


AUA 2017 boston

MAY 12-16

www.AUA2017.org





**Clinically Localized Prostate Cancer:
AUA/ASTRO/SUO Guideline
Very Low-/Low-Risk Disease**

Jeffrey A. Cadeddu, MD
Professor, Department of Urology
UT Southwestern Medical Center
Vice-Chair, AUA/ASTRO/SUO LCaP Guidelines Panel



DISCLOSURES

Jeffrey A. Cadeddu, MD

- Titan Medical Inc: Investment Interest
- Transenterix: Investment Interest
- Levita Magnetics: Consultant or Advisor, Scientific Study or Trial



SYSTEMATIC REVIEW

A comprehensive literature search was performed by the Agency for Healthcare Research and Quality (AHRQ)

- January 1, 2007 through March 7, 2014
- Supplemented in August 2015 and August 2016

This formed the basis for Strong, Moderate, and Conditional Recommendations with additional information provided as Expert Opinion or Clinical Principle.



METHODOLOGY

A

- Well conducted RCT's
- Exceptional observational studies

B

- RCT's and/or observational studies with some weaknesses

C

- Observational studies that are inconsistent -difficult to interpret



GUIDELINE OVERVIEW

Guideline Statements (Total = 68 Statements)

- I. Shared Decision Making (5 Statements)
- II. Care Options by Cancer Severity/Risk Group
 - I. Very Low-/Low-Risk (9 Statements)
 - II. Intermediate-Risk (7 Statements)
 - III. High-Risk (6 Statements)
- III. Recommended Approaches and Detail Specific Care Options
 - I. Active Surveillance (6 Statements)
 - II. Prostatectomy (8 Statements)
 - III. Radiotherapy (8 Statements)
 - IV. Whole Gland Cryosurgery (7 Statements)
 - V. HIFU and Focal Therapy (4 Statements)
- IV. Outcome Expectations and Management (8 Statements)

RISK STRATIFICATION

The core of the Panel's risk-grouping is the original low-, intermediate-, and high-risk grouping as proposed by D'Amico et al. We further augmented the D'Amico criteria by subcategorizing the low-risk group into very low- and low-risk based on criteria analogous to that first proposed by Epstein.

Prostate Cancer Severity	Amount of Prostate Cancer on Biopsy	PSA (ng/ml); PSAD	Clin Stage (DRE)	Pathology Grade
Very Low Risk	$\leq 1/3$ of cores; $\leq 50\%$ per core	<10 ; <0.15	T1-T2a	Gleason score ≤ 6 (Grade Group 1)
Low Risk	Any	<10 ; any psad		



GUIDELINE STATEMENTS

Staging in Asymptomatic Very Low-/Low-Risk Patients

- Clinicians should not perform abdomino-pelvic CT or routine bone scans (*Strong Recommendation; Evidence Level C*)



GUIDELINE STATEMENTS

Active Surveillance- Very Low-Risk

- Clinicians should recommend active surveillance as the best available care option
(Strong Recommendation; Evidence Level A)

Active Surveillance- Low-Risk

- Clinicians should recommend active surveillance as the preferable care option
(Moderate Recommendation; Evidence Level B)
- Clinicians may offer definitive treatment (i.e. radical prostatectomy or radiotherapy) to select patients who may have a high probability of progression
(Conditional Recommendation; Evidence Level B)



GUIDELINE STATEMENTS

Definitive Treatment for Low-Risk Prostate Cancer

- Clinicians should not add ADT along with radiotherapy except to reduce prostate size for brachytherapy (*Strong Recommendation; Evidence Level B*)
- Clinicians should inform patients considering cryosurgery that side effects are considerable and survival benefit has not been shown compared to active surveillance (*Conditional Recommendation; Evidence Level C*)
- Clinicians should inform patients who are considering focal therapy or HIFU that these interventions are not standard care options because comparative outcome evidence is lacking (*Expert Opinion/No RCT evidence*)



GUIDELINE STATEMENTS

Additional Statements

- Clinicians should recommend observation or watchful waiting for men with a life expectancy ≤ 5 years with low-risk localized prostate cancer (*Strong Recommendation; Evidence Level B*)
- Among most low-risk localized prostate cancer patients, tissue based genomic biomarkers have not shown a clear role in the selection of candidates for active surveillance (*Expert Opinion*)

CARE OPTION SUMMARY

Evidence Level/ Recommendation Strength	Prostate Cancer Severity/Aggressiveness	
	Very Low Risk	Low Risk
A / Strong	Active Surveillance	NA
B / Moderate	NA	Active Surveillance
B / Conditional	NA	Radical Prostatectomy <i>OR</i> Radiotherapy
C / Conditional	NA	Cryosurgery (whole gland)
No evidence / clinical principle or expert opinion	NA	Focal Ablative Therapy <i>OR</i> HIFU