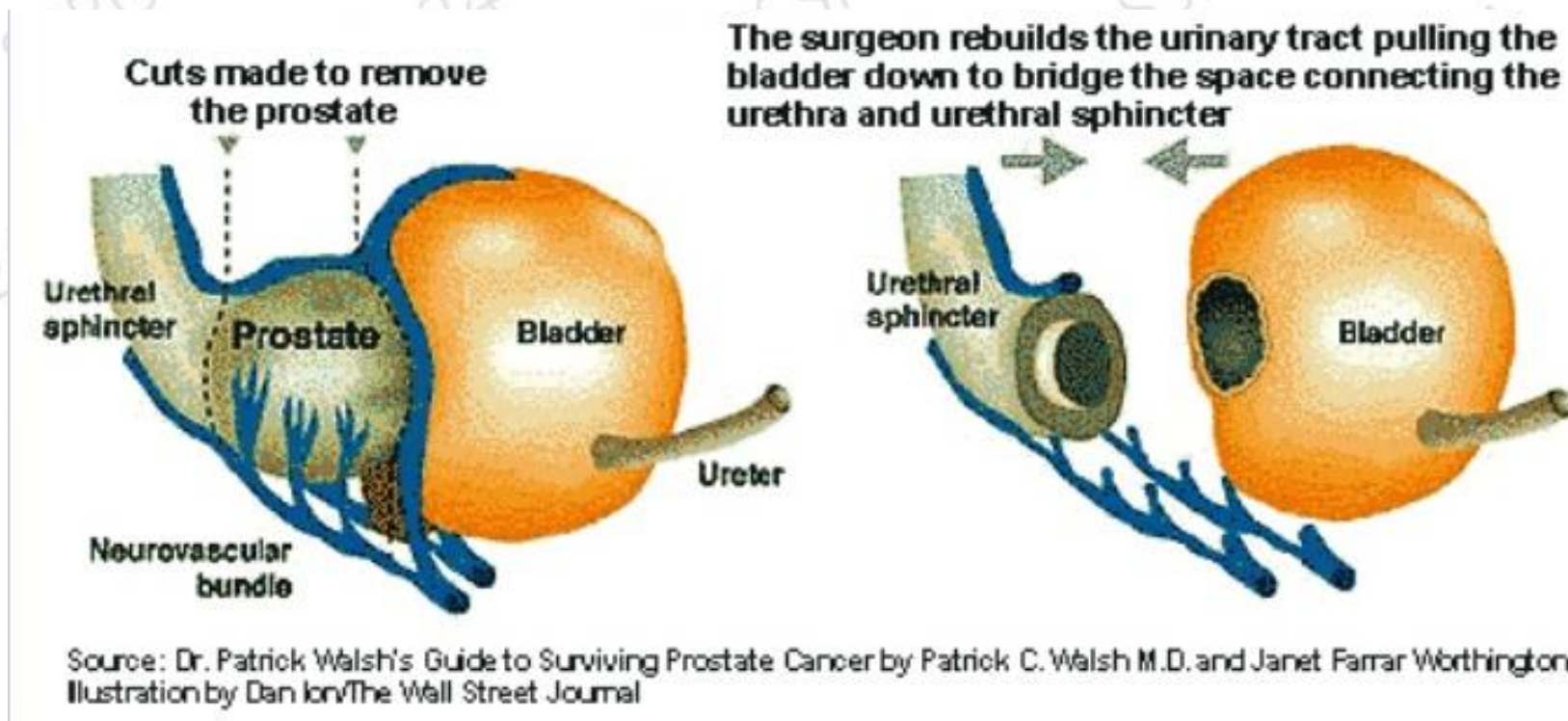
Oddelenie radiačnej onkológie
VOÚ, a.s. Košice

Vyhlásenie o konflikte záujmov autora

- ☐ Nemám potenciálny konflikt záujmov
☒ Deklarujem nasledujúci konflikt záujmov

Forma finančného prepojenia	Spoločnosť
Participácia na klinických štúdiách/firemnom grante	Janssen, Astellas, Pfizer, Novartis, Exelixis, Ferring
Nepeňažné plnenie (v zmysle zákona)	Žiadne
Prednášajúci	Janssen, Bayer, Astellas, Roche, Recordati
Akcionár	Žiadne
Konzultant/odborný poradca	Janssen, Bayer, Astellas, Recordati, Sandoz
Ostatné príjmy (špecifikovať)	Žiadne

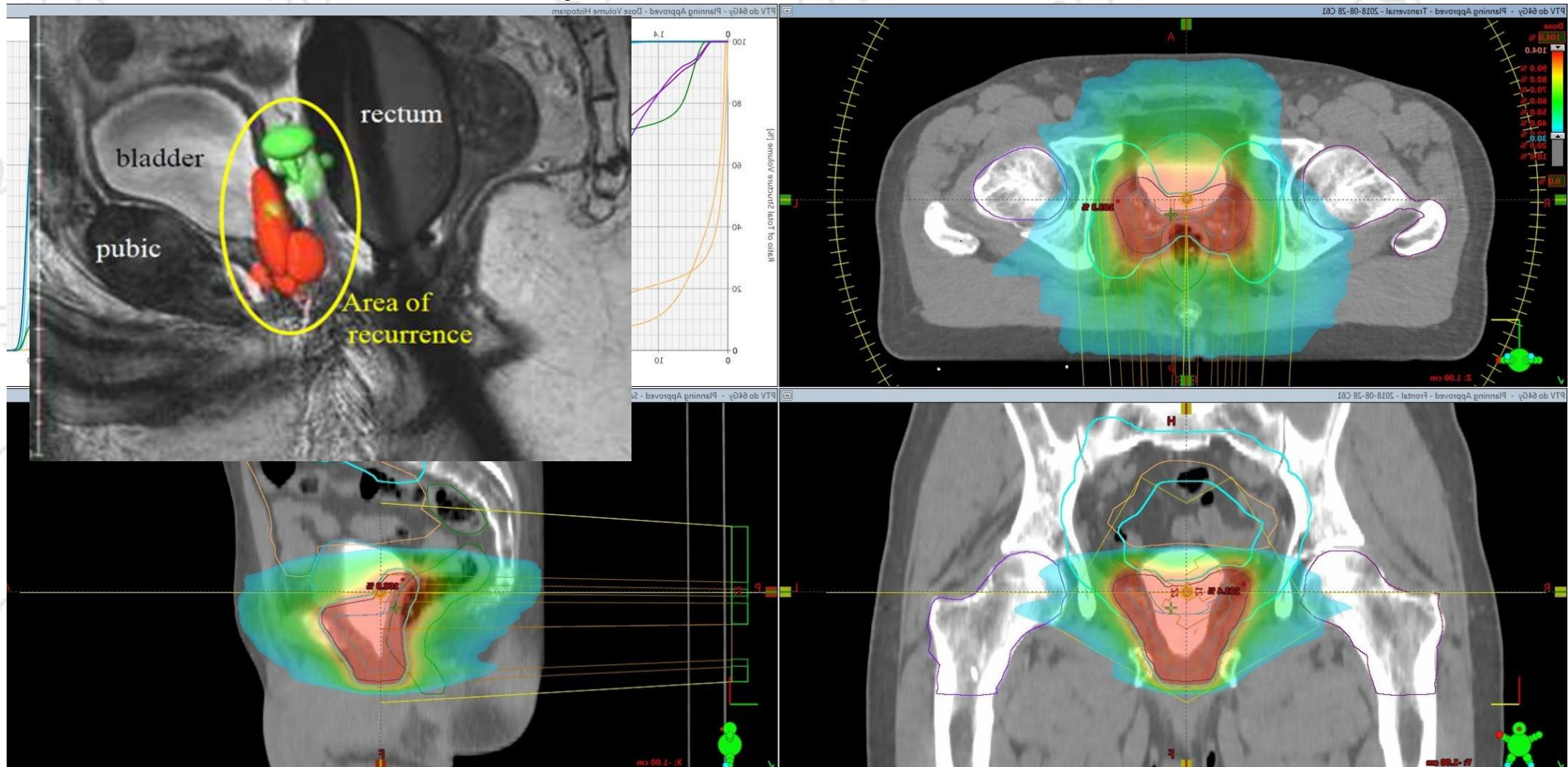
Radikálna prostatektómia



- **PSA recidíva v ~30 %** (*Pound Rev in Urol 2001*)

Ďalšia kuratívna intervencia: RT po prostatektómii

Druhá šanca na vyliečenie

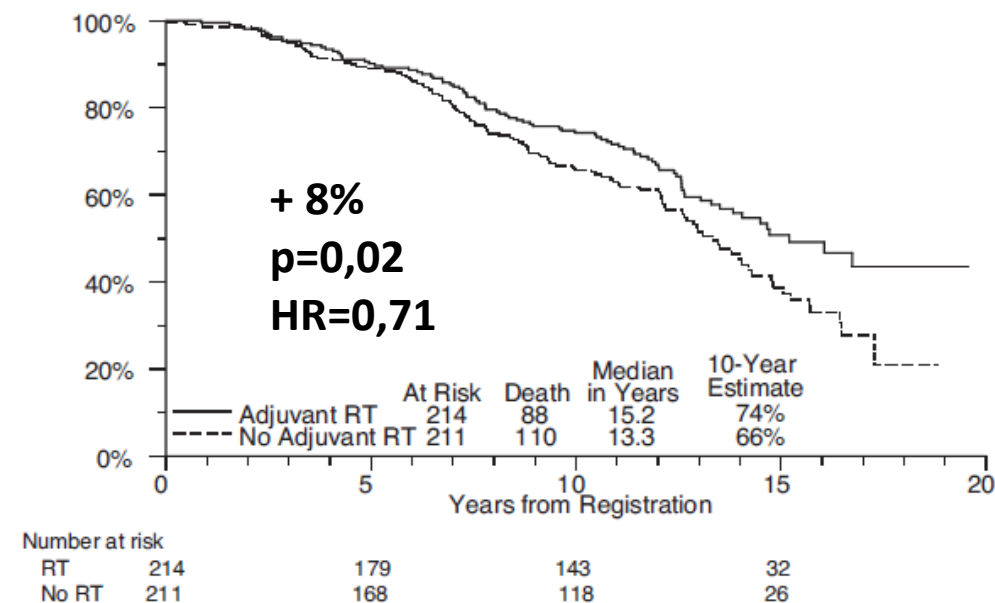


Indikácia: adjuvantná?

