**Introduction & Objectives:** This retrospective study evaluated the tolerability and outcomes of Salvege External Beam Radiotherapy (S-EBRT) for locally recurrent prostate cancer (LRPC) after definitive prostate Low Dose Rate Brachytherapy (LDR-BQ).

**Materials & Methods:** Between October 2012 and January 2022, 19 patients with locally recurrent prostate cancer after LDR-BQ with only local recurrence proven by biopsy-guided with multiparametric resonance imaging and/or PET-choline and uroflowmetry test measure QMax (maximum flow rate) > 12 ml/s and IPSS (International Prostate Symptoms Score) < 12, were planned to receive S-EBRT: 60Gy +/- 55.2Gy (24 fractions at 5/weeks) to the prostate and seminal vesicles respectively; VMAT or IMRT technology with daily IGRT, previously urinary catheterization throughout the all treatment; The target volume consisted of the CTVp: prostate and CTVv: seminal vesicles; PTVP: CTVp + 3-5mm and PTVv: CTVv + 3-5mm and finally, the organs at risk (OARs) were delimited Bladder, urethra, rectum, femoral-heads, penis bulb. We evaluated biochemical failure (BF) was definitied as PSA < post-treatment nadir+2ng/mL, overall survival (OS), and acute/late gastrointestinal-urinary toxicities (CTCAE v 4.03) weekly during radiotherapy treatment and monthly after completion of treatment.

**Results:** The median age of 68,4 years (range 59-79). 31,5% (6/19) were low risk, 36,8% (7/19) intermediate risk, 10,5% (2/19) high risk and 21,2% (4/19) not specified. Median follow-up was 35 months (range 4,8-103,6m). Patients were treated in IMRT or VMAT were 12/7. All patients received 60Gy (2,5 Gy/fraction) to the prostate and 36,8% (7/19) 55.2Gy (2,3 Gy/fr) to the seminal vesicles. Furthermore, 52,6% (10/19) received androgen deprivation therapy (ADT) concurrent for a median 6 months, starting 2 months prior RT. All patients completed S-EBRT. No patient has presented BF since the end of treatment with a median PSA nadir 0,15ng/mL (0,01-0,34), in an unspecified nadir PSA patient due to short follow-up period. All patients are alive at the present time. And acute/late gastrointestinal-urinary toxicities (CTCAE v 4.03): 26,3% (5/19) patients had acute urinary toxicities Uretritis > Grade 3. In addition, Rectitis Grade > 2 were observed in 10,5% (2/19); No acute grade 4/5 toxicities were noted. Chronic toxicity, no grade Grade > 3 toxicities were noted.

**Conclusions:** Our data suggest that the treatment of locally recurrent prostate cancer with salvage External Beam Radiotherapy could provide adequate disease control and result in a safe technique that provides the patient with an alternative in the natural history of their disease.