

Prostate Cancer

is among the most common cancers diagnosed in men. The cancer varies significantly in its aggressiveness and behavior.

Though finding out that you have cancer can be frightening, low-risk prostate cancer is often unlikely to cause significant problems in your lifetime. As a result, there is an opportunity for some patients to delay or even avoid active treatment (e.g., surgery or radiation therapy) and its possible side-effects. This approach is called **Active Surveillance (AS)**.

The decision to proceed with AS should be made on an individual basis between you and your doctor. This packet is designed to give you background information on the Active Surveillance process as you consider whether this management strategy is right for you.



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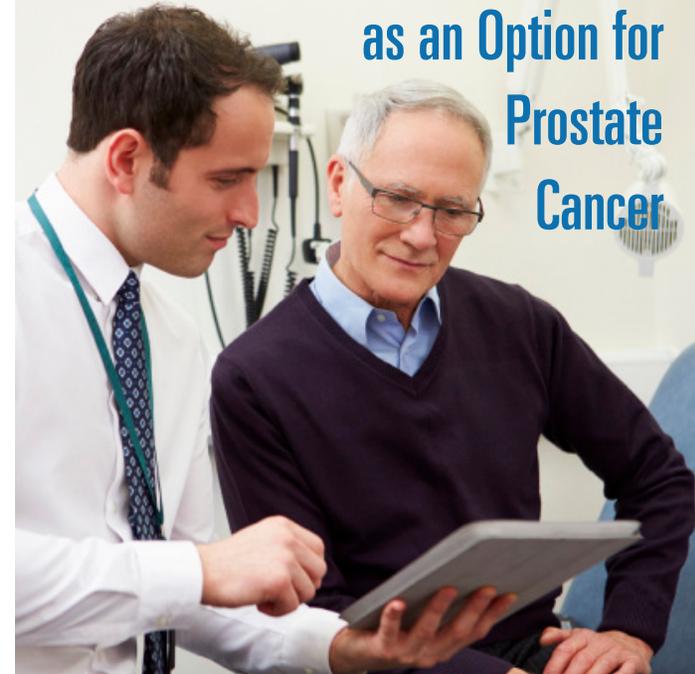
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Choosing Active Surveillance

as an Option for Prostate Cancer



The Phases of Active Surveillance

If you opt for Active Surveillance (AS), physicians will monitor your condition to ensure the cancer remains unlikely to cause significant health risks.

In order to simplify this process and make AS more approachable, experts in Michigan have broken surveillance down into two distinct phases. The remainder of this document will provide information about the phases of Active Surveillance, so you gain a broad overview of what can be expected throughout the course of AS.

1. Consideration Phase

This is a period where you and your doctor will consider all of the information available at the time of diagnosis to determine whether AS is appropriate for you. Specifically, in this phase, you and your doctor will consider what is known about your prostate cancer in the context of your general health and age to determine if AS is appropriate.

It is likely that additional testing will be needed in this phase to better understand the aggressiveness of your cancer before starting AS. The additional tests obtained in this phase will likely include some combination of a repeat biopsy, a MRI test, and/or genetic tests of the prostate cancer tissue. This process typically should be completed within 6 months of your initial diagnosis.

2. Surveillance Phase

If you and your doctor, after confirmatory testing, decide AS is the path that you want to pursue, then you will be routinely monitored to ensure the cancer does not change and pose a greater health risk over time. Repeat tests designed to monitor cancer risk will be recommended intermittently. Tests during this phase may include PSA blood tests, rectal examination to feel for prostate cancer, repeat biopsies of the prostate, magnetic resonance imaging tests (MRI), or genetic tests of the prostate cancer tissue.



Two different pathways with varied intensity of testing are outlined below. Based on disease characteristics, your preferences, and your doctor's opinion, there is

some variation in how aggressive repeat testing will be during the surveillance phase. Together with your doctor, you will decide on the pathway that is most appropriate for your situation.

High Intensity Surveillance Plan

This involves the more rigorous course of testing, with both blood tests and digital rectal exams recommended every six months. A biopsy or MRI is recommended every 12 months.

Low Intensity Surveillance Plan

This course of monitoring requires less frequent testing: blood tests (to measure PSA level) and digital rectal exams every 12 months and a biopsy or MRI about every three years.

Transitions to Treatment or Watchful Waiting

When you start AS you may wonder how long you will be on surveillance. The answer to this is different for every man. However, it is possible for everyone on surveillance that at some point continued AS may no longer be the ideal management option. In such a situation, a discussion of a transition in management may become necessary.

Possible Reasons for a Transition

1. If clinical tests indicate your prostate cancer may be behaving more aggressively, it might become necessary for you and your physician to discuss transitioning to treatment.
2. Even if there has been no change in the cancer's aggressiveness, some patients may prefer to discontinue AS because of personal preferences, like anxiety over the monitoring process or resistance to having to undergo repeated tests. In that case, you may also consider moving to active treatment.
3. In some cases, less frequent testing than recommended while on AS may make sense. For instance, if your cancer is deemed very unlikely to cause harm, or other health problems arise, a discussion of less frequent testing may be warranted. This strategy of less frequent testing is typically referred to as Watchful Waiting.

Regardless of the circumstances, a decision on how long to undergo AS and whether to proceed with it is ultimately your choice, and can be made in consultation with your doctor.