ART pri pT3 a/alebo R1

SWOG 8794: 10 r. celkové prežívanie +8%

Štúdia	n	RT dávka	Medián FU (r.)	rPSA	PSA progresia
SWOG 8794¹	425	60 – 64 Gy	12,7	< 0,2 (65%) 0,2 – 1,0 (30%) > 1,0 (5%)	HR 0,5 (0,4 – 0,6)
EORTC 22911²	1005	60 Gy	10,6	≤ 0,2 (70%) > 0,2 (30%)	HR 0,44 (0,3 – 0,7)
ARO 96-12³	385	60 Gy	4,5	všetci < 0,1	HR 0,53 (0,4 – 0,8)

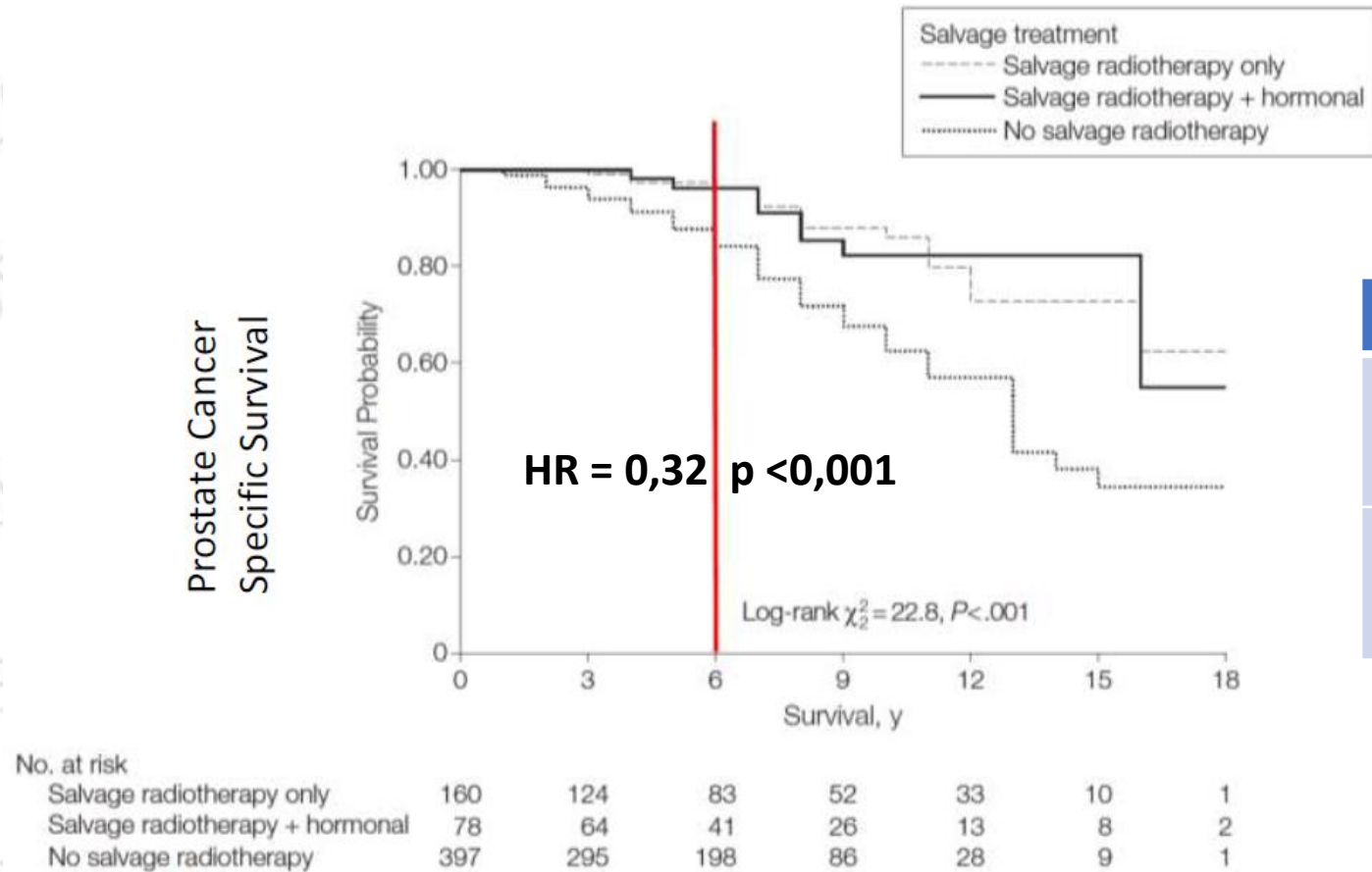


¹Thompson et al J Urol 2009

²Bolla et al Lancet 2012

³Wiegel et al J Clin Oncol 2009

Indikácia: záchranná? Len retrospektívne údaje.



Špecifická mortalita

		N	HR (95% CI)
PSADT <6 mes.	Bez SRT	88	1
	Plus SRT	70	0,53 (0,31 – 0,90)
PSADT ≥6 mes.	Bez SRT	212	1
	Plus SRT	149	0,52 (0,34 – 0,80)

Celková mortalita

Trock et al JAMA 2008
Duke et al Cancer 2011

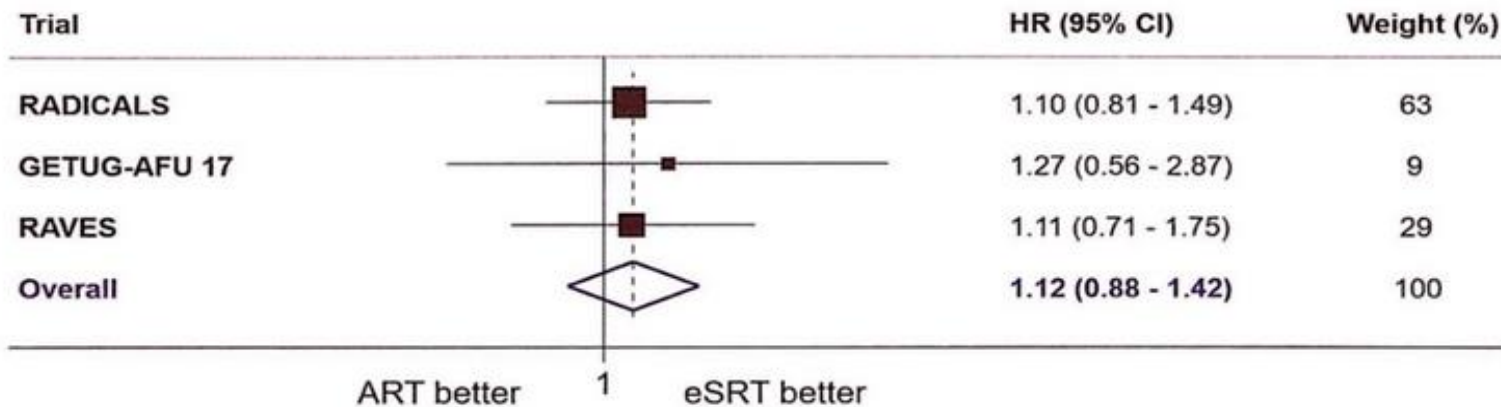
ARTISTIC metaanalýza: adjuvančná vs. včasná záchranná RT

Trial characteristics: Summary

	RADICALS-RT	GETUG-AFU 17	RAVES
Accrual period	11/2007 – 12/2016	04/2008 – 06/2016	03/2009 – 12/2015
Key eligibility criteria	Positive margins pT3a / pT3b / pT4 Gleason 7-10	Positive margins pT3a / pT3b	Positive margins pT2 / pT3a / pT3b
RT schedule	66/33# OR 52.2/20#	66/33#	64/32#
ART timing	≤ 6m of RP	≤ 6m of RP	≤ 6m of RP
Trigger for eSRT	PSA > 0.1 ng/ml and rising OR 3 consecutive rising PSA levels	PSA ≥ 0.20 ng/ml and rising	PSA ≥ 0.20 ng/ml
eSRT timing	≤ 2m of trigger PSA	As soon as possible after PSA relapse and before PSA=1ng/ml	≤ 4m of trigger PSA
Primary outcome	FFDM	EFS	FtBF
Trial design	Superiority	Superiority	Non-inferiority

ARTISTIC metaanalýza

Results: Event-free survival (PSA-driven)



Potential absolute difference of 1% at 5-years (in favour of eSRT)
(95% CI: 1% in favour of ART to 4% in favour of eSRT)

PRO toxicita: významné zvýšenie pre ART:
Inkontinencia moču a stolice
>2-ročné: striktúry uretry (3/4)
(6% vs. 4%, $p < 0,002$)

Nízky podiel pacientov s GS 8-10 a SVI+
Progresia +10% na každý PSA vzostup o
0,1 ng/ml PSA pri eSRT

~ 60% pacientov nedostalo záchrannú RT

Vale et al. Lancet 2020



Salvage Therapy for Prostate Cancer: AUA/ASTRO/SUO Guideline Part I: Introduction and Treatment Decision-Making at the Time of Suspected Biochemical Recurrence after Radical Prostatectomy

Todd M. Morgan,¹ Stephen A. Boorjian,² Mark K. Buyyounouski,³
Brian F. Chapin,⁴ David Y. T. Chen,⁵ Heather H. Cheng,⁶ Roger Chou,⁷
Heather A. Jacene,⁸ Sophia C. Kamran,⁹ Sennett K. Kim,¹⁰ Erin Kirkby,¹⁰
Amy N. Luckenbaugh,¹¹ Ben J. Nathanson,¹² Yaw A. Nyame,¹³
Edwin M. Posadas,¹⁴ Phuoc T. Tran,¹⁵ and Ronald C. Chen¹⁶

1. Clinicians should inform patients that salvage radiation for a detectable PSA after RP is more effective when given at lower levels of PSA. (*Strong Recommendation; Evidence Level: Grade B*)
2. For patients with a detectable PSA after RP in whom salvage RT is being considered, clinicians should provide salvage radiation when the PSA is ≤ 0.5 ng/mL. (*Moderate Recommendation; Evidence Level: Grade B*)
3. For patients with a detectable PSA after RP who are at high risk for clinical progression, clinicians may offer salvage radiation when PSA values are < 0.2 ng/mL. (*Conditional Recommendation; Evidence Level: Grade C*)

