Active surveillance: patient selection.

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Abstract

PURPOSE OF REVIEW: This is a summary of the current approach to patient selection for active surveillance, including eligibility criteria, current controversies and the role of imaging.

RECENT FINDINGS: Active surveillance is based on the concept that Gleason 6 prostate cancer is, in most cases, an indolent condition that poses little or no threat to the patient's life. Substantial recent data suggest that Gleason pattern 3 does not have the molecular characteristics of malignancy. A subset of patients harbour more aggressive disease that was missed on the initial diagnostic biopsies, and a smaller group will progress over time to higher grade disease. Active surveillance involves initial expectant management for patients with favourable risk disease, and serial biopsy and prostate-specific antigen (PSA). Most patients with Gleason 6 prostate cancer are candidates. Very low risk patients fulfil the Epstein criteria, with only one or two positive cores, no core with more than 50% involvement and a PSA density of less than 0.15. Low-risk patients have Gleason 6 disease and PSA 10 or less but do not satisfy the Epstein criteria. Higher volume of Gleason 6 disease on biopsy predicts for a higher likelihood of higher grade cancer, but in and of itself should not mandate treatment. Patients with Gleason 7 in whom the extent of Gleason 4 pattern is less than 10% may also be candidates. Patient age, comorbidity and personal preferences must also be considered.

SUMMARY: Active surveillance is an effective and well tolerated method to reduce the overtreatment associated with screen-detected prostate cancer. About 50% of newly diagnosed patients are eligible for this approach. Multiple factors, including patient age, comorbidity, cancer risk category and patient preferences, must be considered.

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