



Federaal Kenniscentrum voor de Gezondheidszorg  
Centre Fédéral d'Expertise des Soins de Santé  
Belgian Health Care Knowledge Centre

# A national clinical practice guideline for prostate cancer

## Part 1: Localised prostate cancer



# Rationale

- **Cancer-specific guidelines: College of Oncology + KCE**
- **Prostate cancer**
- **Two parts:**
  - 1. Localised (low, intermediate and high risk categories)**
  - 2. Advanced and metastatic cancer**

# Context

- **PIVOT: A Randomized Trial Comparing Radical Prostatectomy Versus Palliative Expectant Management for the Treatment of Clinically Localized Prostate Cancer**
- **Initiated in 1994**
- **First Publication: July 2012**

# Definitions

## Prostate cancer risk categories:

- **Low risk: T1-2a and Gleason\* <7 and PSA < 10 ng/mL.**
- **Intermediate risk: T2b-c or Gleason 7 or PSA 10-20 ng/mL.**
- **High risk: T3a or Gleason >7 or PSA > 20 ng/mL.**

\* Gleason score : most commonly used system for grading adenocarcinoma of the prostate. The Gleason score can only be assessed using biopsy material.

# Definitions

- **Watchful waiting** consists of **deferring treatment** in patients with prostate cancer who are no candidate and suitable for immediate curative treatment. WW implies following up patients and only treating them with a **palliative** intent if **symptoms** appear.
- **Active surveillance** consists of **deferring treatment** in patients who are candidate and suitable for immediate curative radical treatment. AS implies revisiting periodically the status of the patient and treating upon **progression**, still with a **curative** intent.