Indikácia ART? EAU odporúčanie

EAU - EANM - ESTRO - ESUR - ISUP - SIOG Guidelines on Prostate Cancer

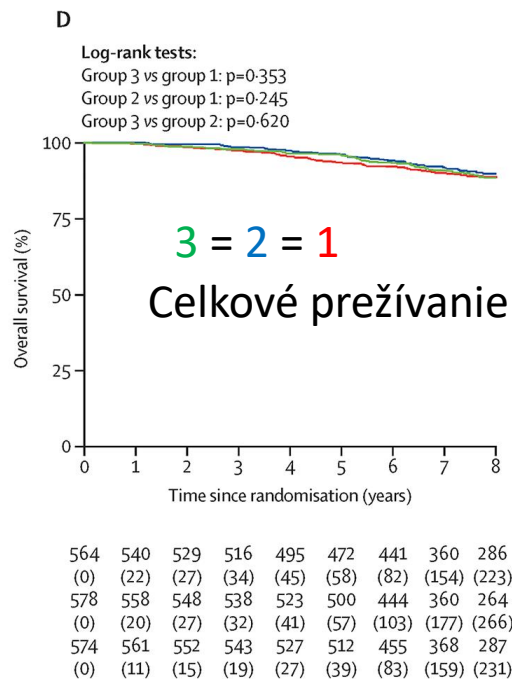
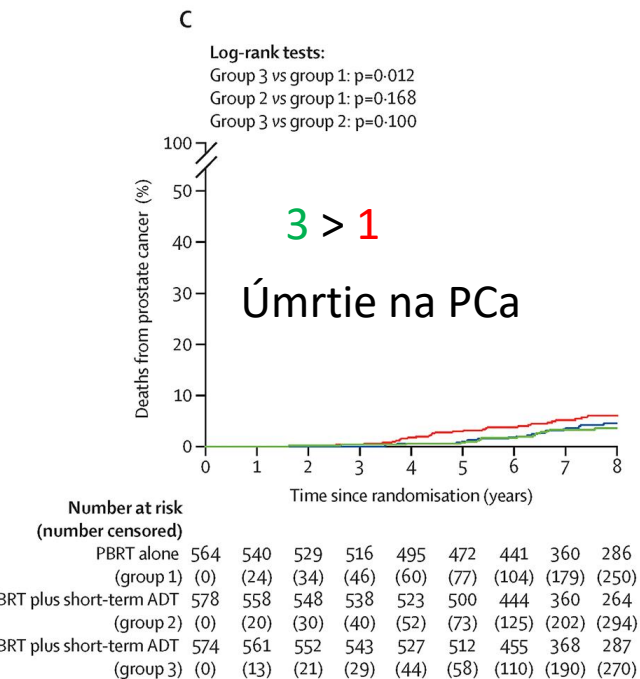
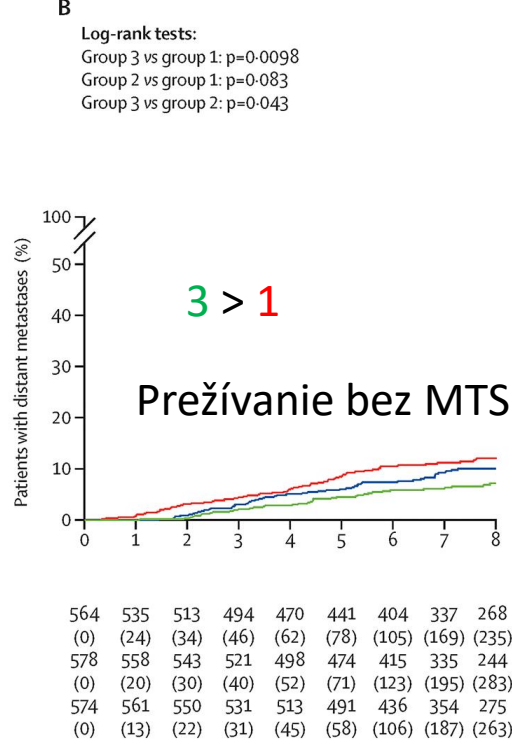
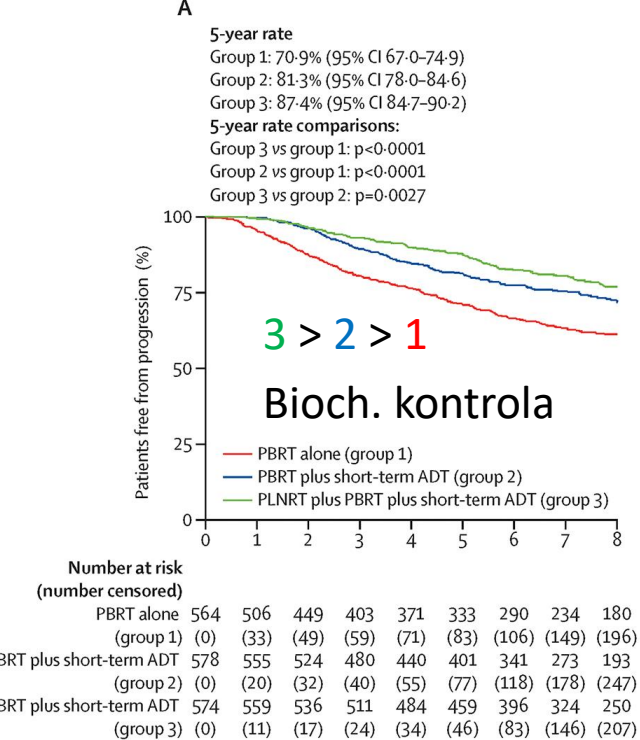
P. Cornford (Chair), D. Tilki (Vice-chair), R.C.N. van den Bergh, E. Briers, Patient Advocate (European Prostate Cancer Coalition/Europa UOMO), D. Eberli, G. De Meerleer, M. De Santis, S. Gillessen, A.M. Henry, G.J.L.H. van Leenders, J. Oldenburg, I.M. van Oort, D.E. Oprea-Lager, G. Ploussard, M. Roberts, O. Rouvière, I.G. Schoots, J. Stranne, T. Wiegel
Guidelines Associates: T. Van den Broeck, O. Brundkhorst, A. Farolfi, G. Gandaglia, N. Grivas, M. Lardas, M. Liew, E. Linares Espinós, P.P.M. Willemse
Guidelines Office: J. Darraugh, E. Smith, N. Schouten



© European Association of Urology 2024

In pN0 patients with ISUP grade group 4–5 and pT3 ± positive margins, offer adjuvant intensity-modulated radiation therapy (IMRT)/volumetric modulated arc therapy (VMAT) plus image-guided radiation therapy (IGRT).

Strong



Uzliny? ADT?

NRG Oncology/RTOG 0534 SPPORT

n= 1782 po RP + merateľné PSA, pT2/pT3, pN0/pNX
 záchranná rádioterapia

1. lôžko
2. lôžko a 6 mes. ADT
3. lôžko a panva a 6 mes. ADT

5-ročná biochemická kontrola:

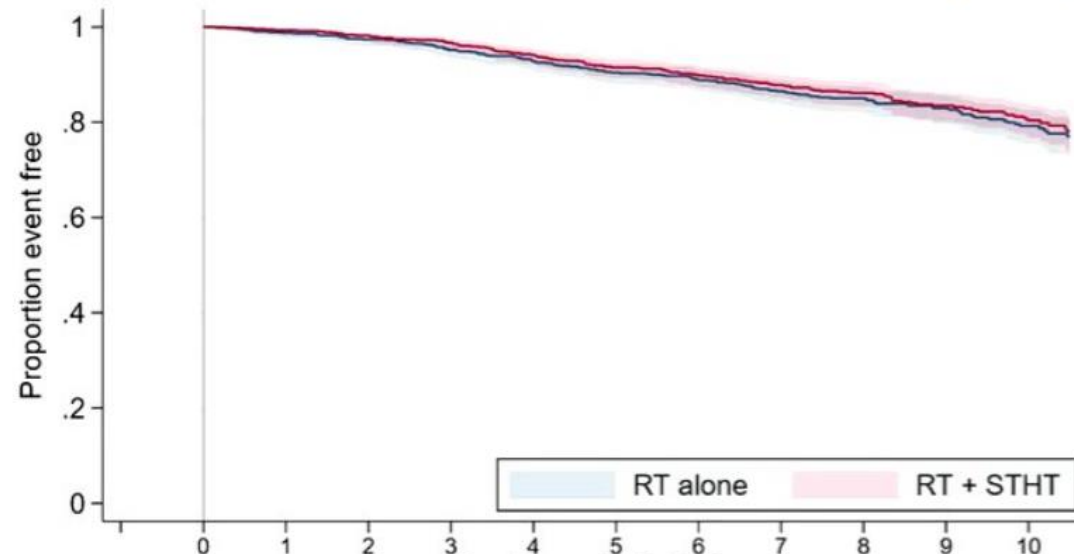
1. lôžko: 70,9%
2. lôžko a 6 mes. ADT 81.3%
3. lôžko a panva a 6 mes. ADT 87,4%

Pollack A et al. Lancet 2022

Trvanie ADT? RADICALS-HD Trial (n=2389)

RT samostatne vs. RT+ 6mes. ADT vs. RT+24 mes. ADT

None vs Short: Metastases-Free Survival (MFS)

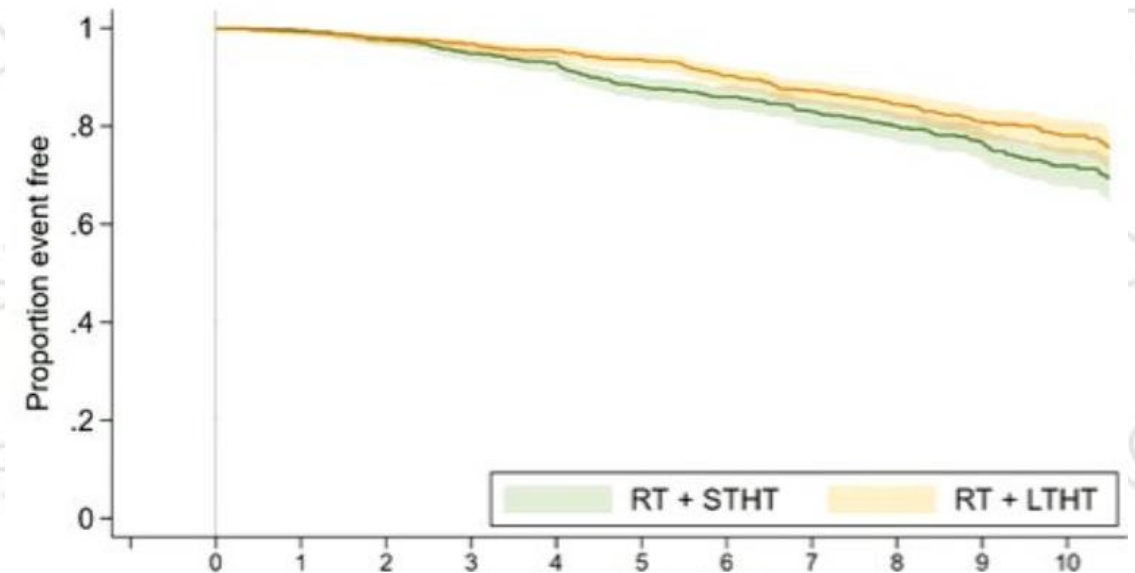


RT alone
At-risk
Censored
Event
RT + STHT
At-risk
Censored
Event

NONE vs SHORT

	RT alone (n=737)	RT+STHT (n=743)
Events	142	126
HR (95%CI)	0.89 (0.69 to 1.14)	
P-value	0.35	
10yr event free	79%	80%

