Letter to the Editor: The Pundit Speaks

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"Prostate Cancer Considerations in 2017"

According to the American Cancer Society (ACS), in the United States, there will be nearly 61,360 new cases of prostate cancer diagnosed in 2017 and about 26,730 deaths from the disease. When deciding on a prostate cancer treatment, the optimal outcome is threefold: to maintain urinary continence, avoid erectile dysfunction, and be cured of the disease. Unfortunately, this is not always possible. Men and their partners receive data and advice from varying sources (media, internet searches, physicians, other men who have prostate cancer, family and friends). They may consider this information, weigh their priorities, and choose a treatment modality. There are many options, each with different risks and benefits. The decision-making process is often difficult and confusing, especially given the relatively few comprehensive resources that objectively compare all treatment options. This may exist because there is no consensus on the "best" treatment available to guide physicians and patients because no large randomized controlled trials include all treatment options due to the scale, complexity and ethical barriers to such a study. Several treatments are available for prostate cancer, including active surveillance, external beam radiation, high- or low-dose brachytherapy, open radical prostatectomy, robot-assisted prostatectomy and hormonal ablation. The side effects of these treatments vary and can include high-volume blood loss, erectile dysfunction, urinary incontinence and incomplete cure or removal of the disease. Despite this, surgery remains the most commonly received treatment for localized prostate cancer. "Active surveillance" is choosing to delay active treatment (prostatectomy, radiation, hormonal ablation) and the accompanying side effects and inherent risks until the cancer progresses to a stage necessitating more intrusive and aggressive treatment. Most prostate cancer grows slowly; thus, this could be 10 years or more from diagnosis. Fewer than 5% of patients on active surveillance have cancer that will become untreatable. By contrast, "watchful waiting" is best described as palliative care when the patient is sufficiently unwell or if the cancer spread is so extensive that cure is not a viable option; in these situations, symptom relief is the primary goal. The terms are often used interchangeably in the literature, which causes more confusion. Men on active surveillance prefer to avoid surgery and the associated side effects of incontinence and erectile dysfunction. These men also felt empowered by the knowledge that active treatment was an option if required. A new PIVOT randomized trial has found that almost 20 years after prostate cancer diagnosis, men who had immediate surgery lived no longer than those who entered observation.

In the America that I love, we must be realistic about the choices following a diagnosis of prostate cancer. Prostate cancer is the second most common cancer in men. Please consult with your physician to have your many questions answered.

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