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Re: “Long-term follow-up of a large active surveillance cohort of patients with prostate cancer”

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Expert's Summary

Klotz et al. report the long-term follow-up of the Sunnybrook Active Surveillance (AS) program[1]. Since its inception in 1995, 993 men with low and intermediate risk prostate cancer (PCa) were enrolled. They were followed with PSA every 3 months for 2 years then every 6 months, as well as prostate biopsy at 12 months then every 3–4 years. Men with a PSA doubling time <3 years (before 2009), upgrading on biopsy and clinical progression were recommended to undergo definitive treatment.

The median follow-up was 6.4 years after PCa diagnosis, and 206 patients were observed for >10 years. As of May 2013, 844 men remained alive and 149 (15%) died, including 15 deaths from PCa. An additional 13 patients (1.3%) developed metastatic disease. The corresponding 10- and 15-year overall survival rates were 80% and 62%, with 98.1% and 94.3% cancer-specific survival. At 5, 10 and 15 years, 75.7%, 63.5%, and 55.0% remained on AS without treatment.

Expert's opinion

Prostate cancer screening is the only way to diagnose aggressive cancers in time for cure. The downside is that it also leads to overdiagnosis of low-risk cancers that would not cause harm.[2] To preserve the benefits and avoid undue harms, it is important to promote AS for men with favorable risk disease.

Utilization of AS in the US has lagged behind that of other countries. In SEER-Medicare from 2006–2009, only 19.9% of low-risk patients were observed[3], but this is starting to change in some regions[4]. Acceptance of AS will likely increase as more data become available on the long-term safety and durability of this option. That is why the current study is so important, showing that most men remain treatment-free at 10 years and beyond, and that rates of metastasis and prostate cancer death were low[1]. Hopefully reports like this will help both patients and physicians to adopt AS more readily.

Nevertheless, numerous questions remain. Who are the ideal candidates for active surveillance and what is the best follow-up protocol? As with everything else, there are trade-offs. Very strict selection criteria reduces misclassification but greatly decreases the

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number of eligible men.[5] Multiple repeat biopsies provide histologic verification of grade stability, but increase the risk of complications. With this additional confirmation that AS is durable and safe, the next step is to optimize its use through more comparative data on patient selection and testing protocols.

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