Short vs Long: Metastases-Free Survival (MFS)



RT + STHT
At-risk 761
Censored 0
Event 0
RT + LTHT
At-risk 762
Censored 0
Event 0

SHORT vs LONG

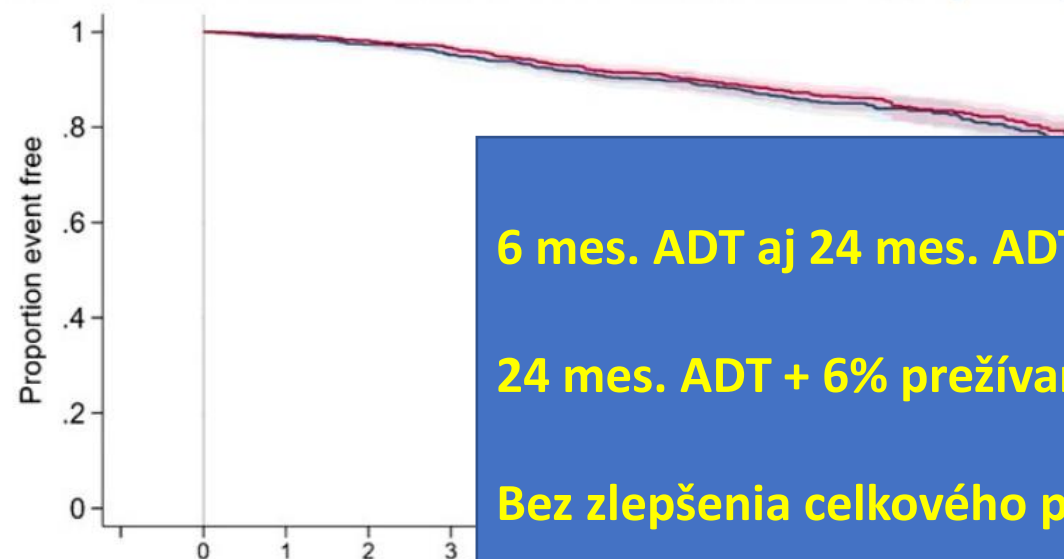
	RT+STHT (n=761)	RT+LTHT (n=762)
Events	174	139
HR (95%CI)	0.77 (0.61 to 0.97)	
P-value	0.03	
10yr event free	72%	78%

Parker CC et al.
Ann Oncol 2022

Trvanie ADT? RADICALS-HD Trial (n=2389)

RT samostatne vs. RT+ 6mes. ADT vs. RT+24 mes. ADT

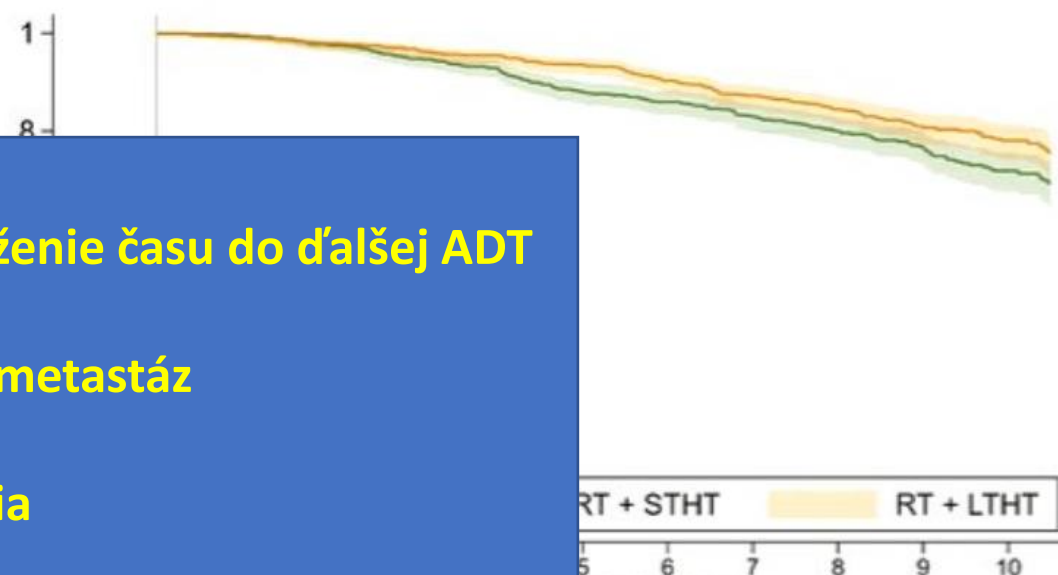
None vs Short: Metastases-Free Survival (MFS)



RT alone
At-risk
Censored
Event
RT + STHT
At-risk
Censored
Event

	RT alone (n=737)	RT+STHT (n=743)
Events	142	126
HR (95%CI)	0.89 (0.69 to 1.14)	
P-value	0.35	
10yr event free	79%	80%

Short vs Long: Metastases-Free Survival (MFS)



RT + STHT
RT + LTHT

SHORT vs LONG

RT + LTHT
At-risk
Censored
Event

	RT+STHT (n=761)	RT+LTHT (n=762)
Events	174	139
HR (95%CI)	0.77 (0.61 to 0.97)	
P-value	0.03	
10yr event free	72%	78%

6 mes. ADT aj 24 mes. ADT: predĺženie času do ďalšej ADT

24 mes. ADT + 6% prežívanie bez metastáz

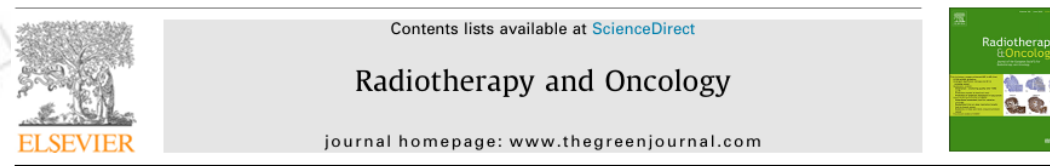
Bez zlepšenia celkového prežívania

Parker CC et al.
Ann Oncol 2022

Trvanie ADT podľa rizika

• Grade group 4 - 5
• pT3b – 4
• R1
• pN1
• Krátky PSA DT
• Krátky interval medzi primárnou liečbou a recidívou (vrátane perzistujúceho PSA)
• Vyššie PSA po prostatektómii
• PSMA PET prítomný nález

ADT	Bez
	6 - mesačná
	2 - ročná



Original Article

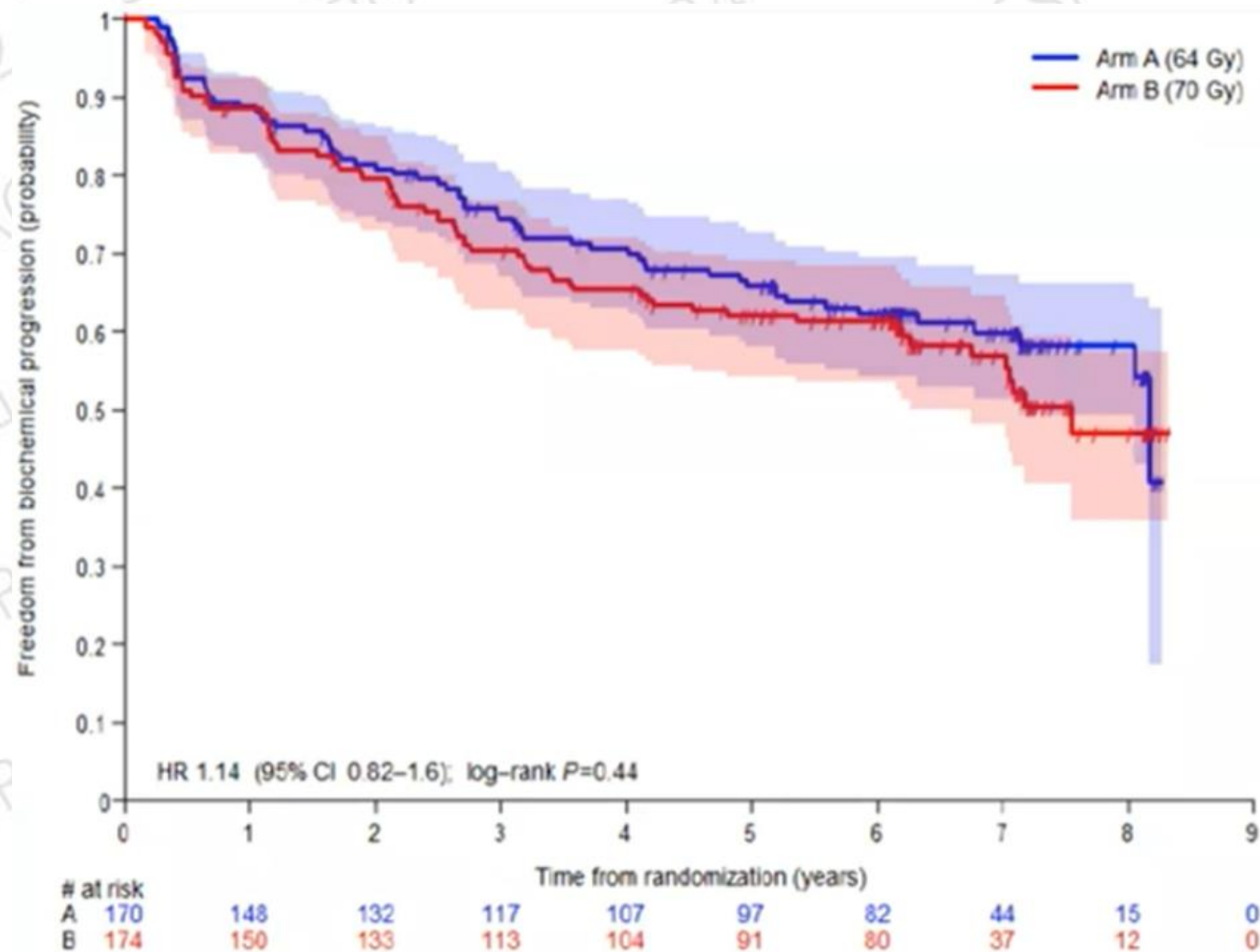
ESTRO-ACROP recommendations for evidence-based use of androgen deprivation therapy in combination with external-beam radiotherapy in prostate cancer

