



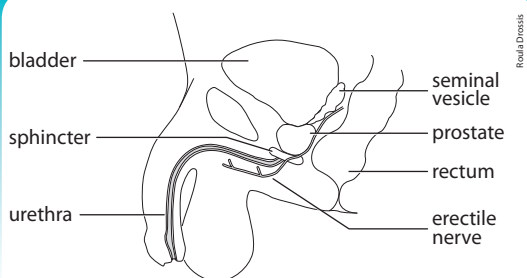
# Active surveillance for prostate cancer

Prostate cancer grows slowly. You have an option to wait before starting active treatment. Your doctor will closely watch your cancer for change or growth.

## How does someone get prostate cancer?

- The prostate makes some of the fluid that is ejaculated through the urethra when you have an orgasm. (See diagram *Side view of male lower urinary anatomy*)
- Cancer can begin if there are changes in the DNA of the cells in your prostate.
- Changes in prostate cells can cause them to grow faster than usual.
- These abnormal cells can form a tumour that could spread into nearby tissues.
- The abnormal cells could also break off and invade other parts of the body.
- Research has not yet shown a clear cause for prostate cancer.

Side view of male lower urinary anatomy



## How is prostate cancer diagnosed?

- **PSA (prostate specific antigen) blood test:** Most often, an early diagnosis can be made if PSA results are higher than normal.
  - A PSA blood test may indicate if there are cancer cells in your prostate.
- **Prostate biopsies:** A prostate biopsy takes samples of abnormal cells from the prostate.

- Examining these cells with a microscope can confirm cancer.
- The results of this microscopic examination will also give a tumour **grade** or **Gleason score** (that is, what the cells actually look like).
- These results can help your doctor to predict what might happen with your tumour.
- You may need other tests to decide on the **stage** of the cancer.
  - Stage tells the size of the tumour and how far it has spread outside of your prostate.
- In your case, the cancer seems to be only in your prostate.

## What kinds of treatments are there for prostate cancer?

- You and your urologist have talked about different kinds of treatment.
- Each option has its own benefits and risks.
  - **Active surveillance:** watching what happens to your tumour but without treatment
  - **Removing your entire prostate** with surgery
  - **Radiation therapy** to kill cancer cells by
    1. Aiming an external beam (high-energy beams, like x-rays) right at your prostate
    2. Putting radioactive pellets directly into your prostate (called **brachytherapy**).
- It may be hard for you to grasp the idea of just waiting (active surveillance) since you may feel as if you are “doing nothing.”

## Why would I choose active surveillance over other kinds of treatment?

- Unfortunately, there is no magic formula to help you decide what might be best for you.
- If you have lower-risk prostate cancer:
  - Active surveillance could delay, or even avoid, the possible side effects of treatment (like leaking urine or being unable to have an erection).
  - Many men will never need treatment.
- Many of the treatments for prostate cancer can be hard on you.
- You might not need treatment right away if:
  - Your cancer is at a very early stage
  - Your cancer is growing slowly
- Active surveillance lets you avoid the risks and complications of some treatments:
  - By possibly putting off those risks for many years
  - By staying healthy before you actually need treatment.
  - By being healthy to have better results if you do need treatment.
  - Until you need treatment because your cancer has changed
  - Until you need treatment because your tumor has grown or is spreading quickly.
- Active surveillance might also be a good choice if you have other serious medical conditions:
  - Such as heart disease, ongoing high blood pressure, or diabetes that is not well controlled
  - That are affecting the way you live your life
  - That could shorten your lifespan
- You are more likely to “die **with** prostate cancer than die **of** it.”
- You may choose active surveillance if you don't feel ready for surgery or radiation therapy.
- It is important to understand that active surveillance is not just “putting off treatment.”

## What happens during active surveillance?

- Active surveillance means that your doctor “keeps a close eye” on your cancer, watching for signs that your cancer may be growing.

- During active surveillance, common tests can be used to show the **stage** of your tumorsuch as:
  - **PSA:**
    - Quick changes in your PSA results may mean that your prostate cancer is growing.
  - **DRE:** (Digital Rectal Examination) is done to see if:
    - There have been any important changes.
    - There is early-stage tumor.
- **Other:** Tests such as CT scans and MRI are not a regular part of active surveillance but can be used in special circumstances.
- **Biopsy:** You may also have to repeat your prostate biopsy:
  - To follow your cancer one to two years after your diagnosis
  - To make certain that your cancer is still at low risk (Tumour **grade or Gleason score** 6 or less).
- Delaying treatment (surgery or radiation) may be safe if you have lower-risk prostate cancer.
- **It is very important to understand** that it may not be possible to predict if, or when, your cancer will become more aggressive.

## What is the risk if I decide on active surveillance over treatment?

- One large study followed men with early, low-risk prostate cancer.
  - They were watched carefully over a long time period (20 years).
  - They did not have any active treatment.
  - Most did not die from their disease even after 20 years.
- Talk with your doctor about the best choice for you.

## What happens if my cancer grows during active surveillance?

- You may need treatment, such as surgery or radiation, if:
  - There are new symptoms
  - A test shows that the cancer is growing.
- Tests that indicate your cancer may be growing include:
  - Your **PSA** is rising

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- A **DRE** shows more advanced cancer
- Your **Gleason score** is 7 or higher on a repeat biopsy
- If you get one of these results, you may want to talk with your doctor about starting treatment.
- Quicker-growing cancer is at higher risk for spreading to other parts of the body

## What if I choose to have treatment rather than wait?

### Surgery

- If you choose a radical prostatectomy (your prostate is taken out), you may no longer be able to have natural erections.
- You may leak urine and need to wear pads to absorb it.
- It doesn't happen often but you may need extra surgery to get back control.

### Radiation

- Over time, you may no longer be able to have natural erections with radiation therapy.
- Radiation to the rectum often causes you to have bowel movements more often.
- You may see some blood in your stool, although this often clears up soon after treatment.
- You may have long-term problems with your bowels such as:
  - Inflammation of the rectum (called **proctitis**)
  - Bleeding
  - Diarrhea

- You may notice changes with emptying your bladder during radiation therapy.
- You may feel as if you need to empty your bladder "right now!" and often.
- You may need to get up more often at night to go to the bathroom.
- These problems are usually short-lived (six months to a year for many).
- On the other hand, these problems can also be permanent.

### Bottom Line

- It is important for you to understand that active surveillance is one option for dealing with your prostate cancer.
- You can start treatment at any time if your cancer seems to be growing.
- You might worry that your cancer could possibly grow and spread during active surveillance.
- You might find it stressful just knowing you have cancer and you may find it hard to delay active treatment. However, many people will never require treatment.
- Discuss the pros and cons of different kinds of treatment with your doctor and your family.
- These discussions can help you to confidently choose the right option for you.

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