Half of Men on Active Surveillance for Prostate Cancer Switch Over to Treatment

Active surveillance has increased over time, but many men transition to treatment within five years.

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While the use of active surveillance for prostate cancer has increased over the years, the rate of discontinuation in favor of active treatment has also risen during a five-year period, according to study results published in The Journal of Urology.

“These population-based data show that while the number of patients initiating active surveillance has significantly increased over time, follow-up shows a relatively high rate of transitioning to other forms of treatment within five years,” Antonio Finelli, MD, of the University of Toronto, said in a press release.

Besides skin cancer, prostate cancer is the most common type of cancer among men in the United States. Men with low-risk prostate cancer may forgo immediate treatment and opt for active surveillance, which involves frequent scans and diagnostic tests to monitor slow-growing tumors in an effort to reduce treatment and side effects.

Finelli and colleagues analyzed trends in the discontinuation of active surveillance in an observational, population-based study. The researchers assessed 8,541 men who were diagnosed with low-grade prostate cancer between January 2008 and December 2014 in Ontario, Canada.

In 51% of cases, active surveillance was used as the initial management strategy. Between 2008 and 2014, use of active surveillance increased from 38% to 69%. Men who were under active surveillance were older than those who received immediate treatment. The average time from active surveillance to initial treatment was 16 months.

After an average follow-up period of four years, 51% had discontinued active surveillance to pursue active treatment with radiation or surgery. The proportion of men under active surveillance dropped from 85% in the first year to 52% in the fifth year.

Men were more likely to discontinue active surveillance if they were younger at the time of

diagnosis and had additional medical conditions. Those who were accessing care at an academic medical center or a hospital that treated numerous patients for prostate cancer were also likely to seek treatment, as were those who showed more signs of high-risk disease. Further, those who saw radiation oncologists, as opposed to urologists, were more likely to discontinue active surveillance in favor of treatment.

“Current practice may be improved by the development of quality indicators, targeted continuing education for physicians and patient education with shared decision making at the onset of active surveillance,” said Finelli.

Click here to read the study in The Journal of Urology.

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