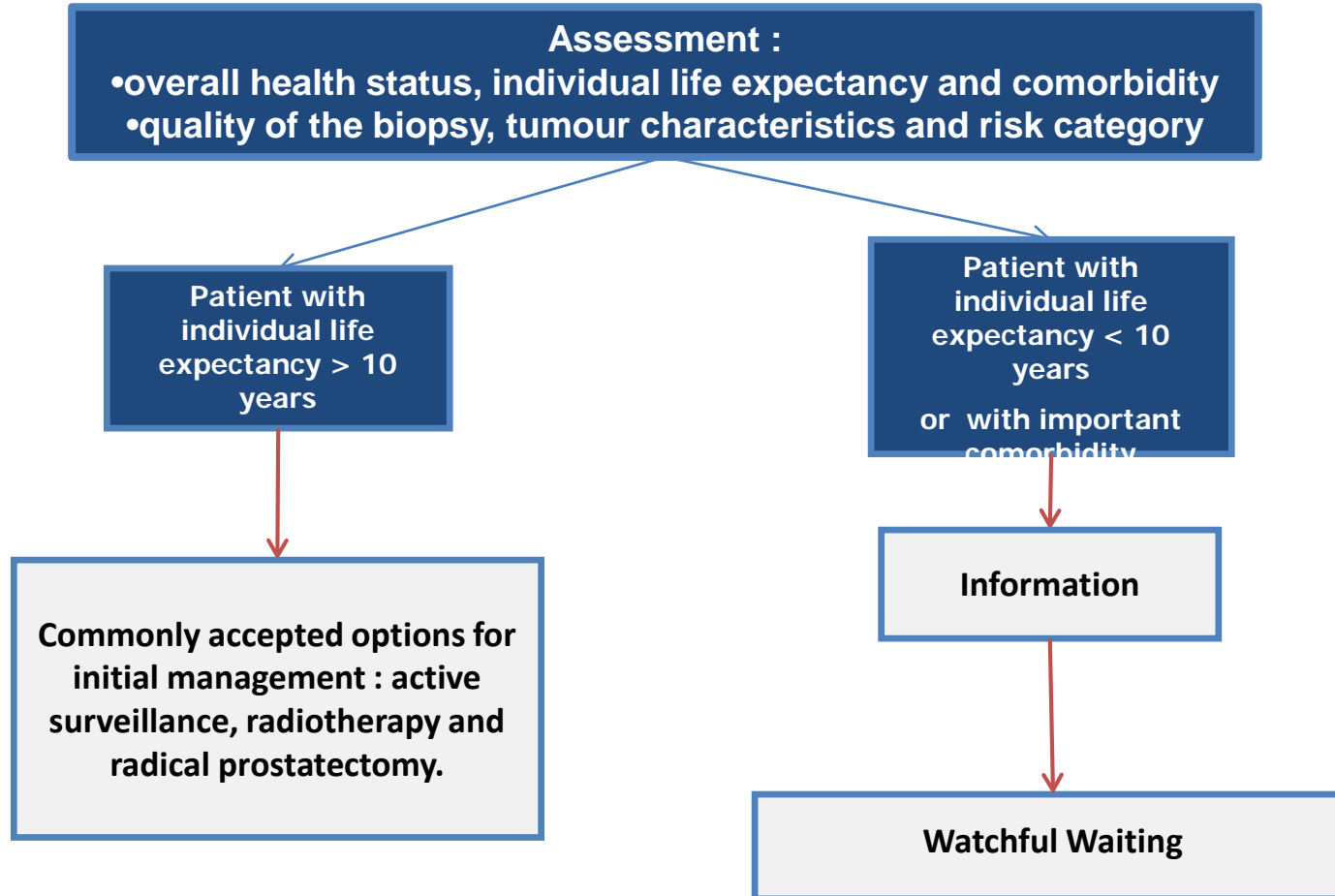
# Research questions

- **Who may benefit from watchful waiting or active surveillance?**
  - **Outcomes WW/AS versus other treatments**
- **How is active surveillance implemented?**
  - **Outcomes of different strategies**
- **When to switch from AS to another intervention with curative intent?**

# Methods

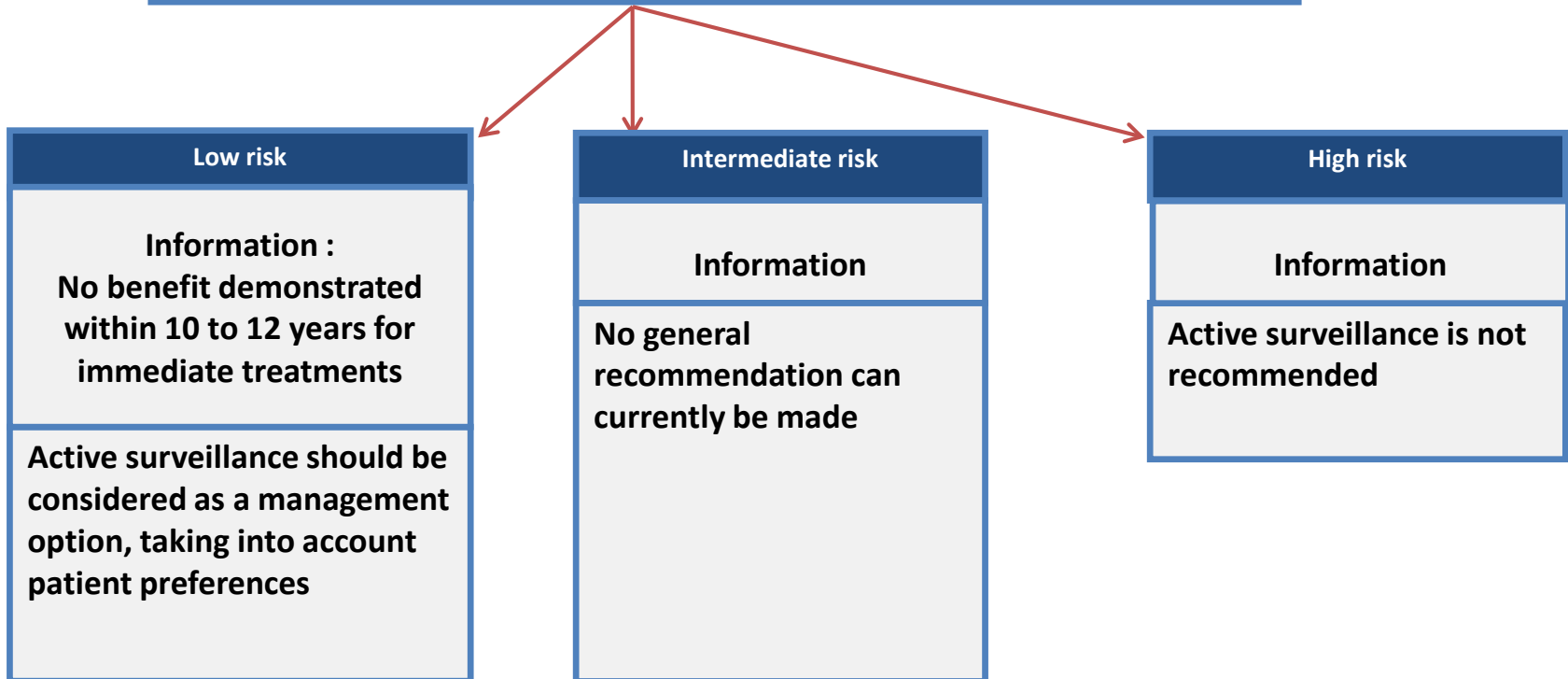
- **RCTs**
  - **VACURG : low quality**
  - **SPCG-4 : WW and 88% of palpable tumors**
  - **PIVOT : observation of patients diagnosed after PSA testing**
- **Systematic review including other designs + guidelines**
- **GRADE: Levels of evidence, Grades of recommendation**

