

DR. METZGER'S SATURDAY EVENING NEWSLETTER

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PROSTATE FORUM OF ORANGE COUNTY

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A 7-12 YEAR PLUS LOOK AT SIDE EFFECTS OF IMRT + ADT THERAPY, VS. PROSTECTOMY VS. ACTIVE SURVEILLANCE. WITH PATIENTS IN THE UNITED KINGDOM.

Tonight, I'll summarize and analyze a United Kingdom 7 to 12 yearlong longitudinal study of patients who received radiation (IMRT or Brachytherapy) or radical prostatectomy or were in active surveillance. This study is called **Patient Reported Outcomes 12 Years After Localized Prostate Cancer Treatment** and appears in a **New England Journal of Medicine** publication called "NEJM Evidence". I'll give you the link to the study at the end of the Newsletter.

- Between 1999 and 2009 82,429 men in England had a PSA drawn. Of those, 2,637 had a diagnosis of prostate cancer confined to the gland
- From the 2,637 1,643 men were randomized into equal groups of Active Surveillance, Radical Prostatectomy and Radiation Treatment with Androgen Suppression...
- An astonishing number of the 1,643 finished 15 years of follow up.
- Incidence of deaths was low and the same in all 3 groups. 3 men died of prostate cancer, with similar numbers in all 3 groups.
- Rates of metastasis were very similar in all 3 groups: Active Surveillance 9.4%, Surgery 4% and Radiation 4%. I'll discuss the **Active Surveillance rates in "Take Aways, below.**

The researchers wanted to examine the long term effects of treatment (or active surveillance) on Urinary incontinence, getting up more than once during the night to pee, ability to have a firm enough erection for penetration and fecal incontinence, a complaint more commonly heard with radiation therapy. There are many studies that look at patients and their issues from 2 to 5 years from treatment. This work fills a need for a longer term study of more "traditional" treatments to help patients make more informed decisions about treatment.

About the active surveillance patients... First, some of the AS patients opted for treatment at some point in the study. Second, many of the patients (maybe as many as 70%) in the two treatment groups **would have been candidates for AS today given what the medical community now knows about low risk cancers.**

About the radiation treatments in the study... The researchers didn't separate the IMRT patients from the Brachytherapy patients. Both are in the radiation patient data. Nor will you find SBRT (Stereotactic Body Radiation Therapy, a.k.a "Cyber knife") or proton therapy data here. IMRT is not MRI guided so there's less precision and spacing gels were not used on patients. And, radiation patients got androgen deprivation therapy following radiation.

Just don't jump to conclusions about the lack of current treatments. Today's top radiologists debate the safety and effectiveness of different types of external radiation as well as the need for spacing gels. Older treatments are not "better" or "worse" as a whole when you talk with top doctors.

There's no control group of men without prostate cancer but of the same age as those in the 3 groups in the study to compare side effects, especially those involving sexual performance. We are to assume the AS group is our control group here.

So, what did the researchers find?

ERECTIONS FIRM ENOUGH FOR PENETRATION.

Prostatectomy Patients: 18% said they had firm enough erections. Here, 42% of men with erection issues said this had a moderate to severe impact on their quality of life.

Active Surveillance Patients: 30% said they had firm enough erections. Again, 37% of men with firmness issues said that this had a moderate to severe impact on their quality of life

Radiation Patients: 27% said they had firm enough erections. Of men with difficulties, 30% said this had a moderate to severe impact on their life quality.
By year 12 all groups reported more erection issues.

URINARY LEAKAGE REQUIRING PADS

Prostatectomy: 18-24% had leakage

Active Surveillance: 9-11% had leakage

Radiation: 3 to 8% had leakage.

Note: no discussion of drugs like Flo Max or Cialis prescribed to control leakage

WAKING UP MORE THAN ONCE DURING THE NIGHT TO URINATE:

Radiation: 48%

Active Surveillance: 47%

Prostatectomy: 34%

FECAL INCONTINENCE:

Radiation patients: 12% had problems

Active Surveillance and Prostatectomy group: 6% by year 12 of the study.

TAKE AWAYS

Clinical progression and the Active Surveillance Group: This study starts in 1999, prior to more aggressive active surveillance guidelines, before PSMA scans and before genetic testing. If you attend our Support and Information Groups, Fireside Chats and Presentations, we stress the need for MRI GUIDED BIOPSIES to target areas of suspected cancer random biopsies may not capture. 6% of men on AS were Grade Group 3, Gleason 4+3, they usually get treatment soon after diagnosis. 32 men on AS were had aggressive cancers for sure.

Overtreatment by today's standards: Localized P Ca with modern evaluation must weigh benefits against harms. Patient anxiety notwithstanding, Gleason 6 patients and even some Gleason 3+4 patients are candidates for active surveillance. This study showed a full 77% of men in Grade Group 1, got radiation plus ADT or surgery. That means 2/3rds didn't need major treatment, about 1095 by 2023 standards.

Main take away as far as treatment, don't over treat low grade prostate cancer and use modern techniques to diagnoses and treat significant disease.

Here's the link to the study:

https://evidence.nejm.org/doi/full/10.1056/EVIDoa2300018?query=ev_TOC