Nina-Sophie Schmidt-Hegemann^{a,1,2,*}, Constantinos Zamboglou^{b,c,1}, Malcolm Mason^d, Nicolas Mottet^e, Karel Hinnen^f, Gert De Meerleer^g, Cesare Cozzarini^h, Philippe Maingonⁱ, Ann Henry^j, Martin Spahn^k, Philip Cornford^l, Claus Belka^{a,m,2}, Thomas Wiegel^{n,2}

Morgan et al. J Urol 2024

Smidt-Hegemann et al. Radioth Oncol 2023

Dávka rádioterapie? SAKK 09/10 Trial



- 64 Gy vs. 70 Gy
- sledovanie 6 rokov
- Biochemická kontrola:
bez rozdielu
- Toxicita:
 - neskorá G2 a G3 GU:
bez rozdielu
 - neskorá G2 a G3 GI
častejšia pri 70 Gy 20% a 2.3%
vs. 7.3% a 4.2%; $p=0.009$

Ghadjar P et al. Eur Urol 2021

Hypofrakcionácia RT po prostatektómii?

NRG Oncology GU003

aRT (pT3pN0/X a/alebo pT2pN0/X)
sRT (pT2/3pN0/X)
+/- ADT ≤6 mes.
n = 296

HYPOR

62,5 Gy v 25 fr. po 2,5 Gy
n = 144

Follow-up 2,1 roka

COPORT

66,6 Gy v 37 fr. po 1,8 Gy
n = 152

Primárny výsledok: rozdiel v zmene GU a GI
domény EPIC skóre po 24 mes. oproti baseline

NRG - GU003

HYPOR vs COPORT: 62,5 Gy v 25 fr. *versus* 66,6 Gy v 37 fr.

Endpoint	Baseline	Koniec RT	6 mes.	12. mes.	24 mes.
EPIC GU	NS	NS	NS	NS	NS
EPIC GI	NS	-15,0 vs -6.8 $p \leq 0,01$	NS	NS	NS
Bioch. kontrola					NS
Lok. kontrola					NS

- HYPOR je non-inferiorný ku COPORT v zmysle neskorej pacientom uvádzanej GU alebo GI toxicity.
- Biochemická kontrola identická.
- **HYPOR je nový prijateľný štandard.**




Buyyounouski et al. JAMA Oncol 2024

Hodnotenie hypofrakcionovanej schémy podľa
vypočítaného EQD₂: 52,8 Gy v 16 frakciách po 3,3 Gy

Frakcionácia	Dávka na frakciu (Gy)	Počet frakcií	Celková dávka (Gy)	EQD2 (Gy) (α/β = 3)	EQD2 (α/β = 1,9)	EQD2 (α/β = 1,5)
Konvenčná	2	33	66	66	66	66
NRG-GU003	2,5	25	62,5	69	70,5	71
Radicals RT	2,625	20	52,5	59	61	63
VOÚ	3,3	16	52,8	67	70	72

Radiation Biologically Effective Dose (BED) Calculator

Calculates biologically effective dose (BED) and equivalent dose (EQD2) for cancer radiotherapy.

When to Use 	Pearls/Pitfalls 	Why Use 
---	---	---

Dose per fraction Gy

Total dose
Number of fractions x dose per fraction Gy


α/β ratio
Typically 10 for early-responding tissues and tumors, 3 for late-responding tissues (normal tissue)

168.96 Gy
BED

72.41 Gy
EQD₂

[Copy Results !\[\]\(68c803856f5d0e2869157394e52652f1_img.jpg\)](#) [Next Steps !\[\]\(e46bd8df68d5eebf9040942667ff08d4_img.jpg\)](#)

[» Next Steps](#) [Evidence !\[\]\(096a146ef66dd05372c2c492e511d47e_img.jpg\)](#) [Creator Insights !\[\]\(52bc861a204e2db3e873de235b12d68d_img.jpg\)](#)



Dr. John F. Fowler

<https://www.mdcalc.com/radiation-biologically-effective-dose-bed-calculator>



life

an Open Access Journal by MDPI



Hypofractionated Post-Prostatectomy Radiotherapy in 16 Fractions: A Single-Institution Outcome

Pavol Dubinsky; Vladimir Vojtek; Katarina Belanova; Natalia Janickova; Noemi Balazova; Zuzana Tomkova

Life **2023**, Volume 13, Issue 7, 1610

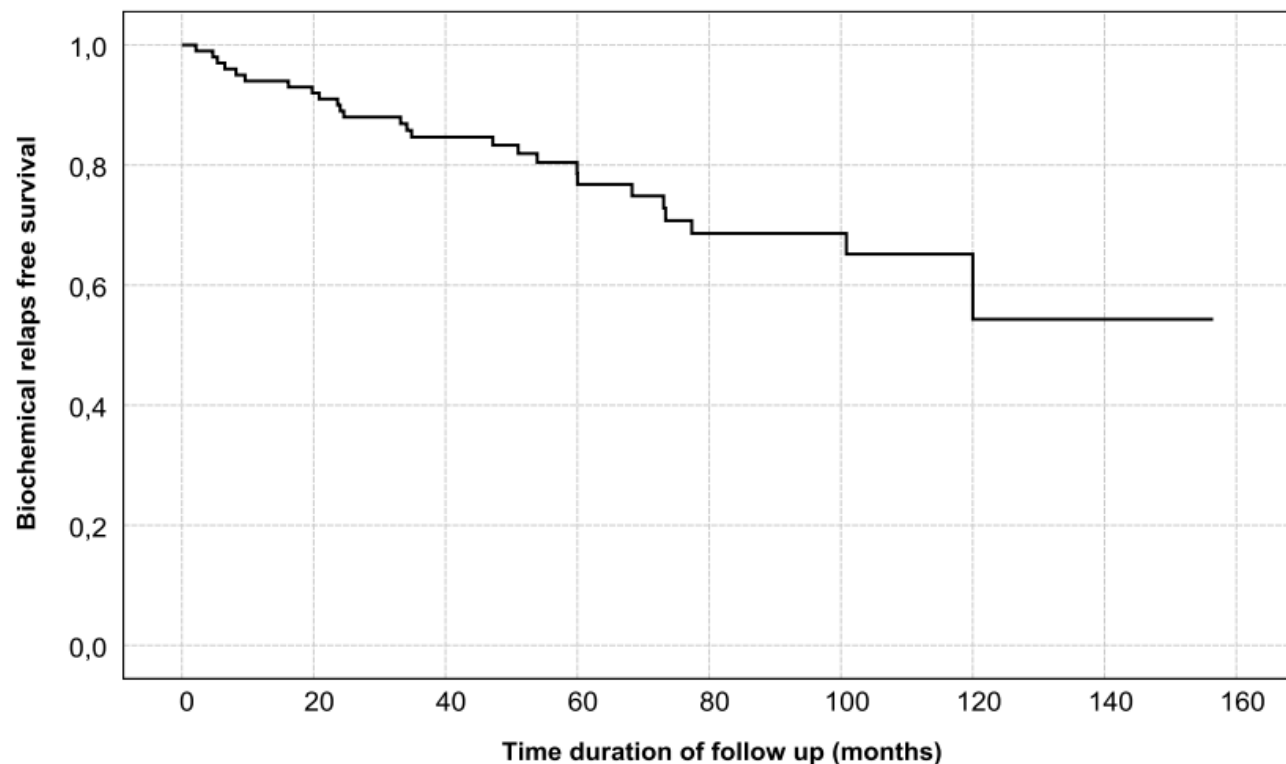
- Rádioterapia po prostatektómii
lôžko (52,8 Gy v 16 fr. po 3,3 Gy)
lôžko a panva (52,8/40 Gy v 16 fr. po 3,3/2,5 Gy)
- Retrospektívne hodnotenie 100 konzekutívnych pacientov
- Analýza prežívania bez biochemickej recidívy, a prežívania bez metastáz a toxicity podľa CTC AE v.4

Charakteristika súboru (n = 100)

Vek (roky)	Medián Rozsah	64 47-77
pT (N, %)	pTx pT2 pT3a pT3b	2 48 31 19
ECE (N, %)	Nie Áno NA	53 44 3
SVI (N, %)	Nie Áno NA	78 19 3
ISUP Grade group (N, %)	1 2 3 4 5 NA	27 41 15 7 9 1

R status (N, %)	R0 R1 NA	27 60 13
pN (N, %)	pN0 pN1 pNX	29 8 63
rPSA [ng/ml] (N, %)	<0.2 0.2 – 0.5 0.5 – 2.0 >2.0	25 33 29 13
RT indikácia (N, %)	Adjuvantná Včasná záchr. Záchranná	19 46 35
ADT	Nie Krátka LHRHa Bical. 150 mg 24 m. Dlhá LHRHa	42 30 12 16

Analýza prežívania (n = 100); prežívanie bez biochemickej recidívy



No. at risk (No. censored)

100 (0) 92 (0) 69 (16) 43 (38) 32 (44) 20 (56) 6 (69) 2 (74)

- Medián sledovania: 61 mesiacov
- 5-ročné prežívanie:
 - Bez bioch. recidívy: 78,6%
 - Bez metastáz: 95,7%
 - Celkové: 98,8%

