PROSTATE CANCER RADIOTHERAPY AFTER SURGERY

10-year outcomes of the ARO 96-02/AUO AP 09/95 trial confirm the benefit of adjuvant radiotherapy after radical prostatectomy for patients with locally advanced disease.

Up to 35% of men who undergo prostatectomy are thought to experience recurrence within 10 years; now a number of trials have demonstrated that adjuvant radiotherapy improves progression-free survival compared with a 'wait-and-see' policy. Following on from the EORTC 2911 trial (10-year outcomes published last year) and SWOG 8794 (5-year outcomes published in 2006), these long-term data from ARO 96-02 confirm the efficacy of radiotherapy in this context. However, patients were only included in this trial if they achieved a complete PSA response after surgery, leading the authors to assert that this is the "only truly adjuvant trial among the three."

Of 388 men originally recruited to the ARO 96-02 trial, 78 were excluded because they did not achieve undetectable PSA ($<0.5\text{ ng/ml}$) within 6 weeks of undergoing open radical prostatectomy. Long-term data were available for 148 men who received adjuvant radiotherapy and 159 men who received wait-and-see management. Progression-free survival was significantly better for men in the adjuvant radiotherapy group (56% versus 35%; HR 0.51, 95% CI 0.37–0.70). This benefit was more pronounced in men with positive surgical margins or stage pT3b disease.

Radiation-induced toxicity was low, with only four cases of bladder toxicity (grades 2–3) and two cases of rectal toxicity (grade 2). No grade 4 events were reported. These findings are better than those reported for EORTC 2911 and have been attributed to the use of 3D planning and dose limitation to 60 Gy in this trial.

All three adjuvant radiotherapy trials were designed before the introduction of advanced radiotherapy techniques, including intensity-modulated radiotherapy and image-guided patient positioning, which might improve outcomes further. For now, the most pertinent question seems to be whether immediate or salvage radiotherapy is the best strategy for men with locally advanced prostate cancer. All eyes are turned to the RADICALS, GETUG-17 and RAVES trials to answer this question.

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