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ORIGINAL ARTICLE

# Active surveillance in low-risk prostate cancer. Patient acceptance and results☆

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**KEYWORDS**
Prostate cancer;
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**Abstract**
*Objectives:* To evaluate the acceptance of active monitoring by patients treated in our health-care community and to report the clinical results of an active surveillance program in patients with low-risk prostate cancer.
*Materials and methods:* Prospective study of patients enrolled in an active surveillance program at our center between 2004 and 2012. The inclusion criteria were PSA < 10 ng/ml, Gleason score ≤ 6, clinical stage T1c/T2a, ≤2 positive cores, and no more than 50% of the core being affected. Curative treatment was proposed when faced with pathological progression over the course of the monitoring.
*Results:* In 2011, only 17% of the total number of potential candidate patients rejected their inclusion in a surveillance program and were treated actively. We analyzed a series of 144 patients included in our active surveillance protocol. The mean follow-up time was 3.22 years (SD 2.08). A total of 110 patients (76.3%) remained under active monitoring, with an estimated median treatment-free survival after diagnosis of 6.9 years (95% CI: 6.2–7.6). The percentage of patients who remained free of treatment at 2 and 5 years was 96.3% (95% CI: 92.8–99.8%) and 70.9% (95% CI: 59.3–85.5%), respectively. Thirty-four patients (23.6%) required curative treatment. The mean time to treatment was 4.6 years (SD 2.3).
*Conclusions:* Active surveillance of highly selected patients with low-risk prostate cancer is a valid alternative therapy that is accepted by patients in our community.


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**PALABRAS CLAVE**
Cáncer de próstata;
Vigilancia activa;
Resultados del tratamiento

## Vigilancia activa en cáncer de próstata de bajo riesgo. Aceptación por el paciente y resultados

### Resumen

*Objetivos:* Evaluar la aceptación del seguimiento activo por los pacientes en nuestro entorno asistencial y describir los resultados clínicos de un programa de vigilancia activa en pacientes con cáncer de próstata de bajo riesgo.

*Material y métodos:* Estudio prospectivo de pacientes incluidos en programa de vigilancia activa en nuestro centro entre 2004 y 2012. Los criterios de inclusión fueron: PSA < 10 ng/ml, Gleason ≤ 6, estadio clínico T1c/T2a, ≤ 2 cilindros positivos, con una afectación máxima del cilindro del 50%. Se propuso tratamiento curativo ante la progresión anatomopatológica a lo largo del seguimiento.

*Resultados:* En el año 2011, del total de pacientes potenciales candidatos, tan solo un 17% de los mismos rechazó la inclusión en un programa de vigilancia y fue tratado de forma activa. Analizamos una serie de 144 pacientes incluidos en nuestro protocolo de vigilancia activa. La media de seguimiento fue de 3,22 años (DE: 2,08). Ciento diez pacientes (76,3%) permanecen en seguimiento activo, con una mediana estimada de supervivencia libre de tratamiento tras el diagnóstico de 6,9 años (IC 95%: 6,2-7,6%). El porcentaje de pacientes que permanecen libres de tratamiento a 2 y 5 años fue de 96,3% (IC 95%: 92,8-99,8%) y 70,9% (IC 95%: 59,3-85,5%) respectivamente. Treinta y cuatro pacientes (23,6%) precisaron tratamiento curativo. La media de tiempo hasta el tratamiento fue de 4,6 años (DE: 2,3).

*Conclusiones:* La vigilancia activa en pacientes altamente seleccionados con cáncer de próstata de bajo riesgo es una alternativa terapéutica válida de tratamiento y aceptada por los pacientes de nuestro entorno.



## Introduction

In the last years, active surveillance is a well-consolidated option in urological practice for management of low-risk prostate cancer, and it has been included as a treatment modality in clinical guidelines of the European and American urological associations and NCCN.[1–3] However, there is still no consensus on the criteria for inclusion in these programs, optimal monitoring protocol and indication criteria for active treatment. Moreover, in our health-care community it is considered as treatment option not well accepted by patients and, for this reason, difficult to apply in clinical practice (Fig. 1).

## Objective

The objective of our study is to evaluate the acceptance of active surveillance by patients treated in our health-care community and to report the clinical results of an active surveillance program in patients with low-risk prostate cancer, and to assess the dwell time on this program, trying to increase the scientific evidence published to date.

## Materials and methods

Prospective study of patients enrolled in an active surveillance program at our center between 2004 and 2012 were conducted.

## Inclusion criteria

Active surveillance was proposed to those patients diagnosed of low-risk prostate adenocarcinoma as therapeutic option. The inclusion criteria were: PSA < 10 ng/ml, Gleason score < 6, clinical stage T1c/T2a, ≤2 positive prostate biopsy cylinders with no more than 50% of the core being affected. Curative treatment was proposed when faced with pathological progression over the course of the surveillance, both in

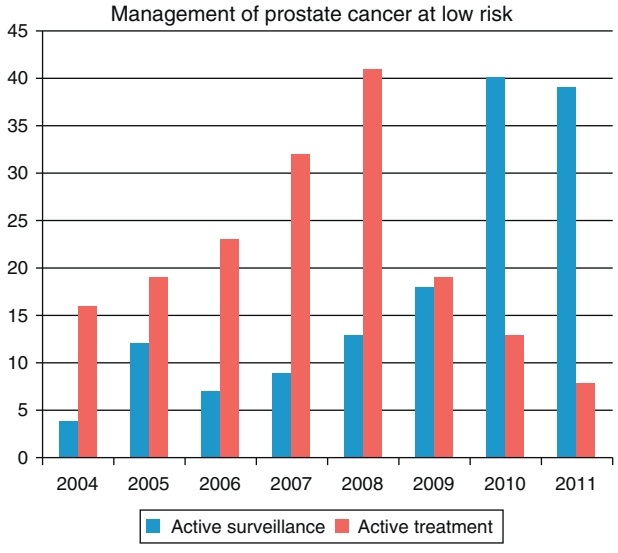


**Figure 1** Evolution in the management of low-risk prostate cancer.