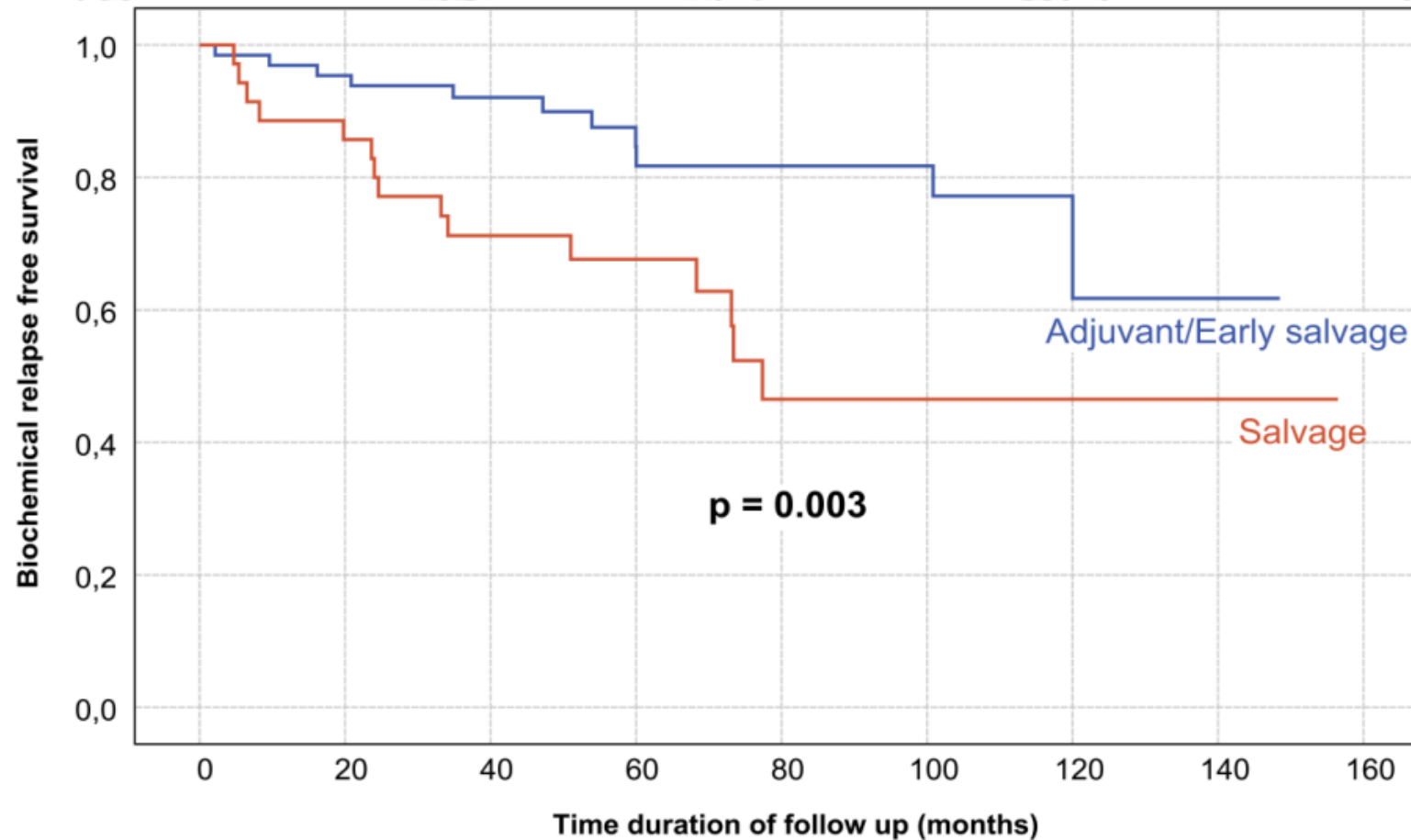
Dubinsky et al. Life 2023

Independent Variable	5-Year bRFS (%)	p Value	5-Year DMFS (%)	p Value
pT pT2 pT3	81.2 74.4	0.50	97.8 93.5	0.048
ISUP-grade group 1 + 2 + 3 4 + 5	82.5 54.6	0.079	96.1 93.8	0.16
Extracapsular extension Yes No	76.0 79.0	0.69	92.8 97.9	0.099
Seminal vesicle invasion Yes No	56.8 82.6	≤0.010	82.6 98.6	0.001
Resection margin status R1 R0	84.3 72.7	0.40	96.7 92.0	0.59
pN pN0 pN1 pNX	67.4 83.3 82.7	0.60	88.9 83.3 100.0	0.43
Volume irradiated Prostate bed only Prostate bed and pelvic nodes	79.2 NA	0.75	97.8 NA	0.83
ADT administration No Short-term Long-term	85.7 71.3 67.2	0.069	97.6 100.0 87.2	0.18
Treatment indication Adjuvant or early-salvage Salvage	84.6 67.6	0.003	96.7 94.0	0.23
Recurrent PSA [ng/mL] <0.2 0.2–0.5 0.5–2.0 ≥2.0	95.2 79.3 67.3 68.4	0.002	95.2 100.0 96.6 83.9	0.23

UVA
Biochemická
kontrola a
prežívanie bez
metastáz

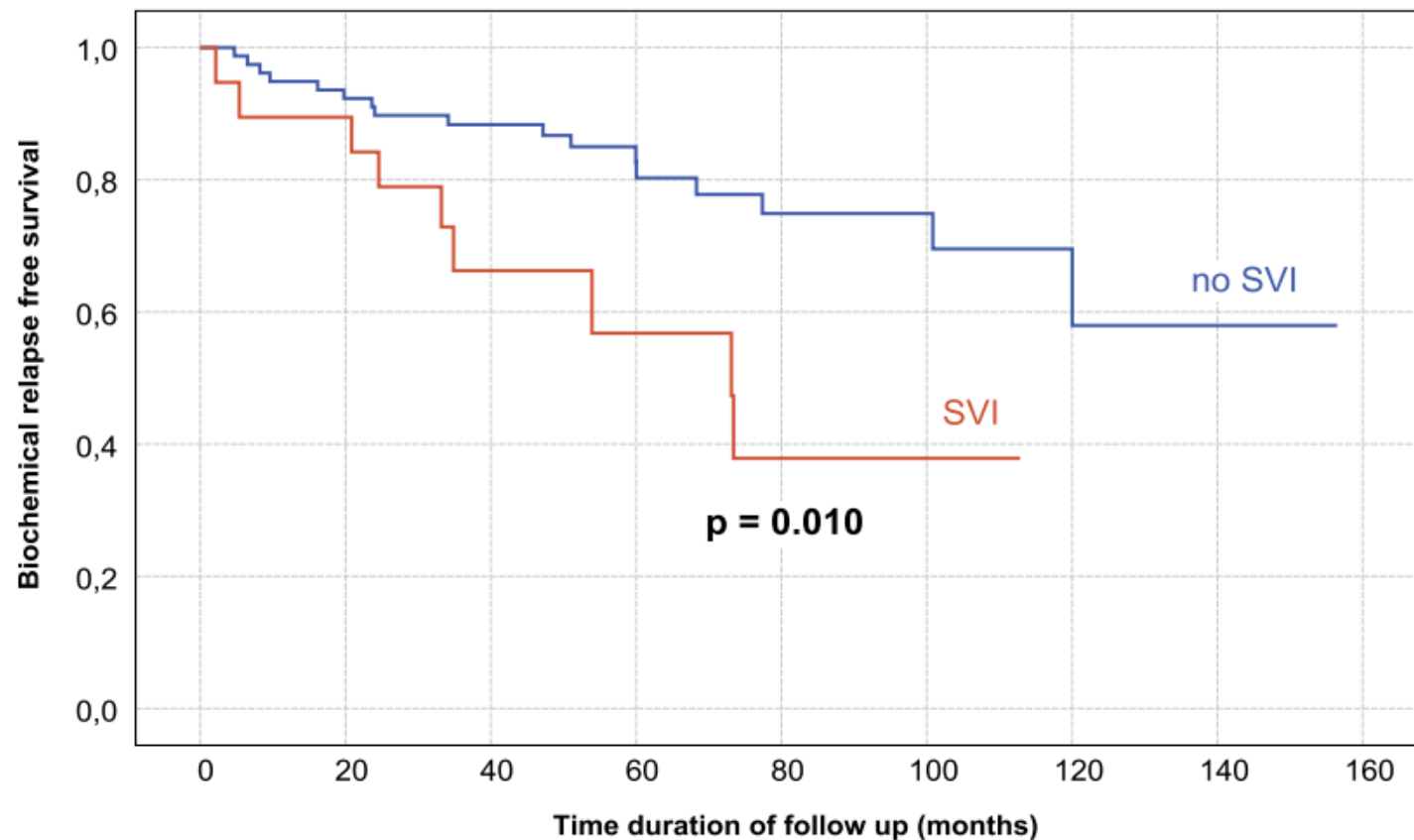
Dubinsky et al. Life 2023

Prežívanie bez biochemickej recidívy podľa indikácie RT



	No. at risk (No. censored)							
Adjuv./Early salvage	65 (0)	62 (0)	48 (12)	29 (28)	24 (32)	18 (38)	5 (50)	1 (53)
Salvage	35 (0)	30 (0)	21 (4)	14 (10)	8 (12)	2 (18)	1 (19)	1 (19)

Prežívanie bez biochemickej recidívy podľa SVI



	No. at risk (No. censored)							
no SVI	78 (0)	72 (0)	59 (10)	35 (31)	26 (37)	14 (49)	6 (56)	2 (59)
SVI	19 (0)	17 (0)	8 (5)	6 (6)	4 (6)	4 (6)	0 (10)	0 (10)

GI a GU toxicita

- **Akútna toxicita**

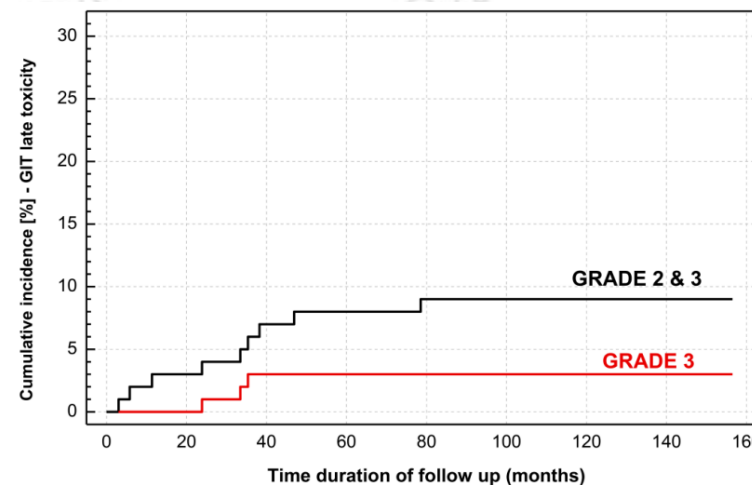
- **GI G2 24%**
(proktitída, tenezmy)
- **GI G3 2%**
(1 x ileus, 1 x hnačka)
- **GU G2 10%** (iritačné ťažkosti s
nutnosťou farmakoterapie)

