

ASCO endorses guideline for radiation after prostatectomy

6 November 2014



Image courtesy of Blausen Medical

and salvage radiotherapy with patients with PSA or local [recurrence](#) after [prostatectomy](#)," the authors write. "The discussion of radiotherapy should include possible short- and long-term adverse effects and potential benefits."

Several authors disclosed financial ties to pharmaceutical and biomedical companies.

More information: [Abstract](#)
[Full Text](#)

(HealthDay)—The American Society for Clinical Oncology (ASCO) has endorsed a recent guideline for adjuvant and salvage radiotherapy after prostatectomy. The endorsement was published online Nov. 3 in the *Journal of Clinical Oncology*.

Stephen J. Freedland, M.D., from Duke University in Durham, N.C., and colleagues reviewed the American Urological Association/American Society for Radiation Oncology guideline on adjuvant and salvage radiotherapy after prostatectomy.

The ASCO panel determined that the recommendations in the guideline are clear, thorough, and based on the most recent and relevant evidence. ASCO endorsed the guideline with the addition of one qualifying statement that not all candidates for adjuvant or salvage radiotherapy have the same risk for recurrence or progression, and consequently the risk-benefit ratios differ. Men with seminal vesicle invasion, Gleason score 8 to 10, extensive positive margins, and detectable postoperative prostate-specific antigen (PSA) are at the highest risk for recurrence after [radical prostatectomy](#).

"Physicians should discuss adjuvant radiotherapy with patients with adverse pathologic findings at prostatectomy (i.e., seminal vesicle invasion, positive surgical margins, extraprostatic extension)

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APA citation: ASCO endorses guideline for radiation after prostatectomy (2014, November 6) retrieved 5 June 2022 from <https://medicalxpress.com/news/2014-11-asco-endorses-guideline-prostatectomy.html>

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