

ACTIVE SURVEILLANCE FOR PROSTATE CANCER

Introduction

2000 men are diagnosed with prostate cancer every year in Western Australia. Robotic-assisted laparoscopic prostatectomy is performed to treat localised prostate cancer in men with a life expectancy of 10 years or more. The aim is to remove the cancer and prostate completely to achieve cure.

What are the alternatives?

1. Surgery
 - a) Open radical prostatectomy
 - b) Laparoscopic radical prostatectomy
 - c) Robotic-assisted radical prostatectomy
2. Radiotherapy
 - a) Image modulated radiotherapy
 - b) Low dose rate (LDR) or seed implant brachytherapy
3. Watchful waiting
4. Experimental therapy
 - a) Cryotherapy (freezing)
 - b) High intensity focussed ultrasound (HIFU)

What does Active Surveillance involve?

Active surveillance is a form of managing selected very low and some low/intermediate risk prostate cancers. The goal of this approach is to avoid or delay the potential complications and side effects of treating cancer that will not affect a person in their lifetime. This involves careful monitoring of the disease using quarterly PSA tests, biannual prostate examinations, repeat biopsies and MRI scanning.

In the ideal situation, patients whose cancers do not progress avoid treatment, whilst patients whose cancers progress are detected in time and treated before it is too late. It is anticipated that a third of patients can be successfully managed by observation.

This approach may be suitable for you if:

- PSA <10
- PSA density <0.2
- DRE T2 or less
- Gleason 3+3=6
- Number of positive biopsies 2 or less
- Life expectancy >10 years
- Fit for expectant management (no anxiety)

Up to half of patients on active surveillance require treatment due to transition to higher stage or grade, increased cancer volume or PSA rise. In the first two years, one in five patients will be reclassified to a higher risk category and will be unsuitable for active surveillance.

What are the benefits and risks?

Benefits

- Reduce unnecessary treatment, and associated side effects and costs
- Preserves continence
- Preserves erections

Risks

- Under-diagnosis, where more advanced disease is missed or detected late
- Requires close follow-up and biopsies every 1-3 years
- Causes anxiety especially in the first 2 years
- No standardised selection criteria or protocol

What should I do before making a decision?

- Have a thorough discussion with your partner about the treatment options
- Decide how important preservation of erections is to yourself and your partner
- Think about how each treatment will impact your work or daily activities
 - Occupation - strenuous activity, fly in-fly out
 - Sexual function
 - Urinary symptoms and incontinence
 - Anxiety and stress

What should I expect with this approach?

Firstly the diagnosis of insignificant disease needs be confirmed with a repeat biopsy within 3-6 months. If this confirms that the cancer is low risk, then you will need to have do a PSA test every 3 months, have a prostate examination every 6 months, and have the next biopsy in 1-2 years. Thereafter, if the cancer remains stable and you wish to remain on active surveillance, the timing of the next biopsy depends on your risk profile, but in general, it is every 2-3 years.

MRI imaging is becoming increasingly useful in the management of prostate cancer. There is no rebate from Medicare and the cost is about \$500. It can be used visualise how much cancer is in the prostate, and where it is located. At the present moment, it cannot replace a biopsy, but in many centres, is now incorporated as a standard diagnostic test done. For active surveillance, it should ideally be done before the confirmatory biopsy 3 months after the first biopsy.

If you choose this approach, it is your responsibility to attend all the scheduled appointments and ensure tests are done on time as we need to closely monitor the cancer.