- **Neskorá toxicita**

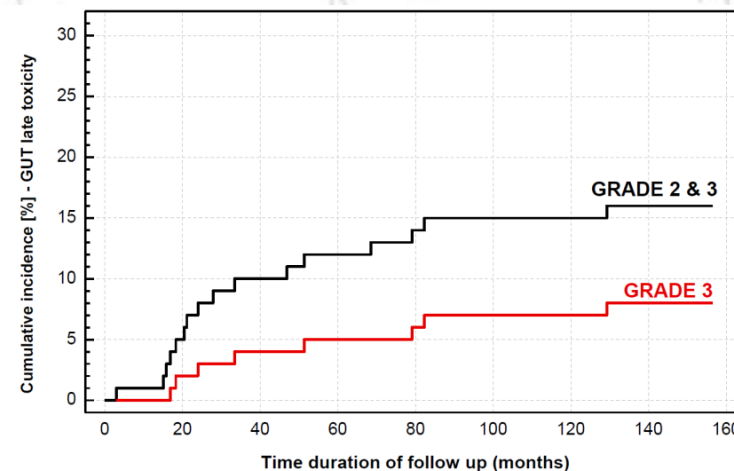
- **GI \geq G2 9%** (inkontinencia stolice, krv
v stolici)
- **GU \geq G2 16%** (striktúra uretry, časté
močenie, zhoršenie inkontinencie)

**Vysoká biochemická kontrola avšak aj vysoká
skorá GI a neskorá GI a GU toxicita**

Kumulatívna neskorá GI toxicita



Kumulatívna neskorá GU toxicita



PSMA PET/CT?



www.auajournals.org/journal/juro



THE JOURNAL OF UROLOGY®
© 2024 by AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC.

Salvage Therapy for Prostate Cancer: AUA/ASTRO/SUO Guideline Part I: Introduction and Treatment Decision-Making at the Time of Suspected Biochemical Recurrence after Radical Prostatectomy

Todd M. Morgan,¹ Stephen A. Boorjian,² Mark K. Buyyounouski,³ Brian F. Chapin,⁴ David Y. T. Chen,⁵ Heather H. Cheng,⁶ Roger Chou,⁷ Heather A. Jacene,⁸ Sophia C. Kamran,⁹ Sennett K. Kim,¹⁰ Erin Kirkby,¹⁰ Amy N. Luckenbaugh,¹¹ Ben J. Nathanson,¹² Yaw A. Nyame,¹³ Edwin M. Posadas,¹⁴ Phuoc T. Tran,¹⁵ and Ronald C. Chen¹⁶

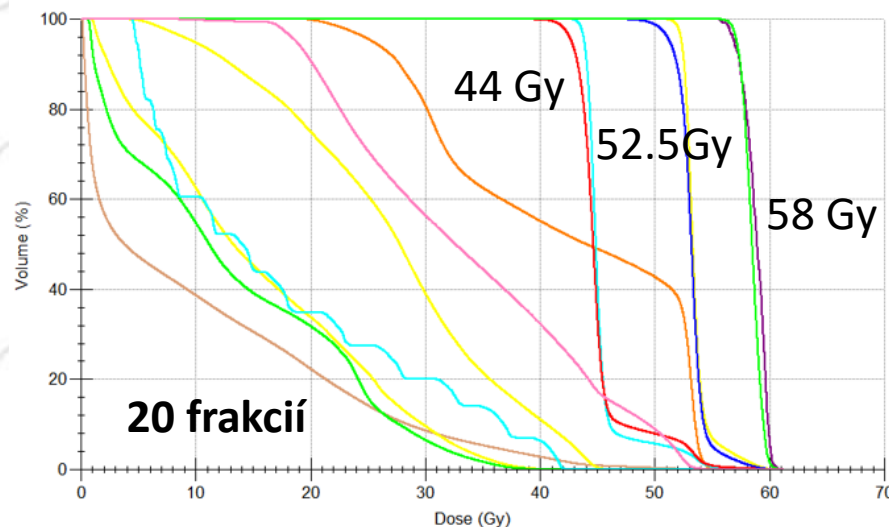
9. For patients with BCR following RP in whom salvage radiation is being considered, the clinician should perform next generation molecular PET imaging. (*Moderate Recommendation; Evidence Level: Grade C*)

10. In patients with BCR following RP with PET/CT positive pelvic nodal disease, the clinician should incorporate treatment of these positive findings in the radiation plan. (*Moderate Recommendation; Evidence Level: Grade C*)

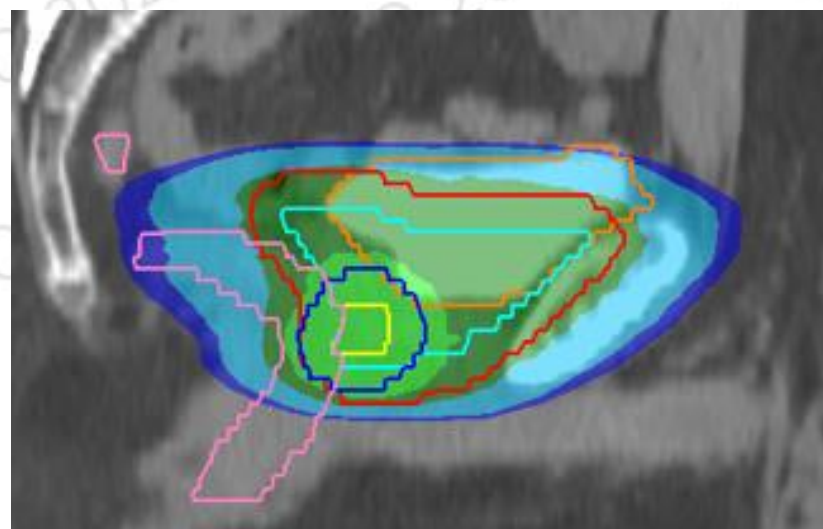
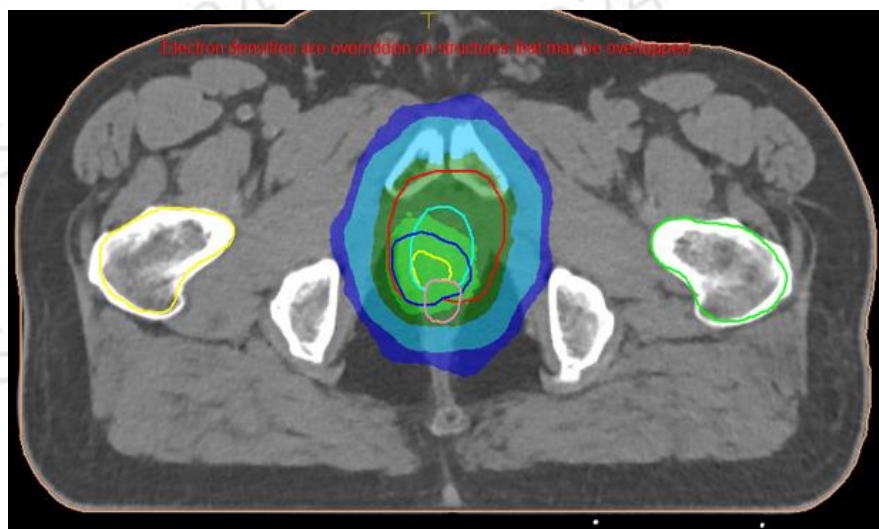
Recommendations	Strength rating
Offer a prostate-specific membrane antigen (PSMA) positron emission tomography/computed tomography (PET/CT scan to men with a persistent prostate-specific antigen (PSA) > 0.2 ng/mL if the results will influence subsequent treatment decisions.	Weak

Morgan et al. J Urol 2024
Cornford et al. EAU Guidelines 2024

^{68}Ga -PSMA-11 PET/CT vedená RT?



<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bladder
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Body
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bowel_bag
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Carbon Fiber
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coxa_L
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Coxa_R
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CTV_PB
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	CTV_pelvis
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Foam Core
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GTV_pelvis_PSMA_1
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Penis_bulb
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTV 44 crop
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTV_PB_52.5
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTV_pelvis_44
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTV_pelvis_PSMA_58
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	PTV52.5 crop
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Rectum

