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Words of Wisdom

Re: Use of Active Surveillance or Watchful Waiting for Low-risk Prostate Cancer and Management Trends Across Risk Groups in the United States 2010–2015
Mahal BA, Butler S, Franco I, et al

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Experts' summary:
Mahal et al. used Surveillance, Epidemiology and End Results (SEER) registry data to evaluate prostate cancer (PC) management trends in the USA between 2010 and 2015. Among men with low-risk disease, active surveillance (AS)/watchful waiting rates tripled from 14% in 2010 to 42% in 2015. For men with high-risk disease, the radical prostatectomy (RP) rate increased from 38% to 43% and radiation therapy (RT) decreased from 60% to 55%. From 2010 to 2015, overall PC diagnoses decreased by 25% and low-risk diagnoses by 43%.

Experts' comments:
The presumably well-intentioned US-based shotgun approach of annual prostate-specific antigen measurement, a low threshold for biopsy, and timely whole-gland treatment of nearly all localized PCs was widespread since the early 1990s. Consequently, age-adjusted PC-specific mortality dropped by 52% while literally millions of men were unnecessarily diagnosed and treated. We believe the USA should become more like Sweden, where AS was implemented for 91% of men with very low-risk PC, 74% with low-risk PC, and 19% with intermediate-risk PC in 2014 [1]. There are pockets of incredible progress, such as the MUSIC collaborative in the state of Michigan, in which 79% of men with low-risk PC embarked on AS in 2017 (personal communication). The adoption of AS in the USA has been long awaited, is evidence-based, improves public health, should be celebrated, will hopefully continue to increase, and was a major reason why the United States Preventative Services Task Force modified its screening recommendation in 2018 for men aged 55–69 yr [2].

For localized high-risk PC, optimal management has yet to be definitively determined. Traditionally, RT with or without androgen deprivation therapy (ADT) was the de facto treatment. However, largely because of a multitude of single-center [3] and comparative series suggesting a relative benefit from surgery [4], rates of surgery for men with high-risk PC increased from 26% in 2004 [5] to 43% in 2015. While the overwhelming majority of comparative data suggest a metastasis-free or cancer-specific advantage from surgery, there are significant limitations in these analyses that will only be adequately answered by the SPCG-15 randomized phase 3 trial comparing RP (with or without adjuvant salvage RT) with RT plus ADT among patients with locally advanced nonmetastatic PC. Currently, high-risk PC in an otherwise healthy man is the one clinical state for which we routinely recommend surgery over RT with the primary goal of limiting PC-related morbidity. If SPCG-15 convincingly suggests otherwise, we will promptly and unreservedly modify our recommendations to men in the future.

Conflicts of interest: The authors have nothing to disclose.

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