



For Appointments Call: 08 8267 1424

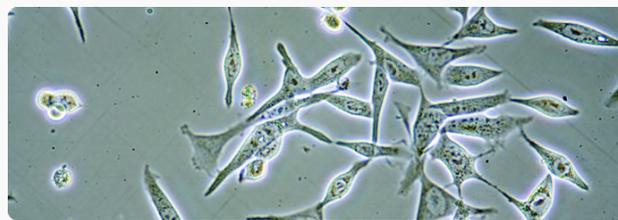
Active Surveillance for Prostate Cancer

What is active surveillance?

Prostate cancer does not always need treatment. If the cancer does not look aggressive on pathological examination under the microscope, and if there is only a small amount of cancer found on biopsy, it may be sensible and safe to closely watch the cancer rather than treat it.

This is because such cancers may never cause problems for the patient, and may never progress. Further, all treatments for prostate cancer carry potential complications that can impact on a patient's quality of life; these side effects can be avoided by following active surveillance, in suitable people with low risk prostate cancer.

The decision not to treat is a complex one, and needs to take into account a number of different factors, including patient age, Gleason score, the amount of cancer, PSA, patient preference, and other factors.



What does active surveillance involve?

Rather than being a decision to do nothing, the choice for active surveillance is a decision to closely watch the patient with regular PSA tests and occasional re-biopsies. If there is any evidence that the cancer is becoming a problem during the surveillance period, treatment can be started. Patients on active surveillance are closely monitored with regular PSA tests (3 to 6 monthly) and occasional re-biopsy (12 to 18 monthly).

Because the surveillance is frequent, it is unlikely that anything will be lost by delaying treatment if it becomes

necessary, and indeed some quality of life may have been preserved, if treatment is delayed until it is necessary.

Putting things in context

Data from the James Buchanan Brady Urological Institute in the US indicates that a man in his 60s with low risk prostate cancer has the following risks:

- a 5% risk of dying from prostate cancer in the next 20 years
- a 60% risk of dying from another cause (not prostate cancer) in the next 20 years

Many studies have been undertaken to look at active surveillance, and there is a current study in Australia looking at this, called PRIUS. You can find out more about the PRIUS study by clicking this link <https://www.prias-project.org/>

Advice

Patients must be very carefully selected for active surveillance, and must have what is considered low risk, or very low risk prostate cancer. Nick would be pleased to talk to you in detail if you would like to know more about active surveillance, and whether it is suitable for you.

Disclaimer

This information is intended as an educational guide only, and is here to help you as an additional source of information, along with a consultation from your urologist. The information does not apply to all patients.

Not all potential complications are listed, and you must talk to your urologist about the complications specific to your situation.

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