

Prostate Cancer Control Recommendations for Treatment

Goal, Progress Markers, Rationale, Objectives, Strategy Options

Prostate Cancer Treatment Goal

By 2012, a higher proportion of men with localized/regional stage prostate cancer on Watchful Waiting and men with advanced or recurrent prostate cancer will receive appropriate surveillance and/or active treatment including increased enrollment in clinical trials.

Progress Markers

- Tools developed that will be used to establish a baseline and to monitor the percentage of men with localized/regional stage prostate cancer on Watchful Waiting that are not receiving appropriate cancer specific follow up.
- Tools developed that will be used to establish a baseline and to monitor the percentage of men with advanced or recurrent prostate cancer who receive appropriate active treatment and/or are enrolled in clinical trials.
- Complete surveys and/or analysis of information from cancer registries to evaluate the percentage of men with localized/regional stage prostate cancer on Watchful Waiting that are not receiving appropriate cancer specific follow up.
- Complete surveys and/or analysis of information from cancer registries to evaluate the percentage of men with advanced or recurrent prostate cancer who receive appropriate active treatment and/or are enrolled in clinical trials.

Why This Priority Is Important

Prostate cancer is different from other cancers in that the majority of individuals diagnosed with the disease at an early stage would not die of the disease if left untreated. However, the minority with aggressive disease face as dismal a prognosis as that of other cancers; prostate cancer remains the number two cause of cancer related mortality in Michigan men.¹³

Sometimes the indolent or aggressive nature of the prostate cancer is evident at the time of diagnosis. However, for those men for whom it is not clear, there is a difficult quandary. Should they pursue an active treatment course that will probably be curative but may leave them with significant long term quality of life problems in the domains of urinary symptoms, bowel symptoms, sexual dysfunction, and hormonal related symptoms—when the disease may not have affected lifespan or caused significant problems?

¹³ Michigan Public Health Institute. *The Cancer Burden in Michigan: Selected Statistics 1985-2002*. December 2004.

The efforts of the MCC Prostate Cancer Action Committee over the past six years was to develop, evaluate and distribute a patient decision aid to facilitate an informed decision making process in the face of this quandary for men diagnosed with localized prostate cancer.¹⁴

At this time, additional treatment issues need to be addressed. Some individuals with an early, indolent type of prostate cancer will choose to defer active treatment while having regular follow up visits and testing to watch for indications that the cancer may be becoming more aggressive or spreading; this is called Watchful Waiting or Active Surveillance. Men who choose Watchful Waiting may have a higher anxiety level than those who choose active treatment.¹⁵ These individuals endure the stress of living with an untreated cancer even though intellectually they understand that the prostate cancer is unlikely to be the cause of death.^{16, 17} It is likely that this anxiety could be at least partially alleviated if the answers to questions such as these were more accessible to patients, their families, and their primary care physicians:

- Do I really have cancer if it doesn't need to be treated?
- Can I change my mind and get active treatment?
- What, if any, follow-up is necessary for optimal care?
- What symptoms would mean that the cancer is progressing?

Impending changes in the definition of cancer versus precancerous conditions based on pathology reports of biopsy specimens may further confound the issues. Preliminary results of the 2005 Pathology Consensus Panel include a recommendation that Gleason scores 2-4 and some Gleason score 5 specimens should not be labeled prostate cancer but one of two precancerous conditions.

Some men may be inappropriately placed on Watchful Waiting. African American men have been shown to be less likely than white men to receive active therapy even though, on average, they present with higher tumor grade and stage at the time of diagnosis.¹⁸ While some of these men may make a fully informed decision, some may be directed away from active treatment modalities.

Different dilemmas confront individuals with advanced disease at the time of diagnosis or with recurrent disease. These men are often given the message explicitly or implicitly that nothing can be done despite the fact that recent advances have shown that androgen independent disease can sometimes be treated with chemotherapy or Androgen Deprivation Therapy with

¹⁴ Michigan Cancer Consortium. *Making the Choice: Deciding What to Do About Early Stage Prostate Cancer*. 2003.

¹⁵ Braslis, K.G., Santa-Cruz, C., & Brickman, A.L., et al. (1995) Quality of life 12 months after radical prostatectomy. *Br J Urol*, (75), 48-53.

¹⁶ Cowen, M.E., Cahill, D., & Dattan, M.W., et al. (1996) The value or utility of prostate cancer states. *J Urol*, (155), 376.

¹⁷ Herr, H.W. (1997) Quality of life in prostate cancer patients. *CA—A Cancer Journal for Clinicians* (47), 207-217.

¹⁸ Underwood, W., et al. (2004) Racial/ethnic disparities in the Rx of localized/regional prostate cancer. *J Urol*, (171), 1504-1507.

chemotherapy for a survival advantage.¹⁹ Chemotherapy and Radiation modalities are also underutilized for symptom palliation. Clinical trials have been slow to fill, making it more difficult to find better treatments for advanced prostate cancer.

What Needs To Be Done

Michigan men, their families and their primary care providers need clear, up-to-date, complete, culturally sensitive, easily accessible information on when Watchful Waiting is an appropriate treatment option. When Watchful Waiting is selected, information is then needed on current prostate cancer specific follow-up testing and the indications that the disease has progressed to the point at which active treatment should again be considered.

Men with advanced or recurrent prostate cancer and their primary care providers likewise need access to the most up to date information on survival-prolonging and palliative treatment modalities.

Therefore, the following objectives are proposed:

Objective

By 2012, the proportion of men with localized/regional stage prostate cancer on Watchful Waiting who are not receiving cancer specific follow-up will be measured through the use of surveys and/or cancer registries.

Based on these findings, develop means to improve the proportion of men with localized/regional stage prostate cancer on Watchful Waiting who receive appropriate prostate cancer specific follow up care.

Strategy Options

- Conduct studies to determine the most appropriate interval for periodic examination of patients managed by the Watchful Waiting approach.
- Conduct studies to determine the appropriate endpoint that defines when the Watchful Waiting approach should be replaced with active treatment.
- Develop and disseminate information to patients, their families, and providers about appropriate follow up with Watchful Waiting.

Objective

By 2012, the percentage of men diagnosed with advanced or recurrent prostate cancer that receive active treatment and/or are enrolled in clinical trials will be measured through the use of surveys and/or cancer registries.

¹⁹ Petrylak, D.P., Tangen, C.M., Hussain, M., Jones, J., Taplin, M.E., Burch, P.A., Berry, D.L., & Crawford, E.D. (2004) Docetaxel and estramustine versus mitoxantrone and prednisone: results of SWOG intergroup protocol 9916. *N Engl J Med*, 35(15), 1513-20.

Based on these findings, develop means to improve the percentage of men diagnosed with advanced or recurrent prostate cancer who receive active treatment and/or are enrolled in clinical trials.

Strategy Options

- To support existing and/or develop information resources such as hotlines and directories for men diagnosed with advanced or recurrent prostate cancer.
- Develop and disseminate information to patients with advanced or recurrent prostate cancer, their families, and providers about the appropriateness of active treatment and/or clinical trials.

Additional References

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8. Underwood, W., Jackson, J., Wei, J.T., et al. (2005) Racial treatment trends in localized/regional prostate carcinoma: 1992-1999. *Cancer*, (103), 538-545.
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