

## Radiotherapy after surgery has lasting benefits for prostate cancer patients

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New research confirms that giving radiotherapy immediately after surgery to remove the prostate has long-term benefits for preventing the biochemical progression of the disease. After 10 years, 61 percent of men who received immediate radiotherapy treatment remained disease free compared with 38 percent who did not, according to the follow-up of the randomized EORTC trial 22911 published Online First in *The Lancet*.

"These long-term results reassure us of the continued benefit and safety of radiation therapy after [prostatectomy](#) for a large proportion of men with locally advanced or high-risk prostate cancer", explains Michel Bolla from the Centre Hospitalier Universitaire A Michallon in France who led the research. "They also suggest that younger patients and those with positive surgical margins are most likely to benefit from immediate radiotherapy, whereas in [older adults](#) (aged 70 years plus) it could have detrimental effects."

Worldwide, prostate cancer is the second most common cancer in men after [lung cancer](#). One of the main treatments is removal of the prostate, but for patients whose cancer has spread beyond the prostate the risk of recurrence can be 10%, and a course of radiotherapy is often prescribed to improve outcomes.

Bolla and colleagues followed 1005 patients with high-risk [prostate cancer](#) for more than 10 years to examine the effect of immediate postoperative radiotherapy (given within 4 months of surgery) versus

watchful waiting until first signs of [disease recurrence](#).

Even after 10 years, men given immediate radiotherapy after surgery still had significantly better biochemical progression-free survival compared with those who were only monitored, with no significant difference in severe toxicity. They also had substantially better local control and so were less likely to need hormonal therapy which can have side effects after prolonged use.

But in contrast to initial (5 year) results, clinical progression-free survival (where the disease has not spread to other sites) was not significantly improved with immediate radiation therapy after 10 years, and radiotherapy had no effect on the 10-year rates of distant cancerous spread or overall survival.

Writing in a linked Comment, Jason A. Efstathiou from Massachusetts General Hospital in Boston discusses whether there is enough evidence to discern who should and should not receive [radiation therapy](#) after surgery and the best time to start treatment, writing that: Ultimately, the decision to treat needs multidisciplinary input. When surgery has probably not cured a patient, prospective data still support postoperative radiation. The onus is on the uro-oncology team (surgical, radiation, and medical) to discuss postoperative radiation with the patient, address optimal timing of initiation when it is used, and to provide justification when it is not."

**More information:** Paper online: [www.thelancet.com/journals/lan ... \(12\)61608-0/abstract](http://www.thelancet.com/journals/lan... (12)61608-0/abstract)

Provided by Lancet

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