

Author reply

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The benefit of postoperative radiotherapy for prostate cancer is controversial. Several randomized trials showed that adjuvant radiotherapy for high-risk group patients did improve the biochemical control, but not lead to better overall survival.^[1] Physicians might therefore reserve radiotherapy until biochemical or clinical failure. The accepted PSA level to initiate salvage radiotherapy was usually set as 0.2 or 0.5 ng/ml, and the salvage rate was acceptable at the point.^[2,3] Tsan *et al.*, showed that PSA level at 0.2 ng/ml is a good cut point to start salvage radiotherapy. Patients in this study were from area of low PSA screening and low incidence rate of prostate cancer, which suggests currently accepted cut point for salvage radiotherapy is valid in this area. Besides, the conclusion agrees with the idea that treatment result will be better when the tumor burden is lower. However, this study is limited by its small case number and relatively

short follow-up period, and can only provide preliminary observation. With accumulating more data, this study will be very informative and help us improve the treatment of prostate cancer.

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