

## **Salvage Radical Prostatectomy for Failed Radiation Therapy?**

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Disclaimer: Please recognize that I am not a Medical Doctor. I have been an avid student researching and studying prostate cancer as a survivor and continuing patient since 1992. I have dedicated my retirement years to continued research and study in order to serve as an advocate for prostate cancer awareness, and, from a activist patient's viewpoint, to help patients, caregivers, and others interested develop an understanding of prostate cancer, its treatment options, and the treatment of the side effects that often accompany treatment. Readers of this paper must understand that the comments or recommendations I make are not intended to be the procedure to blindly follow; rather, they are to be reviewed as my opinion, then used for further personal research, study, and subsequent discussion with the medical professional/physician providing prostate cancer care.

For patients who have failed radiation therapy and salvage radical prostatectomy has been suggested, please take the valuable time to review the following papers to be more aware of the pros and/or cons of this form of salvage treatment. It is my opinion that salvage surgery requires a physician or physicians with well known experience and expertise in this procedure and should likely not be considered for patients with Gleason Score equal to or above 8 since, despite imaging not yet identifying, metastasis is more likely to have already occurred.

### **Oncologic Outcome and Patterns of Recurrence after Salvage Radical Prostatectomy**

<http://tinyurl.com/kfggu27>

Please note in the above paper that the 5-year recurrence-free probability was 54% for patients whose biopsy Gleason score was 6, 57% for patients whose biopsy Gleason score was 7, compared to only 35% for patients whose biopsy Gleason score was equal to or over 8). Take note also on page 409 that urinary incontinence and bladder neck contracture continue to be problematic.

### **Salvage Radical Prostatectomy for Radiation-recurrent Prostate Cancer: A Multi-institutional Collaboration**

<http://tinyurl.com/6pcr9t6>

This paper makes note that the most favorable group for salvage radical prostatectomy is men with a PSA less than 4ng/ml and a post-radiation biopsy Gleason Score equal or less than 7. The paper further notes that evaluation for recurrence and/or the development of new methods to detect local recurrence are needed to improve oncologic outcomes after salvage radical prostatectomy. Their study of 55 patients who had salvage radical prostatectomy identified two cases of rectal injury, 80% continent after 1 year, and 40% of patients who had normal erectile function prior to the surgery were able to have sexual intercourse with the use of oral medications.

### **Salvage prostatectomy post-definitive radiation therapy: The Vancouver experience.**

<http://www.ncbi.nlm.nih.gov/pubmed/22277631>

In the foregoing paper, apparently only 33 patients were part of the study. 21 had successful outcome; 9 had recurrence, 3 died of prostate cancer. What isn't identified were the PSA levels and Gleason scores post-radiation, and it would have been good to know if higher Gleason score were indications of the 9 with recurrence and 3 who died.

Thus, in summary, there are side effects and likelihood of success of which to be aware, and recognizing the importance of having such a procedure performed by a surgeon with specific experience and expertise in salvage radical prostatectomy is important. Alternative treatments include brachytherapy following failed external beam radiation, external beam radiation following failed brachytherapy, cryotherapy/freezing, radio-frequency thermal ablation, high-intensity focused ultrasonography (HIFU), or for patients with high grade Gleason scores of 8 or higher, androgen deprivation therapy with triple-hormonal blockade including an antiandrogen (bicalutamide generic of Casodex or flutamide/Eulexin or nilutamide/Nilandron), an LHRH agonist (Lupron, Eligard, Trelstar, or Zoladex) or the GnRH antagonist degarelix/Firmagon), and the 5Alpha Reductase (5AR) inhibitor dutasteride/Avodart.