Reply to the letter to the editor

‘Management of patients with advanced prostate cancer: recommendations of the St Gallen Advanced Prostate Cancer Consensus Conference (APCCC) 2015’ by Gillessen et al.

We thank von Eyben et al. for their interest in our recent article by Gillessen et al. [1]. They make five comments: first, at the Advanced Prostate Cancer Consensus Conference (APCCC), nuclear medicine was not represented; second, APCCC did not recommend functional imaging in patients with PSA recurrence after local treatment; third, APCCC stated that there were no solid data on PSMA PET/CT; fourth, APCCC did not appreciate the value of early treatment for men with PSA recurrence after local treatment and fifth, the panel was critical about the role of radiation therapy for men with oligometastatic castration-naïve prostate cancer.

We wish to clarify that APCCC focused on the management of men with advanced prostate cancer (APC) and PSA recurrence after local treatment was not covered in the conference or the manuscript. Also, a nuclear medicine specialist (SF) was present in the panel (see supplementary Figure S1 and Appendix S3, available at Annals of Oncology online) and actively involved in the whole process of the conference including the development of the consensus questions and writing of the manuscript.

The panel felt that although PET/CTs using novel tracers hold great potential, the widespread availability of them is still limited and that their value and impact on management and survival of men with advanced prostate cancer has not been proven. Indeed almost all of the studies using PET/CT with new tracers (including the one mentioned in the letter) are single-center protocols, neither prospective nor randomized, with questionable definition of reference standard, thus leading to lack of evidence to allow recommending such procedures for everyday practice.

With regards to the management of men with oligometastatic castration-naïve prostate cancer, the panel acknowledged that this was an area where research should be conducted to define optimal management strategies. The available data on treatment of men with oligometastatic prostate cancer are sparse and heterogeneous with regards to definitions, patient populations, imaging methods and treatment approaches applied. Therefore, for daily clinical practice, which is what APCCC recommendations are aimed for, the panel was unable to reach consensus for a specific therapeutic approach due to insufficient data.

We do thank von Eyben et al. for their valuable comments and we hope that ongoing research will allow a discussion of and consensus on some of the important clinical dilemmas by the time of the next upcoming APCCC conference in 2017 (www.apccc.org).

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disclosure

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references

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