

# Study confirms effectiveness of 'watch-and-wait' approach to prostate cancer

May 30 2024, by Ernie Mundell

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For a large percentage of men with prostate cancer, the tumor may be so slow-growing that doctors advise a "watch-and-wait" approach instead of active treatment.

Now, a study of almost 2,200 patients followed for up to a decade finds that for most, that decision may be a wise one.

"In this study, 10 years after diagnosis, 49% of men remained free of progression or treatment, less than 2% developed [metastatic disease](#) and less than 1% died of their disease," reported a team led by Lisa Newcomb, a cancer prevention researcher at the Fred Hutchinson Cancer Center in Seattle.

According to Newcomb, "our study showed that using active surveillance that includes regular PSA exams and [prostate biopsies](#) is a safe and effective management strategy for favorable-risk [prostate cancer](#)."

The findings were [published](#) May 30 in the *Journal of the American Medical Association (JAMA)*.

A few decades ago, many—if not most—men newly diagnosed with prostate cancer were quickly sent to treatment—typically either surgery (prostatectomy) and/or hormone-suppressing treatments.

Both of these interventions can come with side effects such as impotence or urinary issues, which can seriously affect a man's quality of life.

However, over the past two decades, new insights into the varied nature of prostate tumors have changed all that.

Based on certain tests, doctors are now able to spot aggressive, fast-moving tumors that could pose an imminent threat, versus so-called "indolent" tumors, which progress very slowly.

In cases involving older men, especially, indolent tumors may not be as serious a threat to health as other conditions, such as heart disease.

All of this has led to many [prostate cancer patients](#) being offered what's clinically known as an "active surveillance" approach to their care.

In this scenario, no treatment is given. Instead, patients are asked to routinely undergo tests to check if a suspected "indolent" tumor has progressed to something more dangerous.

But how well does this strategy work to keep men living long, high-quality lives?

In their study, Newcomb's group looked at the latest data from a study launched in 2008 to track prostate cancer outcomes.

Included in the study were 2,155 men "with favorable-risk prostate cancer and no prior treatment" being cared for at one of 10 centers throughout North America.

The men's health was tracked for up to 10 years (average follow-up was 7.2 years). They averaged 63 years of age at the time the data was collected, and 83% were white. Almost all (90%) had been diagnosed with a less serious grade 1 prostate tumor when they entered the study.

Within 10 years of diagnosis, 43% of the men did see a change in their tumor status, based on biopsy results, and were then referred to some form of treatment, the researchers reported. Among this group, 11% experienced a recurrence of their tumor.

However, the original "watch-and-wait" strategy seemed to have paid off: Among the original cohort, almost half never needed to resort to [active treatment](#), and only a small fraction ever developed metastatic cancer (2%) or died of it (1%), the Seattle group concluded.

"An important finding was that adverse outcomes such as recurrence or

metastasis do not seem worse in people treated after several years of surveillance versus one year of surveillance, alleviating concern about losing a window of curability," Newcomb said in a journal news release.

"We hope that this study encourages the national acceptance of [active surveillance](#) instead of immediate treatment for prostate cancer," she added.

**More information:** Lisa F. Newcomb et al, Long-Term Outcomes in Patients Using Protocol-Directed Active Surveillance for Prostate Cancer, *JAMA* (2024). [DOI: 10.1001/jama.2024.6695](https://doi.org/10.1001/jama.2024.6695)

There's more on treatment options for prostate cancer at the [American Cancer Society](#).

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