

Delay in surgery not likely to worsen tumors in men with low-risk prostate cancer

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Johns Hopkins experts have found that men enrolled in an active surveillance program for prostate cancer that eventually needed surgery to remove their prostates fared just as well as men who opted to remove the gland immediately, except if a follow-up biopsy during surveillance showed high-grade cancer.

Active surveillance, or "watchful waiting," is an option open to men whose tumors are considered small, low-grade and at low risk of being lethal. Given the potential complications of prostate surgery and likelihood that certain low-risk tumors do not require treatment, some men opt to enroll in active surveillance programs to monitor [PSA levels](#) and receive annual biopsies to detect cellular changes that signal a higher grade, more [aggressive cancer](#) for which treatment is recommended. Yet, according to the Johns Hopkins experts, there is concern that delaying surgery in this group until biopsy results worsen may result in cancers that are more lethal and difficult to cure.

Bruce Trock, Ph.D., associate professor at the Johns Hopkins Brady Urological Institute, and his colleagues compared the pathology results of men in an active surveillance group at Johns Hopkins who later had surgery with those who also had low-risk tumors and opted for immediate surgery.

Results initially showed that 116 active surveillance participants who had surgery were more likely to have high-grade, larger tumors than 348 men who had immediate surgery. But Trock says that these results were

found only in 43 (37 percent) men in the surveillance group who were recommended for surgery because a follow-up biopsy during surveillance worsened to indicate a high-grade tumor.

"We think that these men had high-grade tumors to begin with that their initial biopsy missed, and this group may be over-represented in men who are recommended for treatment after an initial period of active surveillance," says Trock. He adds that, in general, 15 to 25 percent of men whose initial [biopsy](#) shows a low-risk [prostate tumor](#) will actually have a high-grade cancer upon further review of the entire prostate once it is removed.

Apart from the 43 men whose pathology results worsened during surveillance, the remaining men in the surveillance group had similar pathology results at surgery to those in the immediate surgery group. "This means that most tumors are not likely to worsen during the period of active surveillance," says Trock.

The researchers calculate that the risk of finding high-grade tumors in the entire group of 801 active surveillance patients is low -- about 4.5 percent per year.

Provided by Johns Hopkins Medical Institutions

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