

Active surveillance of low-grade prostate cancer alternative to overtreatment

29 February 2016

For men with low-grade prostate cancer, active surveillance—monitoring with the option to treat if the cancer worsens—is the most common management strategy at a regional diagnostic centre in Ottawa, Ontario, according to new research in *CMAJ* (*Canadian Medical Association Journal*)

"These findings represent a substantial paradigm shift in the management of low-grade prostate cancer and may represent an important reduction in the potential harm associated with overtreatment of screening-detected cancers," writes Dr. Rodney Breau, a [surgical oncologist](#) at The Ottawa Hospital and the University of Ottawa, Ottawa, Ontario, with coauthors.

Active surveillance combines close monitoring with periodic prostate-specific antigen (PSA) measurements, digital rectal exams and biopsies. If the cancer worsens, the physician will discuss appropriate treatments with the patient.

Low-grade prostate cancer makes up between 40% and 50% of all newly diagnosed cancers. Patients with these cancers are at low risk of cancer-related death but may experience adverse effects of treatment. Active surveillance is an approach for which treatment may be delayed or completely avoided. Screening for prostate cancer is controversial, with some groups recommending against screening because of the substantial risk of over-detection and over-treatment. There are few data detailing the use of active surveillance in clinical practice.

The study included 477 men with low-grade cancer referred to the Ottawa Regional Prostate Cancer Assessment Clinic between 2008 and 2013. Of those, 210 (44%) were managed with active surveillance and 244 (51%) were treated immediately for prostate cancer. The authors observed an increase in the use of active surveillance from 32% in 2008 to 67% in 2013.

Patients who were older than 70 and who had multiple health issues were more likely to receive active surveillance than younger men. Of the patients managed with active surveillance, 62 (30%) were eventually treated because of a change in their disease status.

After five years of follow-up, about 59% of patients were still being managed by active surveillance.

"Our results reinforce the concept that patient preference or anxiety does not appear to be the major factor driving progression to treatment. In the Canadian context, it seems that [active surveillance](#) is a feasible management approach that patients and physicians are willing to accept," state the authors.

CMAJ published [prostate cancer](#) screening guidelines <http://www.cmaj.ca/content/186/16/1225> from the Canadian Task for on Preventive Health Care in late 2014.

More information: "Active surveillance in Canadian men with low-grade prostate cancer," *Canadian Medical Association Journal* (2016). [DOI: 10.1503/cmaj.150832](#)

Provided by Canadian Medical Association Journal

APA citation: Active surveillance of low-grade prostate cancer alternative to overtreatment (2016, February 29) retrieved 22 June 2022 from <https://medicalxpress.com/news/2016-02-surveillance-low-grade-prostate-cancer-alternative.html>

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