

Surveillance may be suitable treatment option for patients with low-risk prostate cancer

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Active surveillance or watchful waiting might be sufficient treatment for patients with prostate cancer that has a low risk of progression, according to a new study published online June 18 in *The Journal of the National Cancer Institute*.

Treatment of localized [prostate cancer](#) is controversial because, for some, this disease will not progress during their life time, and treatment may incur serious and long-lasting side effects. An increasingly popular option is active surveillance, or deferring treatment until evidence of disease progression.

To investigate outcomes of patients treated with active surveillance, Pär Stattin, M.D., of the Department of Surgical and Perioperative Science at Umea University, and colleagues conducted an observational study of 6849 patients in the National Prostate Cancer Register of Sweden with localized prostate cancer who were 70 years old or younger. The patients had low or intermediate risk of prostate cancer progression and were treated with active surveillance or watchful waiting; or radical prostatectomy or [radiation therapy](#) from 1997 through December 2002.

In this cohort, 2021 patients received surveillance, 3399 received radical prostatectomy, and 1429 received radiation therapy. After a median follow-up of 8.2 years, there were 413 deaths in the surveillance group; 286 in the radical prostatectomy group, and 1429 patients in the

radiation therapy group. The researchers found a much higher percentage of death from competing causes in the surveillance group (19.2%, compared with 6.8% in the prostatectomy group and 10.9% in the radiation therapy group), suggesting that patients with a shorter life expectancy were more often selected for surveillance than surgery or radiation therapy.

This observational study found that the risk of calculated cumulative prostate cancer-specific death was lower among patients in the prostatectomy group than those in the surveillance group. However, the difference in absolute risk between the groups was modest, at 1.2%, after 10 years of follow-up.

The authors conclude that surveillance is the best strategy for many patients with low-risk prostate cancer. "With a 10-year prostate cancer-specific mortality of less than 3% for patients with low-risk prostate cancer on surveillance, this strategy appears to be suitable for many of these men," they write.

In an accompanying editorial, Siu-Long Yao and Grace Lu-Yao of The Cancer Institute of New Jersey write that perhaps the most remarkable result of this and other recent studies is that survival among most patients with localized disease managed conservatively is now similar to that of control subjects of similar ages.

Indeed, most men will die of another disease, and a prostate cancer diagnosis should act as a wake-up call for men to take charge of their healthcare and take better care of themselves. However, the authors write that a significant challenge is that, "A bevy of cancer research has demonstrated that cancer patients are particularly receptive to healthcare advice after diagnosis, although older men, like those with prostate cancer, appear to be less receptive to change."

Provided by Journal of the National Cancer Institute

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