PROSTATE CANCER

**AS—contemplation,
not intervention**

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Men with favourable-risk prostate cancer can be safely managed using active surveillance (AS), with only a small risk of disease progression and need for intervention over follow-up periods up to 15 years, according to data in a new study published in the *Journal of Clinical Oncology*.

Overtreatment of low-risk prostate cancer is a serious concern, which resulted in the US Preventative Services Task Force (USPSTF) recommending against PSA screening for prostate cancer in 2012. The implementation of AS programmes such as the one developed at Johns Hopkins Hospital could help to avoid overtreatment, whilst offering men with low-risk cancer reassurance that they are being monitored and that they can undergo treatment if their disease requires it.

In Tosoian and colleagues' prospective study, men with very-low-risk prostate cancer—defined as clinical stage T1c disease, PSA density <0.15 ng/ml, Gleason score ≤6, ≤2 positive biopsy cores, and a maximum of 50% involvement of any core with cancer—were offered AS as a management strategy. Older men with low-risk disease (clinical stage T2a, PSA <10 ng/ml, Gleason score ≤6) were also enrolled in the programme, with enrolment beginning in 1995. In the nearly 20 years of study duration, 1,298 men with favourable-risk prostate cancer were enrolled onto the Johns Hopkins AS programme. 5-year follow-up data were available for 650 of the participants, and 184 men underwent at least 10 years of follow-up monitoring. At final analysis in June 2014, 50% of the men remained active in the AS programme, 36% had undergone treatment, and 14% were undecided regarding treatment, withdrew from the study, were lost to follow up, or died. During the study, just two patients died of their prostate cancer and three developed metastases, with an overall survival rate of 93.0%, and cancer-specific and metastasis-free survival rates of 99.9% and 99.4%, respectively, at 10-years' follow-up duration and 69.0%, 99.9% and 99.4%, respectively, at 15 years. 36% of men in the programme had their cancer reclassified at biopsy—the most common trigger for the initiation of curative treatment—at a median of 2 years. Intervention occurred at a median of 3 years in these men, with a cumulative incidence of treatment of 37%, 50%, and 57% at 5, 10, and 15 years, respectively. However, the median time that a patient remained on AS, free from intervention, for the overall cohort was 8.5 years.

“The major point is that we can tell patients that are considered very-low-risk with high level of certainty that surveillance is safe”, corresponding author H. Ballentine Carter told *Nature Reviews Urology*. “For the future we are developing an app that will allow patients and physicians to assess the risk of harbouring a harmful cancer.” Notably, rates of prostate-cancer-specific death and metastasis in the study were similar to that seen in men with Gleason score 6 tumours who undergo radical prostatectomy. The authors conclude, therefore, that “immediate contemplation, not immediate intervention” should be the approach for men with favourable-risk prostate cancer.

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Original article Tosoian, J.J. et al. Intermediate and longer-term outcomes from a prospective active surveillance program for favorable-risk prostate cancer. *J. Clin. Oncol.* doi:10.1200/JCO.2015.62.5764