



Response to “Stereotactic body radiotherapy for oligoprogressive lesions in metastatic castration-resistant prostate cancer patients – A closer inspection will improve your vision”

We would like to thank Onal C et al. for the interest in our publication on the use of SBRT to postpone escalation of systemic treatment of castration-resistant prostate cancer [1].

The imaging modality is a crucial point for staging the oligometastatic patient, as shown in the retrospective analysis by Fendler et al [2]. Current prospective studies require specific imaging modalities to answer this question. However, in our retrospective and multicenter analysis, we were not able to provide robust data on this point. Indeed, patients were included over a period of more than 10 years, during which imaging recommendations at the time of diagnosis and follow-up, as well as the imaging modalities themselves, evolved. Logically, we performed more PSMA-PET/CT or CHOLINE-PET/CT staging during the last years of inclusion.

The management of patients with metastatic castration-resistant prostate cancer is a hot topic. As Onal C et al. pointed out in their two studies [3,4], stereotactic radiotherapy could be a therapeutic alternative to delay the new systemic line. We are pleased to see that our retrospective analyzes support this. We remain convinced that a prospective analysis with a larger number of patients would make it possible to highlight more specific prognostic factors, to better select SBRT candidates.

We are excited to continue our work on this fascinating subject and to be able to exchange again.

Funding

None.

CRedit authorship contribution statement

JMHL and DB designed the study, interpreted data, discussed and wrote the manuscript. DB did the literature search. DB, JMHL, DP, BV, and CO acquired the data. TPL was responsible for the statistical

methods and data analysis. RS was the data manager. DB, JMHL, DP, TPL, BV, RS and CO reviewed and accepted the manuscript submission.

References

- [1] Baron D, Pasquier D, Pace-Loscos T, Vandendorpe B, Schiappa R, Ortholan C, et al. Stereotactic body radiation therapy to postpone systemic therapy escalation for castration-resistant prostate cancer: a multicenter retrospective analysis. *Clin Transl Radiat Oncol* 2024;45:100710.
- [2] Fendler WP, Weber M, Irvani A, Hofman MS, Calais J, Czernin J, et al. Prostate-specific membrane antigen ligand positron emission tomography in men with non-metastatic castration-resistant prostate cancer. *Clin Cancer Res* 2019;25(24):7448–54.
- [3] Onal C, Ozyigit G, Oymak E, Guler OC, Tilki B, Hurmuz P, et al. Stereotactic radiotherapy to oligoprogressive lesions detected with (68)Ga-PSMA-PET/CT in castration-resistant prostate cancer patients. *Eur J Nucl Med Mol Imaging* 2021;48(11):3683–92.
- [4] Onal C, Kose F, Ozyigit G, Aksoy S, Oymak E, Muallaoglu S, et al. Stereotactic body radiotherapy for oligoprogressive lesions in metastatic castration-resistant prostate cancer patients during abiraterone/enzalutamide treatment. *Prostate* 2021;81(9):543–52.

D. Baron^a, D. Pasquier^b, T. Pace-Loscos^c, B. Vandendorpe^b,
R. Schiappa^c, C. Ortholan^d, J.M. Hannoun-Levi^{a,*}

^a Department of Radiotherapy, Centre Antoine Lacassagne, University Cote d'Azur, Nice, France

^b Department of Radiotherapy Centre Oscar Lambret, Lille, France

^c Biostatistic unit Antoine Lacassagne Cancer Center, University of Cote d'Azur, Nice, France

^d Department of Radiotherapy Centre Hospitalier Princesse Grace, Monaco

* Corresponding author at: Department of Radiation Oncology, Antoine Lacassagne Cancer Center - University Cote d'Azur, 33 Avenue Valombrose, 06107 Nice CEDEX, France.

E-mail address: jean-michel.hannoun-levi@nice.unicancer.fr (J.M. Hannoun-Levi).

DOI of original article: <https://doi.org/10.1016/j.ctro.2024.100754>.

<https://doi.org/10.1016/j.ctro.2024.100755>

Received 31 January 2024; Accepted 20 February 2024

Available online 21 February 2024

2405-6308/© 2024 The Author(s). Published by Elsevier B.V. on behalf of European Society for Radiotherapy and Oncology. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).