

## ACTIVE SURVEILLANCE FOR PROSTATE CANCER MANAGEMENT

Active surveillance is **actively monitoring** the course of the disease with the expectation to intervene with curative intent if the cancer progresses. For patients who choose active surveillance it is CRITICAL that they follow up with the urologist as instructed. Active surveillance must be distinguished from watchful waiting. Watchful waiting involves regular follow-up with the use of palliative treatment for management of symptoms if the disease progresses. With watchful waiting there is no plan for curative treatment. Active surveillance involves potentially curative treatment delivered at the most appropriate moment.

### **Optimal Patient Characteristics for Active Surveillance**

- Clinical Stage T1C or T2a
- Gleason score of 3+3=6 or less
- PSA-level at diagnosis of < 10ng/ml
- <2 cores positive for cancer and <50% of core involved

Some patients with more advanced/aggressive cancer may also be candidates for active surveillance

### **Monitoring Protocol**

The protocol is individualized for each patient but the basic protocol includes the following:

- PSA blood test and digital rectal exam every 3 months for two years after diagnosis
- Repeat prostate biopsy or other investigation at one year after diagnosis
- If there is no cancer progression at two years continue PSA every 6 months and repeat prostate biopsy, other other investigation every 3-4 years until age 80 or life expectancy is < 10 years
- Initial evaluation or follow up may include:
  - MRI of the prostate (evaluates the prostate and surrounding area for local spread of the cancer)
  - 4K Score (a blood test which evaluates the probability of aggressive metastatic disease)
  - Prolaris test (test of the prostate biopsy material to determine aggressiveness)
  - CT scan of the abdomen and pelvis (evaluating for lymph node involvement)
  - Bone scan (evaluating for spread of the cancer to the bones)

Cancer progression may have occurred if:

- Gleason grade 4 or 5 cancer is found on repeat biopsy
- More than 2 cores positive for cancer on repeat biopsy
- PSA Doubling time < 3 years
- PSA velocity > 2 ng/ml per year

### **Advantages of Active Surveillance\***

- About 2/3 of men eligible for active surveillance will avoid treatment and possible side effects
- Quality of life and activities potentially less affected

### **Disadvantages of Active Surveillance\***

- Chance of missed opportunity for cure, although very low
- About 1/3 of men will require treatment, although treatment delays do not seem to impact cure rate
- Periodic follow-up with repeat prostate biopsies or other investigation may be necessary

\*NCCN guidelines version 3.2016 <http://www.nccn.org>

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3412317/>