

## Urological Oncology: Prostate Cancer

### Re: Treatment Decision Regret among Long-Term Survivors of Localized Prostate Cancer: Results from the Prostate Cancer Outcomes Study

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**Editorial Comment:** In this study the authors evaluated the frequency at which men treated for prostate cancer regretted their choice of therapy 15 years after treatment. Men enrolled in SEER (Surveillance, Epidemiology and End Results) tumor registries were administered a questionnaire regarding their decision for surgery, radiation or surveillance. Treatment regret was more common in those treated than those observed, and less common in older men and those who felt their decision was well informed. It is noteworthy that treatment regret might have been more common in those whose therapy was ineffective and the study is limited to men who survived for 15 years. Overall treatment regret was lower than I had expected, and one wonders whether the truly disgruntled just do not answer the questionnaire.

Most important to take away from this article is the importance of informed decision making. Recent literature has revealed high levels of treatment regret in men undergoing robotic prostatectomy, likely given the false expectations that the treatment is unlikely to cause side effects. The inevitable side effects of therapy have a major impact on quality of life, and the appreciation for being “cured” of cancer is in some cases fleeting, particularly if the lethality of the cancer was questionable. Patients are asked to take a leap of faith regarding the benefit of their treatment but they should fully understand what they are getting into.

**Samir S. Taneja, MD**

#### Suggested Reading

- Lavery HJ, Levinson AW, Hobbs AR et al: Baseline functional status may predict decisional regret following robotic prostatectomy. *J Urol* 2012; **188**: 2213.
- van den Bergh RC, Essink-Bot ML, Roobol MJ et al: Do anxiety and distress increase during active surveillance for low risk prostate cancer? *J Urol* 2010; **183**: 1786.
- Latini DM, Hart SL, Knight SJ et al: The relationship between anxiety and time to treatment for patients with prostate cancer on surveillance. *J Urol* 2007; **178**: 826.
- Mehta SS, Lubeck D, Pasta DJ et al: Fear of cancer recurrence in patients undergoing definitive treatment for prostate cancer: results from CaPSURE. *J Urol* 2003; **170**: 1931.
- Hu JC, Kwan L, Saigal CS et al: Regret in men treated for localized prostate cancer. *J Urol* 2003; **169**: 2279.

## Re: Prognostic Utility of Biopsy-Derived Cell Cycle Progression Score in Patients with National Comprehensive Cancer Network Low-Risk Prostate Cancer Undergoing Radical Prostatectomy: Implications for Treatment Guidance

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Abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/28481440>

**Editorial Comment:** A number of studies have linked the results of genomic testing to clinical outcomes ranging from adverse pathology to metastasis and death. A critical challenge for urologists has been to determine how best to use such predictive tools in clinical practice. Much of the clinical impact of such testing is predicated on the magnitude of effect, measured by how often the test conflicts with available clinical material. In this study men meeting National Comprehensive Cancer Network low risk criteria who underwent radical prostatectomy at 1 of 3 centers were evaluated by cell cycle progression (CCP) score to determine the prediction of clinical and pathological outcomes. CCP score segregated well the risk of biochemical relapse following surgery, with about 10% of men meeting the CCP high score category and faring poorly. Relapse rates were relatively low among low and intermediate CCP score patients.

The study demonstrates that the test theoretically could be used to define risk in men with presumed low risk disease who are at risk for poor clinical outcomes. The implication would be that surveillance might be withheld in those men while it could be more safely used in the low score population. A number of critical questions are unanswered, including whether the men in the high CCP score category would be harmed by initial surveillance (the available data suggest that 10 and 15-year outcomes of surveillance are quite good for men with low risk biopsies) or would truly benefit from earlier therapy. The corollary to this issue is that it is not known from this study whether CCP low score patients would have fared well without treatment, ie successful treatment does not necessarily equal unnecessary treatment. Additionally one should consider whether the cost of such testing is justified to identify 10% of men at risk for relapse. Finally, given the implementation of image guided biopsies around the globe, it is unclear if the magnitude of impact would be further lessened by more informative biopsy techniques. One should probably conclude that in the absence of image guided biopsy in men considering surveillance or treatment the CCP score can help guide one to treatment in a small subset of men.

Samir S. Taneja, MD

### Suggested Reading

Shore ND, Kella N, Moran B et al: Impact of the cell cycle progression test on physician and patient treatment selection for localized prostate cancer. *J Urol* 2016; **195**: 612.

Klein EA, Santiago-Jiménez M, Yousefi K et al: Molecular analysis of low grade prostate cancer using a genomic classifier of metastatic potential. *J Urol* 2017; **197**: 122.

Glass AG, Leo MC, Haddad Z et al: Validation of a genomic classifier for predicting post-prostatectomy recurrence in a community based health care setting. *J Urol* 2016; **195**: 1748.

## Re: Weight Change, Obesity and Risk of Prostate Cancer Progression among Men with Clinically Localized Prostate Cancer

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