Abstract
Patients with low and intermediate risk prostate cancer are the most frequently diagnosed group currently. In those with a life expectancy inferior to 10 years it is highly likely that treatment is not necessary so that observation must be the most appropriate approach. In patients in whom active therapy, in any of its forms, is indicated, it is necessary to balance between risk of dying or developing metastases from the disease and adverse effects of commonly accepted radical treatments, such as radical prostatectomy and external beam or interstitial radiotherapy. The significant incidence of associated morbidity, mainly erectile dysfunction and urinary incontinence, with high impact on quality of life, demands this approach in the field of decisions shared with patients. The risk of overtreatment in this group of patients has generated the introduction of more conservative approaches such as active surveillance and focal therapy. The first one tries to differ radical treatments as far as there are not enough aggressiveness criteria on the tumor or the patient requests them. The second, called to have a place between active surveillance and radical treatments, involves the performance of a partial ablation of the prostate to avoid the adverse effects of radical treatments, trying to achieve the closest oncological control to the radical options. We perform a review of the therapeutic options and their results in this type of patients.

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