

DR. METZGER'S SATURDAY EVENING NEWSLETTER

FEBRUARY 8 , 2025

THE PROSTATE FORUM

[HTTPS://WWW.PROSTATEFORUM.ORG/NEWSLETTERS](https://www.prostateforum.org/newsletters)

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Another study shows active surveillance is safe.

“Active Surveillance Follow-Up for Prostate Cancer: From Guidelines to Real World Clinical Practice”.

Chiarelli, G., Stephens, A., Finati, M., et al.

World Journal of Urology, 42, 646 (2024) November 26, 2024

Quoted in <https://ntk-institute.org/article/active-surveillance-follow-up-for-prostate-cancer-from-guidelines-to-real-world-clinical-practice>.

While we were enjoying Thanksgiving a study by Giuseppe Chiarelli, M.D., was published demonstrating the safety of active surveillance. Let's break it down.

Dr. Chiarelli and his team assessed mortality associated with active surveillance. They examined the medical records of 546 men, 75 years and younger who were diagnosed between 1995 and 2022. They decided on a criterion for compliance with active surveillance guidelines

- **Group one:** Compliant patients had at least one biopsy following diagnoses and at least one follow up biopsy every 4 years and at least one lab draw every year.
- **Group two:** patients who did LESS than the above.

They discovered...

1. Only 11% of patients could be in group one. Some 89% of patients are less than compliant.
2. However, Prostate cancer mortality for both groups was only 2.1% lack of diligence was not a mortality risk with patients with stable PSA's.
3. Black men were more than twice as likely to be in the non-compliant group but the researchers do not discuss why.
4. Patients with a cT2 or CCI less than or greater than 2 were more likely to be compliant. Compared to patients at cT1 and CCI of 0. All patients were Gleason grade 1 or 2. I'll clear up the confusion between Gleason GRADES and the Gleason SCORES below
5. The research team concludes by saying that while biopsy and / or lab draw frequency didn't affect mortality "strict adherence to guidelines, especially in patients with cT2 at diagnosis remains crucial".

Gleason GRADES corresponds to Gleason SCORES. The scoring system was further interpreted in 2014 to lower the anxiety of having let's say a score of 6 (3+3) for patients who are not looking at the low risk 3 grade lesions (if there are lesions). The patient may hear that he has a 6 out of 10 score, not understanding that anything less than 6 is not cancer. Thus, patients will never hear a score of 2+2=4. Or, the patient looks only at a Gleason 7 score not understanding that 3+ 4 is less serious than 4+3

In 2014, the International Society of Urological Pathology released supplementary guidance and a revised prostate cancer grading system, called the Grade Groups.

The Grade Group system is simpler, with just five grades, 1 through 5.

Risk Group*	Grade Group	Gleason Score
Low/Very Low	Grade Group 1	Gleason Score ≤ 6
Intermediate (Favorable/Unfavorable)	Grade Group 2	Gleason Score 7 (3 + 4)
	Grade Group 3	Gleason Score 7 (4 + 3)
High/Very High	Grade Group 4	Gleason Score 8
	Grade Group 5	Gleason Score 9-10

Click here to read the PROSTATE CANCER FOUNDATION'S explanation of the grade and score system.

<https://www.pcf.org/about-prostate-cancer/diagnosis-staging-prostate-cancer/gleason-score-isup-grade/>

Implications. Doing "less" by some patients may reduce costs of active surveillance and may reduce anxiety. More needs to be understood and done to bring Black patients into active surveillance. Previous research demonstrating low mortality rates among those on active surveillance is once again validated.

We look forward to seeing you at our 2nd and 4th Tuesday evening Support and Information Groups.

Please bookmark these zoom links so you can join us easily:

2nd Tuesday at 5:00 p.m. Pacific Time: <https://us02web.zoom.us/j/86164783897>

4th Tuesday at 5:00 p.m. Pacific Time: <https://us02web.zoom.us/j/85450819246>

Best regards,

CKM