**Reviewer’s report**

**Title:** Predictive factors for response to salvage stereotactic body radiotherapy in oligorecurrent prostate cancer limited to lymph nodes: a single institution experience.

**Version:** 0  **Date:** 10 Jun 2019

**Reviewer:** Shankar Siva

**Reviewer’s report:**

This is a small retrospective series of 25 patients. Strengths include a homogenous group of 1-3 nodal metastases after RP +/- salvage RT, without any concurrent ADT. Patients are Screened using choline PET. I note the authors have addressed queries from other reviewers to date. This is a study likely of interest to the readership, but needs some further revision.

Suggests that larger nodes have longer time to biochemical failure than smaller nodes, dichotomized at 14mm. please explain the Contal and O'quigley method in more detail - it will be unfamiliar to most of the readership

Can the authors describe whether the salvage RT inclusive of pelvic nodal RT? This may affect interpretation

Discrepancy in methods - background states 1-3 nodal mets but methods state 1-5 as inclusion. There are only 1-3 nodal patients included. Please keep consistent.

There is some confusion around the response / progression scoring methods 1) Can the authors clarify how biochemical progression was defined as PSA > 25% and > 2ug/l if PSA level > 2, but at the same time using Jereczek criteria of PSA + 10%? Why also are the criteria for time to biochemical recurrence (2nd consecutive PSA rise) different from that of the definition used to score biochemical recurrence?

PTV margin of 2-4mm, is relatively tight. The authors define a method for scoring marginal or in-field or out-of-field failures, but there are no results describing patterns of failure?

The authors are missing two key references of the two other prospective trials for oligorecurrent prostate cancer outside of STOMP. These are POPSTAR (Siva, S., et al. (2018). European urology, 74(4), 455-462.), which also details patterns of failure for those patients with nodal disease and ADT free survival rates, as well as ORIOLE (study protocol available Radwan et al. BMC Cancer. 2017 Jun 29;17(1):453. doi: 10.1186/s12885-017-3455-6)

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