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Reply to Letter to the Editor: “The role of radiotherapy after radical prostatectomy” by Aktan and Koç.

To the Editor:

We would like to thank Aktan and Koç for their interest in our recent study entitled “Gleason score at the margin can predict biochemical recurrence after radical prostatectomy, in addition to preoperative PSA and surgical margin status” (1).

Because we were interested in the risk of recurrence, all patients who had undergone adjuvant therapy (radiotherapy or hormonal treatment) before biochemical recurrence were excluded as in previous studies (2,3). The patients with biochemical recurrence (PSA ≥ 0.2 ng/mL at least two measurements) after radical prostatectomy were treated by radiotherapy and/or hormonal treatment according to risk factors including preoperative serum PSA, clinical stage, Gleason score, and pathological stage (level of extraprostatic extension, seminal vesicle invasion) in addition to surgical margin positivity (SMP).

The reported overall rates of SMP vary extremely, reflecting differences in specimen processing, diligence of the pathologist in examining the tissue, patient selection,

and surgical technique. The reported rate of SMP ranges from 11% to 37% (4).

For details regarding the patient population, 94 patients who underwent radical prostatectomy between 2001 and 2010 with at least 2-year follow-up were included. The mean and median follow-up times were more than 5 years. Furthermore, radical prostatectomy was performed by four surgeons with different surgical experience. This limitation of our study may be another reason for the high rate of surgical margin positivity and biochemical recurrence.

Although our results are promising, several limitations such as the sample size, single-center experience, and short follow-up may apply to our analyses. To date no preoperative or postoperative biomarker or histopathological finding has been shown to predict the precise probability of biochemical recurrence after radical prostatectomy. Our recent study suggests that Gleason score at the surgical margin may have an independent prognostic role for predicting biochemical recurrence after radical prostatectomy.

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