

Active surveillance can avoid treatment risks for many prostate cancer patients



Prostate cancer screening can lead to detection of prostate cancer in its early stages. While it is an advantage to treat aggressive tumors before they can grow and spread, many prostate cancers grow so slowly that treatment may never be required. For many men diagnosed with low-risk prostate cancer, UCLA physicians recommend active surveillance to systematically monitor small tumor spots that are likely to never require treatment.

Standard treatments for prostate cancer can be effective in controlling the disease, but carry risks of unwanted side effects. Prostatectomy — surgery to remove the prostate gland and other nearby tissue — and radiation therapy can both affect sexual and urinary function among other health risks.

UCLA's approach to active surveillance

Active surveillance provides regular monitoring of men with low-risk, localized prostate tumors. Most men who are candidates for active surveillance will not require any further treatment for their prostate cancer. Those few who show tumor progression during active surveillance will be referred for appropriate treatment.

Monitoring for signs of change

“Many small prostate cancers being found today do not need treatment,” according to Leonard S. Marks, M.D., professor of urology. UCLA physicians try to identify men who have tumors that are not serious health threats and avoid radical treatment in such cases.

Using active surveillance, UCLA doctors monitor low-risk prostate cancer patients to detect changes in their status that may signal a need for further treatment. “Even when identified correctly, some low-risk cancers will progress over time and may ultimately need aggressive treatment,” explains Dr. Marks.

Patients being followed with active surveillance may be enrolled in a clinical study that collects information on prostate cancer and its progression that researchers feel will lead to more accurate diagnosis and better treatments for prostate cancer patients.

Patients under active surveillance are regularly evaluated using prostate-specific antigen (PSA) testing, which is a blood test measuring a protein produced by the prostate gland. Some patients may also be monitored using new biomarker techniques — PCA3 and proPSA — developed in part through research conducted at UCLA. Transrectal ultrasound and advanced imaging technologies not available in most other prostate cancer programs may also be recommended, including 3-Testla MRI and 3-D reconstruction ultrasound.

If the cancer is seen to be growing or becoming more aggressive, further treatment may be called for. If changes are small, the patient can usually remain in active surveillance without radical treatments and the exposure to the risks they carry.

Candidates for active surveillance

The ideal candidate for active surveillance is a man with small, confined, non-aggressive tumor spots found during a prostate biopsy. UCLA physicians rely on two measures to help determine which men are appropriate for active surveillance.

The first of these measures, called the Gleason Score, is based on the appearance of cancer cells in a biopsy sample and helps predict aggressive prostate cancer growth. Two cell architecture patterns are identified and each is assigned a score from 1 to 5, with 1 assigned to cancer cells that are the most similar in structure to normal prostate tissue and 5 the least similar. The two scores are added to yield a Gleason Score that can range from 2 to 10.

The second measure used to determine if men are good candidates for active surveillance is tumor volume. Low-risk tumors are those limited to spots or microscopic foci. If the cancer occupies only a small area of the biopsy tissue, and the Gleason Score is 6 or lower, the cancer could be considered to be low-risk and the patient may be an appropriate candidate for active surveillance.

Research at UCLA

Among its many active research programs, UCLA has a study under way specifically for active surveillance patients. UCLA researchers are using stored materials — including tissue, urine, serum and plasma — from patients in its active surveillance program to further the understanding of prostate cancer. Patients enrolled in the study benefit by being added to the study database, ensuring that they continue to be seen for appropriate follow-up care.

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