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Letter to the Editor

Re: Felix Preisser, Felix K.H. Chun, Raisa S. Pompe, et al. Persistent Prostate-specific Antigen After Radical Prostatectomy and Its Impact on Oncologic Outcomes. Eur Urol 2019;76:106–14

Useful Prognostic Information in Prostate Cancer After Radical Prostatectomy Might Not Be Applicable to High-risk Disease

I read with great interest the publication by Preisser et al. [1] regarding the impact on oncologic outcomes of the first prostate-specific antigen (PSA) level at 6 wk after radical prostatectomy (RP). The authors provide really useful information for counseling patients in everyday practice: of patients who had PSA <0.1 ng/ml after surgery, only 6.8% and 3.8% would develop metastasis or die from prostate cancer, respectively, at 15 yr.

It is important to recognize one limitation not discussed by the authors: 1109 patients were excluded from the analysis because they had received neoadjuvant treatment. It is expected that candidates for neoadjuvant treatment would have high-risk disease, so considerable selection bias would be expected for this group. If the results are carefully

analyzed, only 4.9% ($n = 569$) of the patients included were in International Society of Urological Pathology (ISUP) groups 4 and 5, while 24.3% were in ISUP group 1 (would be candidates for active surveillance according to current guidelines), raising concerns about the applicability of the results in the high-risk setting.

Conflicts of interest: The author has nothing to disclose.

Reference

- [1] Preisser F, Chun FKH, Pompe RS, et al. Persistent prostate-specific antigen after radical prostatectomy and its impact on oncologic outcomes. *Eur Urol* 2019;76:106–14.

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