

Active surveillance 2019: the impact of recent developments in genomics and imaging on patient selection and management. Laurence Klotz for UAA 2019

A conservative management strategy that preserves curative intent where needed, has become a mainstay of management for low-risk disease. There are also many men with indolent intermediate risk disease who can likely be managed safely with a conservative approach. Candidates are those are men who are either intermediate risk due to a PSA between 10 and 20, or by virtue of having GG2 with a small percentage of Gleason 4 pattern, and a negative MRI or negative targeted biopsy of a region of interest. Confirmation with a favorable score on a tissue based genetic assay can provide further reassurance.

Prior studies have clearly demonstrated that a subset of patients with intermediate risk disease have indolent disease that may benefit from AS; at the same time, some men with intermediate risk disease have an aggressive clinical course that deserve early definitive therapy. Unfortunately, this heterogeneity is not adequately captured with traditional histopathologic staging. Clinical, genomic, and radiologic biomarkers are the key to appropriate risk stratification and patient selection. The benefits of AS make it an appealing option for low risk cancer and selected men with intermediate risk disease.