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Columns: Editorial

Evolving role of salvage reirradiation: Is global harmonization required before treatment guidelines can be developed?

Natalie Logie, Suzanne Drodge, Oleksandr Boychak, Alysa Fairchild

Abstract

Up to 90% of patients initially treated with curative-intent radiotherapy (RT) will experience locoregional failure. Historically, repeat irradiation (ReRT) was offered purely with palliative intent, if considered at all, due to concerns surrounding toxicity, tolerance of normal tissues, and choice of appropriate dose schedule. With technological advancements in RT delivery, coupled with longer survival in many malignancies secondary to improvements in systemic therapy, a small subset of patients presenting with localized recurrence is increasingly being offered salvage ReRT. However, this is largely on an ad hoc basis, guided mainly by small retrospective, single-institution reports. The patient population retreated, RT modality, dose received, degree of attrition and follow-up are extremely variable. The opportunity presently exists to apply lessons learned from the harmonization of the research efforts within the bone metastases community to the salvage ReRT situation: the adoption of common endpoints,

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