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REPLY TO LETTER TO THE EDITOR: The importance of an adequate surgical template during salvage lymph node dissection for node-recurrent prostate cancer

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Reply:

In line with the response by Bravi et al, PSMA PET demonstrated low sensitivity but high specificity and negative predictive value for the detection of pelvic nodal metastases compared to histopathology in a multicenter prospective phase III imaging study employing blinded independent central reads (1). PSMA PET detection inversely correlates with size of tumor deposits and thus PET is prone to miss micro-metastatic disease (2). Despite underestimation on a single-lesion level (3), PSMA PET positivity raises a red flag for diseased regions (4). As nodal spread follows lymph drainage anatomy, PSMA PET guidance towards regions at risk seems feasible. The ongoing prospective ProsTone trial (NCT04271579) will assess whether unilateral pelvic lymph node dissection on the PSMA PET-positive side will lead to improved efficacy toxicity trade-off by sparing potentially undiseased contralateral nodal regions. We agree with Bravi and colleagues suggesting the adoption of an adequate template will be key to maximize the benefit for patients undergoing local salvage therapy. In addition, standardized reporting of PSMA PET using a rationale anatomic framework together with implementation into clinical trials on local therapy will be key to define the future role of PSMA PET for treatment guidance (5).

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