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Active surveillance of prostate cancer – an ongoing concept

Vigilância ativa do câncer de próstata – um conceito em evolução

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ABSTRACT

Active surveillance is the solution found by urology to deal with low-aggressivity prostate tumours. Having been developed following controversies over screening strategies, this has been considered the best approach to avoid unnecessary treatment of prostate cancer and such a concept needs to be well understood by every medical doctor who deals with men's health.

Keywords: Prostate Neoplasms; Preventive Medicine; Men's Health.

RESUMO

A vigilância ativa é a solução encontrada pela urologia para a condução de tumores prostáticos com características de pouca agressividade. Desenvolvida especialmente após as polêmicas que envolveram a validade do rastreamento, essa abordagem vem sendo consolidada como a melhor maneira de se evitar o tratamento desnecessário do câncer de próstata e precisa ser compreendida por todos os médicos que lidam com a saúde do homem.

Palavras-chave: Neoplasias da Próstata; Medicina Preventiva; Saúde do Homem.

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The impact of prostate cancer screening has been the subject of differing opinions over the last decade, especially after the USPTF (US Preventive Task Force) published an opinion against the examination of asymptomatic men in 2012. In 2017, after a more in-depth analysis of publications in this regard, this American advisory body on public health changed its opinion, suggesting that patients should be informed about the risks and benefits of screening during the shared decision-making process[1].

While robotic surgery for the curative treatment of aggressive prostate cancer has become the main tool in the urologist's arsenal, including here in Brazil; on the other spectrum of the disease, periodic monitoring without treatment while the disease does not develop (active surveillance) is established as the preferred approach for indolent tumours. It is important to differentiate passive monitoring (watchful waiting), which is indicated for older patients with a life expectancy of less than 10 years. In these cases, treatment is only palliative and is indicated solely in the presence of symptoms[2].

It can be inferred that the prostate tumour will not progress when it is classified as low risk. In these cases, the main characteristics are PSA<10, small tumour volume on biopsy, Gleason classification 6 and an absence of aggressive anatomopathological findings, such as the cribriform component, perineural invasion and extraprostatic extension. Patients should be advised about the active surveillance option, including its risks and benefits, and ideally should sign an informed consent form. During the follow-up period, PSA measurement, digital rectal examination, magnetic resonance imaging and rebiopsies should be performed periodically, according to clinical and laboratory findings over time[3].

Over the last decade, the number of patients referred to active surveillance has multiplied worldwide[4-6]. Favourable data on long-term evolution, good patient acceptance, and refinement of imaging techniques to identify at-risk patients are motivating factors for this change. There are currently several prospective studies in phase II analysing the clinical evolution of these patients. Protocols with more restrictive inclusion criteria have yielded better results, with mortality rates ranging between 0.5% and 5% over a period of 15 years[7,8].

If there is disease progression confirmed by a new biopsy, the patient is offered definitive treatment, which can be done without affecting mortality rate despite therapy being postponed. There are also risk calculators available on the Internet, which help the physician to guide the patient regarding the chances of disease progression during follow-up[9].

In addition, it is important to emphasize that measures to promote healthy habits should be presented to patients under surveillance, such as physical activity, weight control, smoking cessation, and suitable treatment of possible comorbidities, which are the essence of care for men. There is evidence that these measures may contribute, not only to a better cardiorespiratory capacity, but also to a reduction in PSA and in the speed of tumour cell growth[10].

Finally, prostate cancer is a complex disease that needs to be dealt with individually for each patient, from the moment of diagnosis to the choice of the best therapy. General practitioners must also follow this evolution of concepts to provide information in accordance with current scientific evidence.

Author's Contribution:

We describe contributions to the papers using the taxanomy (CRediT) provided below: Lima DX: Conceptualization, Investigation, Methodology, Visualization & Writing – Review & Editing. Project Administration, Supervision & Writing – Original Draft. Validation & Software. Resources & Funding Acquisition. Data curation & Formal Analysis.

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