

Patients with low risk prostate cancer on active surveillance experience good quality of life

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Active surveillance (AS) has become an increasingly important alternative to surgery, chemotherapy, or radiation treatment for men diagnosed with low risk prostate cancer. However, what is the impact of AS on health related quality of life (HRQoL) in patients selected or opting for this conservative form of disease management? New research published in *The Journal of Urology* found that patients on AS who were tracked for three years experienced similar HRQoL as men without prostate cancer, both clinically and psychologically.

The majority of [men](#) diagnosed with [prostate cancer](#) have low risk disease and face a difficult decision between having the disease managed conservatively through AS or undergoing definitive therapy. These results can help guide physicians and patients through this decision-making process.

"To our knowledge this is the first report of HRQoL outcomes of men on AS for prostate cancer compared to men without prostate cancer in a prospective, multi-institutional study," explained lead investigator Christopher R. Porter, MD, FACS, Virginia Mason Medical Center, Seattle, WA. "The potential clinical impact of these results is significant and will allow clinicians to counsel patients effectively in regard to the potential HRQoL outcomes associated with AS."

Although the lifetime risk of a prostate cancer diagnosis is about 1 in 6,

the lifetime risk of death from the disease is 1 in 30. Management of low risk prostate cancer with AS appears feasible and safe, yet most men in the U.S. with low risk disease still undergo definitive therapies such as radical prostatectomy, which carry the burden of urinary, bowel, and sexual dysfunction that can be avoided, or at the very least postponed, with management on AS.

Using data compiled from four military medical centers participating in the Center for Prostate Disease Research Multicenter National Database, researchers analyzed patient-reported HRQoL using validated metrics derived from two questionnaires, one dealing specifically with prostate cancer related outcomes and a second focusing on general health assessment. The racially diverse study sample consisted of two groups: 89 patients diagnosed with low risk prostate cancer (clinical stage T1-T2a, biopsy Gleason score 6 or less, and [prostate specific antigen](#) less than 10 ng/ml), who initially underwent AS, and 420 patients without cancer who had a negative prostate needle biopsy.

With the exception of a slight difference in bowel function, investigators found that HRQoL outcomes for patients on AS were no different than those in men without prostate cancer during the three years of followup.

"Our results suggest that for at least three years, men selecting AS do not experience a substantial psychological burden or clinically significant problems due to untreated disease. This study provides important data that can be used to inform comparable [patients](#) when considering management options for low risk prostate cancer," noted Dr. Porter.

More information: "Prospective Quality of Life in Men Choosing Active Surveillance Compared to Those Biopsied but not Diagnosed with Prostate Cancer," by Khanh N. Pham, Jennifer Cullen, Lauren M. Hurwitz, Erika M. Wolff, Katherine E. Levie, Katherine Odem-Davis, John S. Banerji, Inger L. Rosner, Timothy C. Brand, James O.

L'Esperance, Joseph R. Sterbis, and Christopher R. Porter, The *Journal of Urology*, published in Volume 196, Issue 2 (August 2016)

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