

## Salvage therapies for prostate cancer: Keeping it in the mix

Bryan J. Donnelly, MD, FRCSC, MSc, MCh (Urology)

Southern Alberta Institute of Urology, Calgary, AB

See related article on page 325.

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**D**r. Chin and his group are to be commended for their ongoing assessment of salvage therapies in selected patients with recurrent prostate cancer post-radiation therapy.<sup>1</sup> Over many years, the authors have scientifically evaluated cryosurgery and high-intensity focused ultrasound (HIFU). Earlier publications have helped to delineate the selection criteria of those cases most likely to succeed.<sup>2</sup> Some of the differences between the 3 groups in this publication reflect increasing experience with the technology, but more importantly better case selection. The major difference between the 3 groups relate to the incidence of Clavien grade 1/2 complications. In the setting of salvage treatments, this degree of complication is quite minimal and would be a very small price to pay for a potential cure. Furthermore, success in these patients would remove the need for androgen deprivation therapy (ADT), with all its attendant side effects and impacts.

The incidence of incontinence in the publication runs at the higher end reported in the literature for post-cryo salvage patients.<sup>1</sup> Likewise the incontinence rate following salvage HIFU reported is at the low end of current reports. The more serious complications of “need for surgical intervention” or fistula formation are in the expected range. A fistula is a very severe complication in a post-radiation patient. It usually will not heal and will require both bowel and urinary diversion. Nonetheless, the reported incidence post-ablation is significantly lower than the reported rate of rectal injury in salvage surgical series.<sup>2</sup> The use of hydrodissection to separate the posterior surface of the prostate from the anterior rectal wall in salvage ablation procedures has greatly reduced the risk of rectal injury.

In today’s prostate-specific antigen era, most men diagnosed with prostate cancer have clinically localized disease. At least one-third of these patients will be treated with either external beam radiation or brachytherapy. Between 26%<sup>3</sup> and 63%<sup>4</sup> of these patients develop biochemical recurrence.

Many of these patients will have localized recurrent disease thereby making them eligible for consideration for salvage therapy. Salvage radical prostatectomy, salvage cryosurgery, salvage HIFU and salvage brachytherapy are all potential options for these patients. Very few centres offer any of these potentially curative choices.

While I recognize that any one of these procedures carries a significant risk of complications, their incidence is steadily decreasing with time and expertise. The alternative of salvage ADT (continuous or intermittent) also carries its own set of complications and negative impact on quality of life. These salvage procedures should only be carried out in a very limited number of centres where significant expertise can be developed. In addition, rigorous selection of suitable patients will lead to better outcomes.

In my own practice, I was initially very reluctant to embark on salvage cryosurgery because of the risk of significant complications. In a short space of time, two patients caused me to change my view. “Doctor, your job is to outline the treatment options that are available to me and explain how they are done with the benefits and negatives. My job as the patient is to decide if I am willing or not to get this done.” If we use this as a yardstick, most Canadian surgical and radiation oncologists would receive a failing grade. We owe it to our patients to correct this deficiency.

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**Correspondence:** Dr. Bryan J. Donnelly, Southern Alberta Institute of Urology, 6635, 7007-14th Street SW, Calgary, AB T2V 1P9; [donnelly@ucalgary.ca](mailto:donnelly@ucalgary.ca)