



# Re: A systematic review of contemporary management of oligometastatic prostate cancer: fighting a challenge or tilting at windmills? From Slaoui et al., *World J urol* 2019. Long-term safety of local radiation therapy of newly diagnosed low burden metastatic prostate cancer: an unaddressed concern

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Dear Editor

We read with great interest the review article from Slaoui et al. [1] on the management of oligometastatic prostate cancer. Based on the recently published NCT00268476-STAMPEDE trial [2], Authors concluded that radiotherapy may be beneficial for patients with low-burden metastatic PCa, whereas the impact of cytoreductive surgery on survival still remains unknown.

From the randomised phase-3 trial from Parker [2], prostate radiation therapy has proven to be effective to improve both failure free- and overall-survival in newly diagnosed low-burden metastatic PCa, while maintaining a low rate of adverse events in the safety population.

Bearing in mind such a benefit, the long-term safety of prostate radiotherapy seems not to be completely addressed in the dataset from Parker. Among 2061 patients, merely 533 had available data on adverse events at 2 years—the longest lapse-of-time for safety assessment in the NCT00268476-STAMPEDE trial [2].

Should 2-year follow-up be considered appropriate for the evaluation of long-term side effects of pelvic radiation therapy? After allocation in the treatment group of STAMPEDE, patients could receive either 36 Gy/6 or 55 Gy/20 fractions [2], that means a moderate-to-severe hypofractionation [3]. As a remark, a 5–10 Gy/fx range still raises some concerns about high-grade genitourinary and rectal toxicity, and long-term adverse events for such a hypofractionation are far to be deeply known [3].

At the same time, the scenario of medical treatment for hormone-naïve metastatic PCa is rapidly evolving—since the first CHARTED-NCT00309985 and STAMPEDE-NCT00268476 studies [4]—and the prognosis of these patients is supposed to be evolving as well.

The perspective of a long-term survival advises further insights into the long-term safety of radiation therapy; meanwhile, a local surgical treatment is worth to be considered a reasonable alternative to prostate radiotherapy [5–7]—even if investigational too.

Beyond a survival benefit, the symptomatic event-free advantage from radical prostatectomy could be the most promising and durable outcome for long-term survivors from newly diagnosed low-burden metastatic PCa.

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