

Active Surveillance for Clinically Localized Prostate Cancer

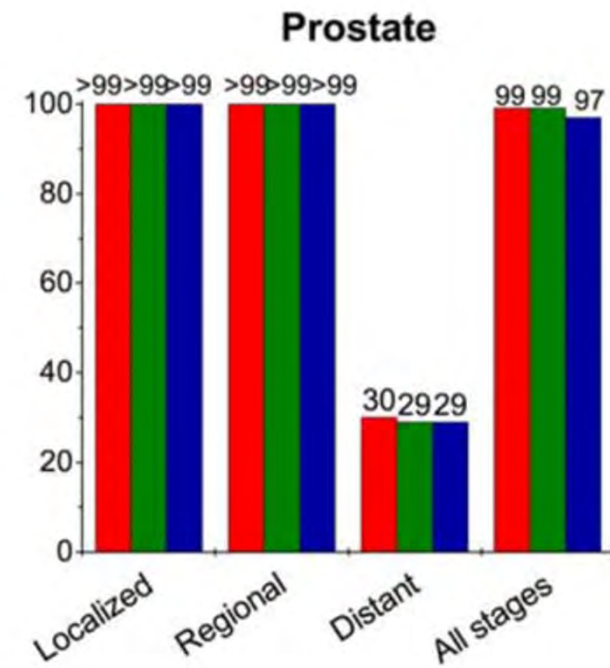
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Prostate cancer statistics

Five-Year Relative Survival Rates

Estimated New Cases						
		Males	Females			
Prostate	164,690	19%		Breast	266,120	30%
Lung & bronchus	121,680	14%		Lung & bronchus	112,350	13%
Colon & rectum	75,610	9%		Colon & rectum	64,640	7%
Urinary bladder	62,380	7%		Uterine corpus	63,230	7%
Melanoma of the skin	55,150	6%		Thyroid	40,900	5%
Kidney & renal pelvis	42,680	5%		Melanoma of the skin	36,120	4%
Non-Hodgkin lymphoma	41,730	5%		Non-Hodgkin lymphoma	32,950	4%
Oral cavity & pharynx	37,160	4%		Pancreas	26,240	3%
Leukemia	35,030	4%		Leukemia	25,270	3%
Liver & intrahepatic bile duct	30,610	4%		Kidney & renal pelvis	22,660	3%
All Sites	856,370	100%		All Sites	878,980	100%

Estimated Deaths						
		Males	Females			
Lung & bronchus	83,550	26%		Lung & bronchus	70,500	25%
Prostate	29,430	9%		Breast	40,920	14%
Colon & rectum	27,390	8%		Colon & rectum	23,240	8%
Pancreas	23,020	7%		Pancreas	21,310	7%
Liver & intrahepatic bile duct	20,540	6%		Ovary	14,070	5%
Leukemia	14,270	4%		Uterine corpus	11,350	4%
Esophagus	12,850	4%		Leukemia	10,100	4%
Urinary bladder	12,520	4%		Liver & intrahepatic bile duct	9,660	3%
Non-Hodgkin lymphoma	11,510	4%		Non-Hodgkin lymphoma	8,400	3%
Kidney & renal pelvis	10,010	3%		Brain & other nervous system	7,340	3%
All Sites	323,630	100%		All Sites	286,010	100%



Why is active surveillance sometimes an attractive option?

- Many tumors with indolent course
- Concern that aggressive screening may lead to overdiagnosis and overtreatment
- Ongoing controversy about the value of screening
- Treatment related complications

Treatment related complications

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Patient-Reported Outcomes after Monitoring, Surgery, or Radiotherapy for Prostate Cancer

J.L. Donovan, F.C. Hamdy, J.A. Lane, M. Mason, C. Metcalfe, E. Walsh, J.M. Blazeby, T.J. Peters, P. Holding, S. Bonnington, T. Lennon, L. Bradshaw, D. Cooper, P. Herbert, J. Howson, A. Jones, N. Lyons, E. Salter, P. Thompson, S. Tidball, J. Blaikie, C. Gray, P. Bollina, J. Catto, A. Doble, A. Doherty, D. Gillatt, R. Kockelbergh, H. Kynaston, A. Paul, P. Powell, S. Prescott, D.J. Rosario, E. Rowe, M. Davis, E.L. Turner, R.M. Martin, and D.E. Neal, for the ProtecT Study Group*

ABSTRACT

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- Erectile dysfunction
- Urinary Incontinence
- Bowel-related complications

Who is a good candidate for active surveillance? – AUA Risk stratification

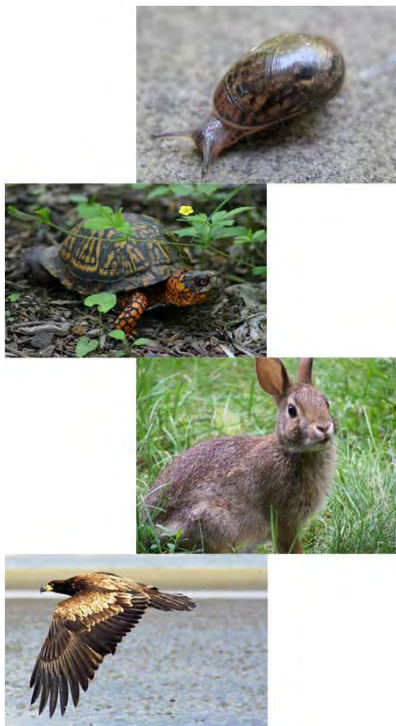


TABLE 3: Risk Stratification for Localized Prostate Cancer

Very Low Risk	PSA <10 ng/ml AND Grade Group 1 AND clinical stage T1-T2a AND <34% of biopsy cores positive AND no core with >50% involved, AND PSA density <0.15 ng/ml/cc
Low Risk	PSA <10 ng/ml AND Grade Group 1 AND clinical stage T1-T2a
Intermediate Risk	PSA 10-<20 ng/ml OR Grade Group 2-3 OR clinical stage T2b-c · Favorable: Grade Group 1 (with PSA 10-<20) OR Grade Group 2 (with PSA<10) · Unfavorable: Grade Group 2 (with either PSA 10-<20 or clinical stage T2b-c) OR Grade Group 3 (with PSA < 20)
High Risk	PSA ≥20 ng/ml OR Grade Group 4-5 OR clinical stage ≥T3*

*Clinical stage T3 cancer is considered locally advanced and, therefore, outside the scope of this guideline.

Recommendations for selection,
follow-up and transition to other
treatments vary among published
studies...

Points to consider...

- Life expectancy estimation
- Confirmatory testing
 - Repeat prostate biopsy
 - Genomic testing
 - Multiparametric prostate MRI
- Surveillance
 - Caution interpreting PSA trends
 - Repeat prostate biopsy
 - Multiparametric prostate MRI
- Transitioning to definitive treatment
 - Gleason 4+3 or higher
 - Other factors less clearly defined yet

Active Surveillance Outcomes

Cohort	Start of Enrollment	Study Type	No. of patients	Median Follow-Up	% Metastatic Disease Living or Dead of Other Cause (No.)	% Prostate Cancer Related Death (No.)	% Converting to Other Treatment
ProtecT	1999	Randomized controlled trial	545	10 years	6.1 (33)	1.5 (8)	53.4 (291)
PRIAS	2006	Retrospective analysis of non-randomized cohort	5,302	Not specified	Not specified	< 1	24 (1277)
Canary PASS	2008	Retrospective analysis of non-randomized cohort	905	28 months	0 (0)	0 (0)	19 (170)