



UPDATE ON PROSTATE CANCER: ACTIVE SURVEILLANCE



Prostate cancer diagnosis is rapidly increasing and PSA screening has seen a shift towards lower grade, low volume localized prostate cancer. PSA and DRE remain the best tools for diagnosis of prostate cancer but are not specific enough to predict the individual risk for the patient with low Grade (Gleason 6 or less) prostate cancer. In recent studies, the lifetime risk of prostate cancer specific mortality for Gleason 6 prostate cancer in a 60 year old man is less than 5%.

Nevertheless the majority of men elect for active treatment (surgery, radiation or new techniques such as HiFU) due to the uncertainty of individual risk and hence accept the incumbent morbidity to potency, continence and bowel function.

Active surveillance has become mainstream practice in North America and Europe and was pioneered in a large study by Professor Lawrence Klotz at the University of Toronto.

This involves careful monitoring by a combination of select biopsies, PSA velocity charting and linear kinetics and regular clinical examinations. In a controlled setting this allows men to avoid or delay intervention until necessary, without any significant morbidity. Professor Klotz is now co-ordinating a large multinational trial (which will include Melbourne) to compare survival outcomes against early aggressive treatment with radiation or surgery for low risk prostate cancer.

Active surveillance is an excellent alternative for well informed and motivated patients but is important that the followup (surveillance) is performed in a careful skilled manner to minimize risk of disease progression.

Mr. Sree Appu has recently returned from North America after a 18 month cancer fellowship with Professor Lawrence Klotz. He will continue the practice of Mr. Richard Fletcher upon his retirement in November 2007. He has active research interest in cancer genetics and non-invasive cancer treatments.