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Re: Surveillance and Deferred Treatment for Localized Prostate Cancer. Population Based Study in the National Prostate Cancer Register of Sweden

Stattin P, Holmberg E, Bratt O, Adolfsson J, Johansson J-E, Hugosson J; National Prostate Cancer Register

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Experts' summary:

In this Swedish study, the extent of watchful waiting and active surveillance (ie, deferred treatment for patients with localized prostate cancer) were evaluated. In Sweden, the national prostate cancer registry is mandatory and covers 98% of all tumor patients. Between 1997 and 2007, 8304 patients with incident prostate cancer were identified, including patients with clinically localized tumors T1 or T2, N0 or Nx, and M0 and Mx and a prostate-specific antigen (PSA) level <20 ng/ml. Patients were studied at time of diagnosis and for 4 yr thereafter.

Of all patients, 26% were put on surveillance, whereas 48% underwent radical prostatectomy, 20% underwent radiotherapy, and 5% underwent hormonal treatment. Men on surveillance had significantly fewer aggressive tumors than those treated immediately. After 4 yr, 34% of the men on surveillance had had received treatment with radical prostatectomy, radiotherapy, or hormonal treatment, and 66% of the patients initially managed with active surveillance remained untreated. The authors conclude that in Sweden, active surveillance was a relatively common treatment option for patients <70 yr old in the period studied.

Expert's comments:

Scandinavian countries have a long tradition of conservatively managing men with prostate cancer. While the rest of the world became more and more aggressive in the treatment of even the smallest tumors, a relatively larger percentage of patients were not treated initially in Sweden. It is only in recent times that expectant management or active surveillance have gained attention in other countries for smaller, less aggressive tumors. But what are less aggressive tumors? Clear

and uniformly accepted criteria are still lacking for whom to put on watchful waiting or active surveillance. Many would agree that a Gleason score ≤ 6 , a PSA <10 ng/ml, and T1c to T2a represent good-risk tumors. Considering that these criteria are found in approximately 50% of all newly diagnosed prostate cancers, we are talking about a significant number of patients for whom treatment might not, or not immediately, be necessary [1].

Stattin et al did a wonderful job in taking advantage of one of the most complete cancer registries in the world. They add an important set of data on how to manage patients with less aggressive tumors. From earlier studies, we know that good-risk tumors remain so, even up to 20 yr [2].

It is reassuring to urologists and to patients that active surveillance does not mean just postponing treatment for a few years and, consequently, losing precious time. It is rather a long-term option for many patients, given proper tumor selection and close follow-up.

In my opinion, we are still underutilizing surveillance as a management option, thus treating too many men with prostate cancer. Studies like this one may help us to find a better way of handling this frequent tumor.

Conflicts of interest: The author has nothing to disclose.

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