

Prostate cancer

ACTIVE SURVEILLANCE

Julie Deleemans, MSc, University of Western Ontario

SUMMARY: Different perspectives

Fitch M. Comparing perspectives of men with prostate cancer and health care professionals about active surveillance: implications for practice. 2017 CAPO Conference, Vancouver, BC.

Active surveillance is appropriate for men with low-risk prostate cancer, and involves tracking the tumour while forgoing surgery or radiation treatment until necessary. This study compared the perspectives of men diagnosed with prostate cancer regarding active surveillance with those of healthcare providers (HCPs). Following a cancer diagnosis, the active surveillance approach tends to contradict prevalent messages of urgency to pursue active treatment, and can be a counterintuitive decision men are asked to make during a time of distress. In this study, qualitative interviews were

conducted with men diagnosed with low-risk prostate cancer, as well as with HCPs. Seven patient focus groups were held across Canada (N=56 patients), along with focus groups with HCPs (N=48). Patients ranged in age from 53 to 81 years, and from 1 to 16 years since diagnosis.

Patients and HCPs were found to share some perspectives regarding active surveillance. They agreed that active surveillance is suitable only for low-risk prostate cancer patients, and that disease status is a key factor in one's decision to proceed with active surveillance. Patients and HCPs also emphasized that active surveillance is not simply doing nothing, but rather doing something intentional that can help reduce treatment side effects and enhance patient quality of life. Importantly, patients noted that having the choice regarding treatment options was important, and that

they felt comfortable proceeding with active surveillance, provided there was no change in disease status and that they were monitored closely.

On other points, the research revealed contrasting perspectives between men with prostate cancer and HCPs. There was wide variability in descriptions of active surveillance criteria, factors that constitute a standard approach to active surveillance, and interpretation of results. Moreover,

COMMENTARY: According to the Canadian Cancer Society (2017), prostate cancer is the most common cancer among Canadian men, and is the third leading cause of death from cancer among men in Canada. In 2016, it was estimated that 21,600 men would be diagnosed with prostate cancer, representing 21% of all new cancer cases in men.¹ Aggressive treatments can lead to significant side effects, such as sexual dysfunction, incontinence, loss of muscle and bone mass, and emotional side effects, among others.² Such side effects can result in considerable reductions in patients' health-related quality of life (HRQL). As such, effective alternative treatment strategies that can help prevent the onset of significant treatment side effects is a critical contributor to maintaining patient HRQL.

Active surveillance is one such strategy and involves selectively delaying intervention by using clinical prostate-specific antigen (PSA) or histologic progression as treatment indicators for clinically localized prostate cancer.³ Previous studies provide evidence for the efficacy of using active surveillance, when appropriate, to prolong patient survival and HRQL. For instance, Klotz et al found that in a sample of 450 patients undergoing active surveillance, the 10-year prostate cancer actuarial survival rate was 97.2%, and during this time only 30% of patients were reclassified as higher-risk and offered definitive therapy.³ Furthermore, a review by Dall'Era et al concluded that active surveillance provides an opportunity to limit intervention-related side effects among patients who may benefit the most from foregoing radical treatment, and that there is a low risk of disease-specific mortality in the short to intermediate term. Moreover, it is clear that early confirmatory biopsies are essential for limiting the risk of underestimating tumour grade and amount.⁴

Regarding HRQL, there is some evidence to suggest that active surveillance can preserve prostate cancer patients' wellbeing by reducing the harm associated with overtreatment of low-risk prostate cancer.⁵ However, further research is needed to elucidate the psychosocial effects of active surveillance for both patients and HCPs. As such, the present study provides valuable new evidence on the perspectives of patients and HCPs regarding active surveillance for prostate cancer. This is a critical first step to identifying differences in perspectives that could constitute sources of tension and misunderstanding. Furthermore, this study highlights the role of communication and education, emphasizing that greater efforts are needed in order to achieve clear and shared perspectives between patients and HCPs.

Future research should aim to increase knowledge translation practices, enabling greater patient and HCP access to

discrepancies were found regarding the clarity of information patients received, how much information patients desired, the type of information HCPs provided, and the amount of time patients felt they needed to make a decision about active surveillance. Importantly, men felt that maintaining quality of life was a critical factor in balancing decision making, while HCPs considered the disease state to be of greatest importance.

and understanding of information regarding active surveillance. Furthermore, clear guidelines for interpreting results throughout the monitoring period may help to reduce ambiguity regarding active surveillance practices. HCPs and patients could benefit from working in collaboration to standardize information delivery practices, so that the needs and concerns of both can be identified and resolved.

References:

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3. Klotz L, Vesprini D, Sethukavalan P, et al. Long-Term Follow-Up of a Large Active Surveillance Cohort of Patients With Prostate Cancer. *J Clin Oncol*. 2015;33(3):272-77.
4. Dall'Era M, Albertsen PC, Bangma C, et al. Active Surveillance for Prostate Cancer: A Systematic Review of the Literature. *Eur Urol*. 2012;62(6):976-83.
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IN BRIEF

Already known

- Active surveillance is appropriate for men with low-risk prostate cancer.

What this study showed

- There is wide variability in descriptions of active surveillance criteria and approaches, both between healthcare providers and patients, and across Canada.
- Whereas providers considered the disease state to be most important in decision-making, patients emphasized quality of life.

Next steps

- Develop clear guidelines for interpreting results to reduce ambiguity around surveillance practices.
- Encourage collaboration between patients and providers in the development of information that addresses the needs and concerns of both.