# Re: Active Surveillance in Younger Men with Prostate Cancer

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**Editorial Comment:** Active surveillance is a treatment approach growing in popularity among physicians treating prostate cancer and among patients diagnosed with prostate cancer in the United States. While there is general consensus regarding the implementation of active surveillance in men with low risk prostate cancer and there are data supporting its safety at 10 and 15 years in men with low risk disease, there is controversy over its safety in younger men and its expansion to men with low to intermediate risk disease features.

In this study the authors draw on a huge surveillance experience at a single institution to address the issue of the safety of surveillance in young men. The rates of Gleason upgrade at 3 and 5-year followup were less in men younger than 60 years old compared to those 60 years or older. Also, the younger men placed on surveillance did not have an increased risk of needing or failing treatment. It is noteworthy that at baseline the younger men had lower prostate specific antigen levels, smaller glands (better sampling efficiency), fewer cancer bearing cores and a greater likelihood of Gleason 2 to 6 disease. As such, the observations regarding lower rates of pathological progression may indicate a simple function of lead time, ie younger men have earlier stage disease and progression events may occur at a more delayed interval. Most important is the suggestion that outcomes are not worse for young men on surveillance, as commonly asserted.

This article is extremely important for practicing urologists as it conveys important information about a highly prevalent real-time issue that we are all confronted with in practice. I have generally counseled young men that the goals of surveillance may be distinct for them as compared to older men in that surveillance likely represents a deferral, rather than avoidance, of treatment for most, given their presumed longevity. Most important is developing adequate monitoring tools to provide safety for such deferral efforts.

**Samir S. Taneja, MD**

## Suggested Reading

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Anderson CB, Sternberg IA, Karen-Paz G et al: Age is associated with upgrading at confirmatory biopsy among men with prostate cancer treated with active surveillance. J Urol 2015; **194:** 1607.

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## Re: Germline Mutations in ATM and BRCA1/2 Distinguish Risk for Lethal and Indolent Prostate Cancer and are Associated with Early Age at Death

R. Na, S. L. Zheng, M. Han, H. Yu, D. Jiang, S. Shah, C. M. Ewing, L. Zhang, K. Novakovic, J. Petkewicz, K. Gulukota, D. L. Helseth, Jr., M. Quinn, E. Humphries, K. E. Wiley, S. D. Isaacs, Y. Wu, X. Liu, N. Zhang, C. H. Wang, J. Khandekar, P. J. Hulick, D. H. Shevrin, K. A. Cooney, Z. Shen, A. W. Partin, H. B. Carter, M. A. Carducci, M. A. Eisenberger, S. R. Denmeade, M. McGuire, P. C. Walsh, B. T. Helfand, C. B. Brendler, Q. Ding, J. Xu and W. B. Isaacs

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**Editorial Comment:** Germline mutations in DNA repair genes, such as BRCA1, BRCA2 and ATM, have been identified as predictors, and likely causal agents, of aggressive, potentially lethal prostate cancer. In this study men with lethal prostate cancer (diagnosed at a metastatic or localized stage) were compared to men with indolent, low risk cancers identified at radical prostatectomy. The rate of BRCA1/2 or ATM mutations was higher in patients with lethal prostate cancer, and the presence of such mutations was associated with prostate cancer progression and time to progression. An increasing number of mutations in each of the 3 genes was predictive of shortened survival. Observations were independent of race. Of men evaluated the rate of mutation was 8.2% in those with metastatic disease at diagnosis, 5.3% in those with lethal cancer that was localized at diagnosis and 1.4% in those with localized disease who did not have progression to metastasis or death. As such, it appears that the rate of germline mutation in DNA repair genes among men with localized prostate is higher than initially thought but the presence of such mutations is not uniformly associated with lethality.

The authors assert that BRCA1/2 and ATM germline mutation testing is warranted in men with family members dying of prostate cancer before age 75 years, and that the presence of such mutations should be considered a contraindication for surveillance of localized disease. Given the observed prevalence in men with metastatic disease, and the recent demonstration of improved survival in men with germline mutations of DNA repair genes treated with PARP inhibitors, routine testing for such mutations in men with high risk and advanced disease features would also seem logical.

**Samir S. Taneja, MD**

### Suggested Reading

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## Re: Association between Radiation Therapy, Surgery, or Observation for Localized Prostate Cancer and Patient-Reported Outcomes after 3 Years

D. A. Barocas, J. Alvarez, M. J. Resnick, T. Koyama, K. E. Hoffman, M. D. Tyson, R. Conwill, D. McCollum, M. R. Cooperberg, M. Goodman, S. Greenfield, A. S. Hamilton, M. Hashibe, S. H. Kaplan, L. E. Paddock, A. M. Stroup, X. C. Wu and D. F. Penson

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