Adjuvant/Salvage RT for Prostate Cancer – QUESTIONS

Clinical Case Conference
UCSD Radiation Oncology
SA-CME

1. Which of the following is the AUA definition of failure post-prostatectomy?
   A) Single PSA value of >0.3 ng/mL
   B) Initial PSA value ≥0.2 ng/mL followed by a subsequent confirmatory PSA
   C) Single PSA value ≥0.2 ng/mL
   D) Two successive PSA values of >0.1ng/mL
   E) Single PSA value of >0.5 ng/mL

2. Which is the appropriate 7th edition AJCC TNM stage for a prostate adenocarcinoma found at prostatectomy to invade into the seminal vesicles, without evidence of lymph node metastases?
   A) cT3aN0
   B) pT3aN0
   C) cT3bN0
   D) pT3bN0

3. A patient undergoes radical prostatectomy, and pathology reveals extracapsular extension with negative seminal vesicles, lymph node, and surgical margins. The patient has undetectable postoperative PSA levels. What is the recommended adjuvant therapy?
   A) Observation
   B) Hormonal therapy
   C) Radiation therapy
   D) Chemotherapy

4. According to the RTOG consensus guidelines, the superior border of the clinical target volume after radical prostatectomy is defined as:
   A) the superior border of the bladder.
   B) the bifurcation of the common iliac vessels.
   C) the level of cut end of the vas deferens.
   D) 1 cm above the pubic symphysis.

5. All of the following are true regarding EORTC 22911 in which patients were randomized to adjuvant radiotherapy or not after prostatectomy EXCEPT:
   A) Patients had to have either positive surgical margins or pT3 disease.
   B) Total dose to the prostatic fossa was 60 Gy.
   C) Adjuvant radiotherapy did not improve overall survival.
   D) A later subset analysis revealed that only patients with seminal vesicle involvement benefited from adjuvant radiotherapy.