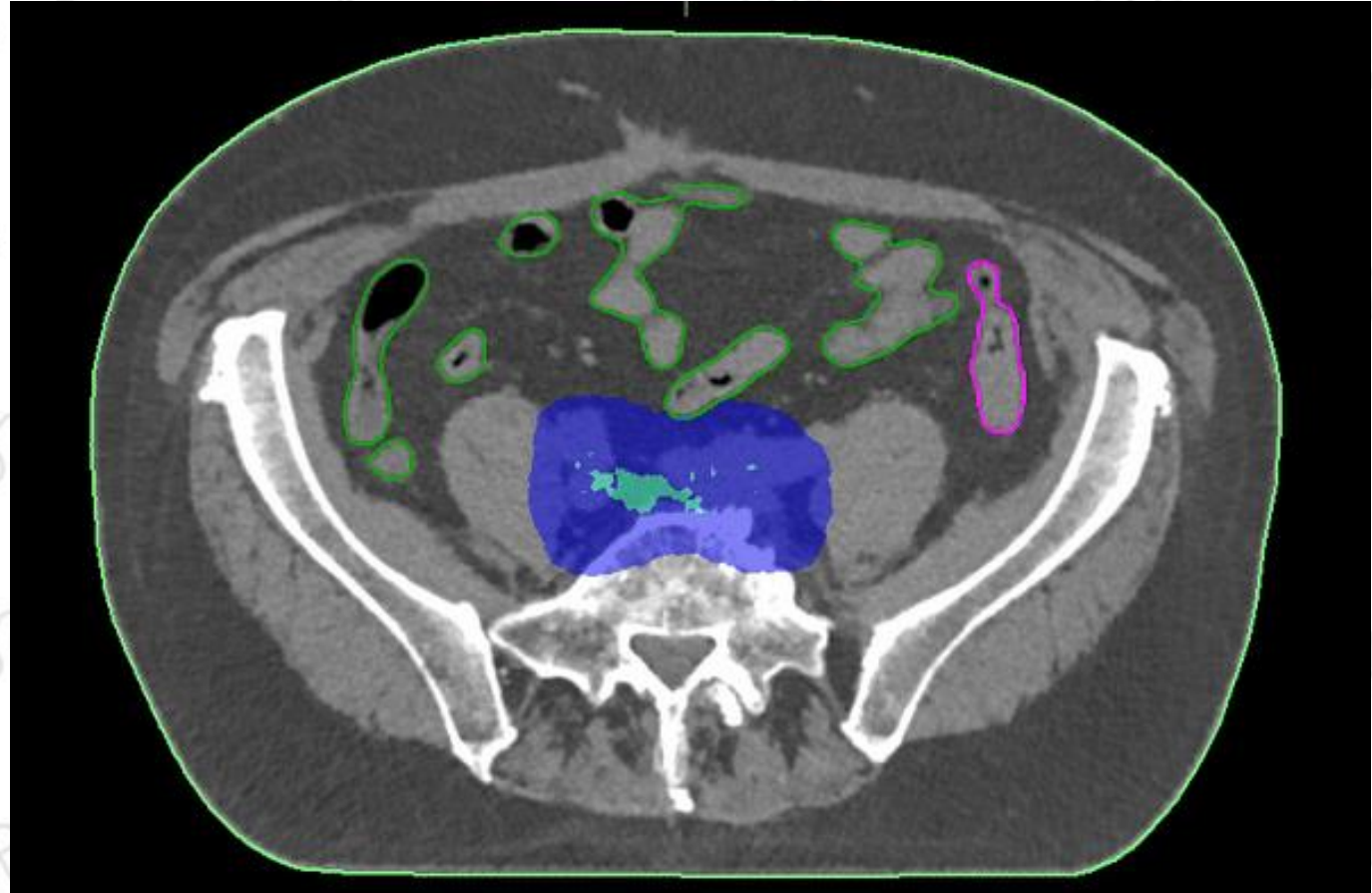


PTV_pelvis 20 x 2.2 Gy
PTV_PB 20 x 2.625 Gy
PTV_pelvis_PSMA 20 x 2.9 Gy

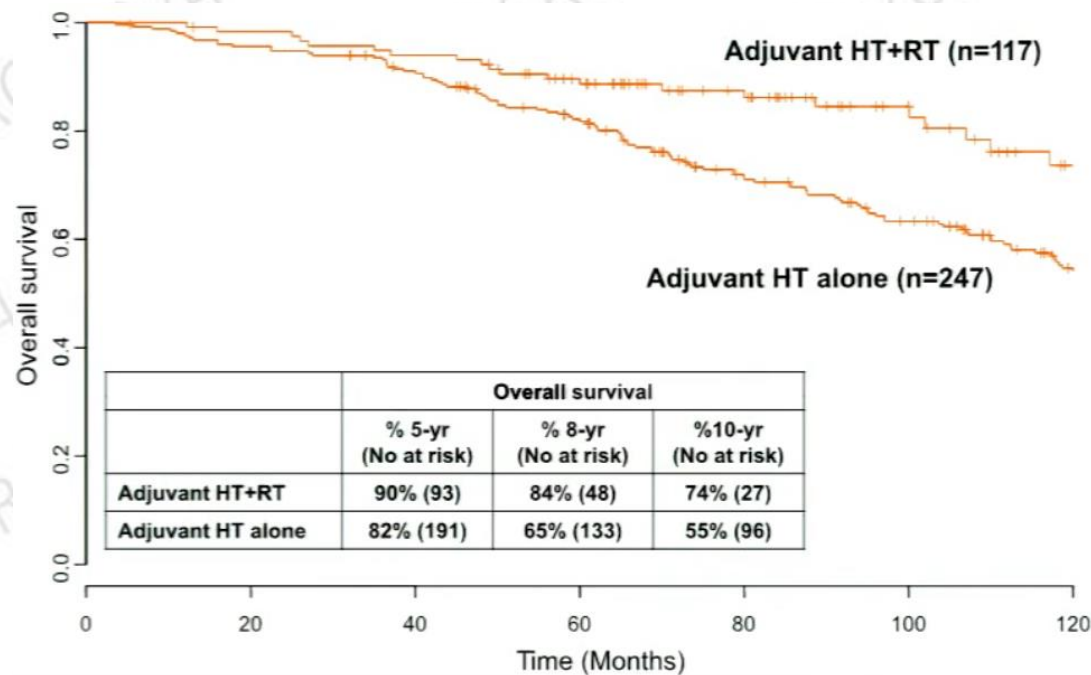
Materiál VOÚ

Záchranná rádioterapia pT3a N0/8, PSA persistencia, PSMA PET CT: 2 LN metastases

- Mierna hypofrakcionácia v 20 fr.
- Cieľové objemy a dávky:
 - **Lôžko prostaty:** 52,5 Gy
 - **Pelvis:** 44 Gy
 - **PSMA PET N+:** 58 Gy
- ADT: 2 roky

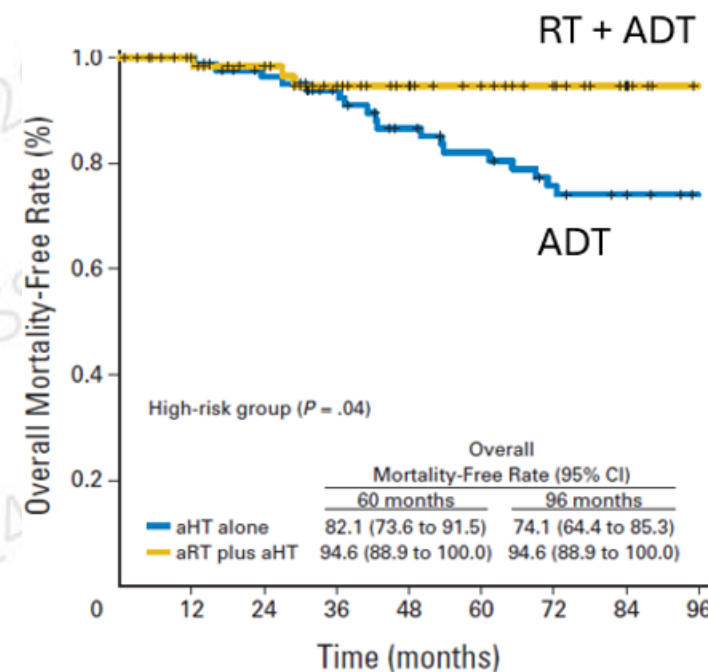
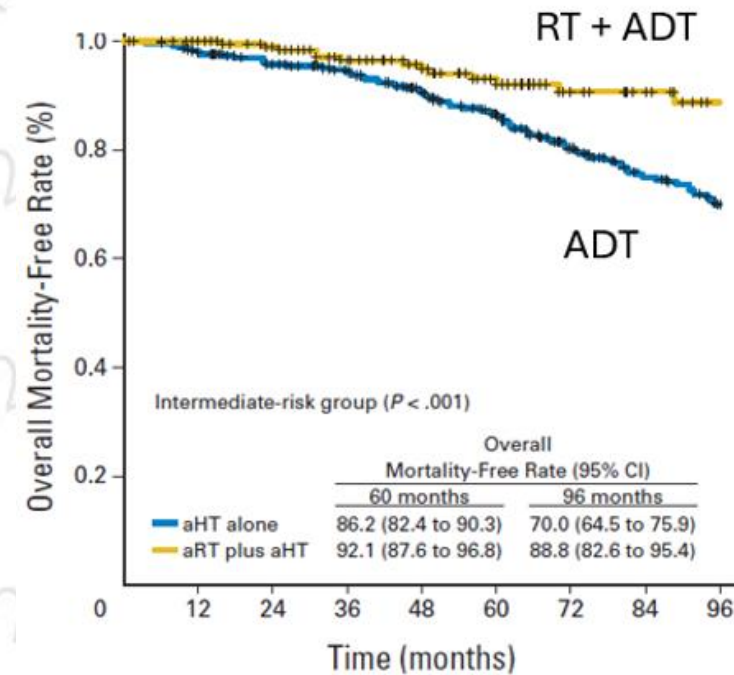


Pooperačná RT pri pN1?



Briganti A. et al. Eur Urol 2011

Abdollah F et al. JCO 2015





THE JOURNAL OF UROLOGY®

© 2024 by AMERICAN UROLOGICAL ASSOCIATION EDUCATION AND RESEARCH, INC.

Salvage Therapy for Prostate Cancer: AUA/ASTRO/SUO Guideline Part I: Introduction and Treatment Decision-Making at the Time of Suspected Biochemical Recurrence after Radical Prostatectomy

EAU - EANM - ESTRO - ESUR - ISUP - SIOG Guidelines on Prostate Cancer

P. Cornford (Chair), D. Tilki (Vice-chair), R.C.N. van den Bergh,
E. Briers, Patient Advocate (European Prostate Cancer
Coalition/Europa UOMO), D. Eberli, G. De Meerleer, M. De Santis,
S. Gillessen, A.M. Henry, G.J.L.H. van Leenders, J. Oldenburg,
I.M. van Oort, D.E. Oprea-Lager, G. Ploussard, M. Roberts,
O. Rouvière, I.G. Schoots, J. Stranne, T. Wiegel
Guidelines Associates: T. Van den Broeck, O. Brundkhorst,
A. Farolfi, G. Gandaglia, N. Grivas, M. Lardas, M. Liew,
E. Linares Espinós, P.-P.M. Willemse
Guidelines Office: J. Darragh, E. Smith, N. Schouten



European
Association
of Urology



ESTRO
European Society
for Radiotherapy
& Oncology

EUROPA UOMO®
The Voice of Men with Prostate Cancer in Europe



26. In patients with pelvic nodal recurrence following primary RP, clinicians should offer ADT plus salvage RT to the prostate bed and pelvic lymph nodes. (*Expert Opinion*)

In pN1 patients, after an extended lymph node dissection, discuss three management options, based on nodal involvement characteristics:

1. Offer adjuvant ADT;
2. Offer adjuvant ADT with additional IMRT/VMAT plus IGRT;
3. Offer observation (expectant management) to a patient after eLND and ≤ 2 nodes and a PSA < 0.1 ng/mL.

Weak

Záver

- Včasná SRT je preferovaná pred ART
- ART je rozumná možnosť pri ≥ 2 rizikových faktoroch
- Ožiarenie panvových uzlín s krátkodobou ADT môže zlepšiť biochemickú kontrolu a špecifické prežívanie
- Dlhodobá ADT mierne zlepšuje prežívanie bez metastáz – selektívne
- Dávku rádioterapie nie je potrebné zvyšovať
- Úloha PSMA PET/CT pred SRT?
- Mierna hypofrakcionácia je bezpečná a komfortná pre pacientov