



## PRINCIPLES OF METASTASIS-DIRECTED THERAPY (MDT)

### General

- MDT is the treatment of metastatic sites with a local therapy to improve oncologic outcomes, not simply to provide symptom palliation. MDT has been studied primarily with radiotherapy and with highly selected use of surgical resection in the form of lymph node dissections. MDT is not recommended to be performed with other local therapies.
- MDT is mostly commonly delivered in the form of MDRT, which specifically refers to the use of higher than palliative dose radiotherapy to provide durable local control of the areas targeted. This may be for the intended purpose of delaying the initiation of systemic therapy, improving PFS, radiographic PFS, or overall survival. Similar to systemic therapies in the polymetastatic setting, MDRT is uncommonly curative and should be viewed as a form of cytotoxic therapy, and it may need to be repeated.

### Disease State

- The settings for which MDT may have utility with variable evidence quality are shown in Table 1:

Table 1.

Treatment Regimen	mCSPC		mCRPC	
	Synchronous (de novo) Oligometastatic	Metachronous Oligorecurrent <sup>a</sup>	Oligometastatic	Oligoprogressive
MDT	☼	✓	✓	☼

(✓ Preferred; ☼ Acceptable based on clinical and medical need)

<sup>a</sup> Limited data suggest that lymphadenectomy may be beneficial for select patients with pelvic nodal recurrence after radical prostatectomy if they do not have evidence of distant metastases.

**Note: All recommendations are category 2A unless otherwise indicated.**

