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# Can salvage radical prostatectomy and salvage ablation achieve similar outcomes in radio-recurrent localized prostate cancer?

The management of localized prostate cancer recurrence post-radiation therapy (RT) presents a complex clinical challenge. Salvage therapies, such as radical prostatectomy or cryotherapy, may be considered in select cases, aiming to cure recurrent cancer while minimizing side effects.<sup>1</sup> Focal salvage therapies or novel systemic agents are also being investigated to enhance efficacy and minimize side effects when compared to salvage radical prostatectomy (SRP).<sup>1</sup> The decision-making process involves careful consideration of individualized patient factors to determine the most suitable approach for managing recurrent localized prostate cancer after RT.

This month's *CUAJ* paper by McPherson et al, presents oncologic outcomes of SRP and salvage ablation (SA) for patients with radio-recurrent localized prostate cancer.<sup>2</sup> The study, based on registry data from Memorial Sloan Kettering Cancer Center and Western University, included 444 patients, and after propensity score matching, 378 patients were identified for analysis. Authors found no statistically significant differences in cancer-specific survival (CSS) and metastasis-free survival (MFS) between the two treatments; however, there was a trend toward higher rates of androgen deprivation therapy in the SA group. The authors suggest that both SRP and SA are viable options for men with clinically localized, radio-recurrent prostate cancer, and that future research may further elucidate subpopulations that may be more amenable to either SRP or SA.

The study has several limitations, including its retrospective nature, potential for unmeasured confounding, and differences in patient characteristics between the SRP and SA groups. The use of propensity score matching helped balance key characteristics between the groups, but there may still be unmeasured factors that could influence the results. Additionally, the study

did not evaluate biochemical recurrence-free survival due to differences in the definitions of biochemical recurrence in the post-surgical and post-ablative settings. Furthermore, using two different registries from different countries with different healthcare systems will certainly introduce bias. Finally, the relatively short followup time in this study would bias outcomes towards lower rates of metastasis and prostate CSS.

The study's findings are consistent with previous research that has reported comparable CSS and MFS rates for these treatments.<sup>3,4</sup> The implications of this study are significant for clinical practice, as they suggest that both SRP and SA can achieve similar oncologic outcomes for patients with radio-recurrent localized prostate cancer. Given the lower side effect profile of SA therapies, along with a technically less challenging procedure than SRP, SA may start to take more of a role in cancer treatments going forward.

Ongoing research using focal rather than whole-gland salvage therapies may further improve the management of radio-recurrent localized prostate cancer while minimizing treatment side effects.

COMPETING INTERESTS: The authors do not report any competing personal or financial interests related to this work.

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