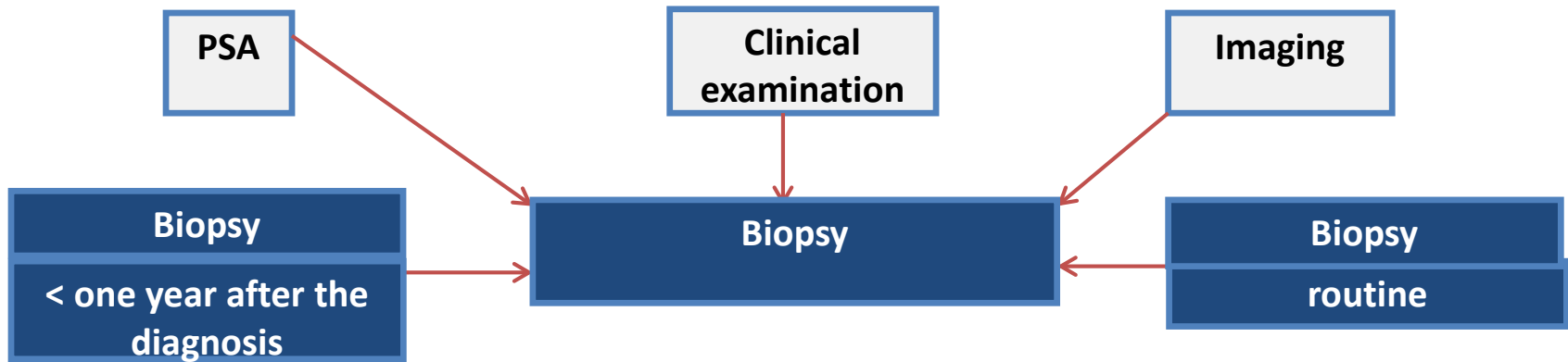
# Recommendations





**Well informed men with individual life-expectancy > 10 years**





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**Switching to a radical treatment should be considered in case of risk reclassification**

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**If individual life expectancy gets <10 year or age gets  $\geq 80$  y , or in case of significant comorbidity, offer watchful waiting with palliative intent.**

# Next steps

## Pathologists

- A guideline with quality criteria of a prostate biopsy is needed not only for pathologists but also for urologists and radiologists.

## KCE

- Qualitative research about the factors influencing patient decision for active surveillance.

## KCE

- Clinical practice guideline (part 2) on the treatment of locally advanced and metastatic prostate cancer.
- Update of report 31 : Prostate cancer screening with PSA.

# Colophon

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