

Active surveillance for prostate cancer can give men good quality of life

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Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia, [CC BY-SA 3.0](https://creativecommons.org/licenses/by-sa/3.0/)

Choosing ongoing monitoring instead of immediate curative treatment (surgery or radiotherapy) leads to a better overall quality of life for men with low-risk prostate cancer. In fact, the Quality of life (QoL) is about the same as for men who do not have cancer. These are the findings of a new long-term study comparing Active Surveillance, immediate curative treatment, and a reference group of men without cancer, presented at the

European Association of Urology Congress in Munich.

Prostate cancer is the most common male cancer, with around 400,000 new cases every year in Europe. Most [patients](#) are treated quickly by [surgery](#) -radical prostatectomy (RP) - or radiotherapy (RT), but both treatments can show significant and distressing side effects, most commonly incontinence, or erectile dysfunction. One alternative which is increasingly considered for patients with less-aggressive cancers is to delay or avoid initial treatment, but instead keeping the patient under Active Surveillance (AS), meaning that the cancer is regularly monitored, with the option of switching to curative treatment if the condition of the tumour changes. Now a new study has examined whether AS actually helps prostate cancer patients to live a better quality of life in the long term.

Detailed questionnaires followed the quality of life of 427 patients (out of the 628 originally contacted), aged between 66-69 who were diagnosed with [low-risk prostate cancer](#) and were followed up for between 5 and 10 years after initial diagnosis. 121 of the patients chose active surveillance, whereas 74 had surgery and 232 had radiotherapy. A reference group of 204 men of the same ages who didn't suffer from prostate cancer were also studied.

They found that those patients on active surveillance reported significantly higher QoL scores than those who had undergone surgery (RP). The AS group reported better urinary function (100 vs. 83, p=

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