Watchful waiting, not surgery, seems best for early prostate cancer

By ACSH Staff — July 19, 2012

Results from a study [1] out of the University of Minnesota have added to the ongoing debate over the most effective approach towards the diagnosis and treatment of early-stage prostate cancer. The study, reported in the New England Journal of Medicine, compared men with early-stage cancer who underwent radical prostatectomy with a group that was followed non-invasively, using active surveillance. The findings? Neither overall mortality nor cancer-specific mortality significantly differed.

The trial, which spanned from 1994 to 2002, enrolled 731 men, all of whom were younger than 75 and had been diagnosed with clinically localized prostate cancer, as well as having a PSA value of less than 50 ng/mL. The men were then randomized to radical prostatectomy or observation, which included palliative therapy or chemotherapy.

During a median follow-up of ten years, 47 percent of men assigned to radical prostatectomy died, compared to 49.9 percent of those assigned to observation.

While the findings have received both praise and skepticism, we can't help but agree with Dr. Philip Kantoff, chief of solid tumor oncology at the Dana-Farber Cancer Institute in Boston, who stated that the study supports what we have known for some time: that there is a great deal of over-treatment of prostate cancer, particularly for men with low risk.

The prevalence of prostate cancer and the controversy surrounding treatment deserves people's attention, adds ACSH's Dr. Gilbert Ross. Studies like this are imperative for raising awareness of the problems surrounding over-diagnosis and over-treatment. People need to weigh certain factors such as the quality of life and potential lifespan gained when deciding whether to undergo painful and risky surgeries.