



Hospital Universitario  
de Fuenlabrada



# Situación actual de la actitud expectante en el cáncer de próstata

Alvaro Páez  
Urólogo



**'... Some days the pain is so bad, I want to die...'**

Breivik H, Collett B, Ventafridda V, Cohen R, Gallacher D. Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. *Eur J Pain* 2006;10:287-333



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# *The* NEW ENGLAND JOURNAL *of* MEDICINE

ESTABLISHED IN 1812

MARCH 15, 2012

VOL. 366 NO. 11

## Prostate-Cancer Mortality at 11 Years of Follow-up

Fritz H. Schröder, M.D., Jonas Hugosson, M.D., Monique J. Roobol, Ph.D., Teuvo L.J. Tammela, M.D., Stefano Ciatto, M.D., Vera Nelen, M.D., Maciej Kwiatkowski, M.D., Marcos Lujan, M.D., Hans Lilja, M.D., Marco Zappa, Ph.D., Louis J. Denis, M.D., Franz Recker, M.D., Alvaro Páez, M.D., Liisa Määttänen, Ph.D., Chris H. Bangma, M.D., Gunnar Aus, M.D., Sigrid Carlsson, M.D., Arnaud Villers, M.D., Xavier Rebillard, M.D., Theodorus van der Kwast, M.D., Paula M. Kujala, M.D., Bert G. Blijenberg, Ph.D., Ulf-Hakan Stenman, M.D., Andreas Huber, M.D., Kimmo Taari, M.D., Matti Hakama, Ph.D., Sue M. Moss, Ph.D., Harry J. de Koning, M.D., and Anssi Auvinen, M.D., for the ERSPC Investigators\*



## Prostate gland: White Males [All Ages]

(Common scale)

1980 - 1984

High   Low

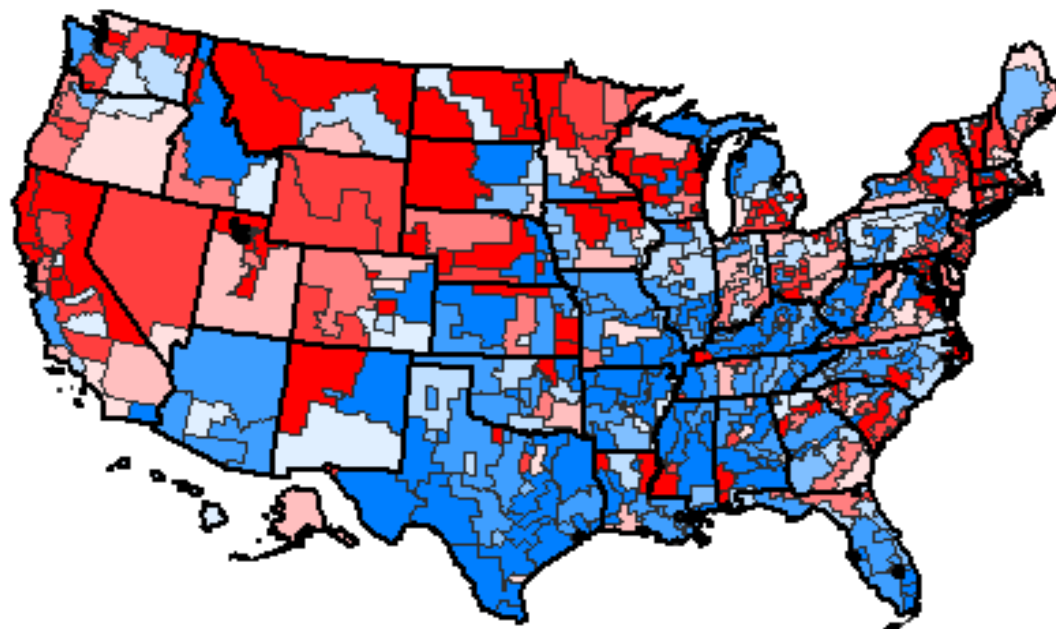
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[Return to 5 Year maps](#)

Source: [Cancer Mortality Maps & Graphs Web site](#), a service of the National Cancer Institute



## Prostate gland: White Males [All Ages]

(Common scale)

1985 - 1989

High   Low

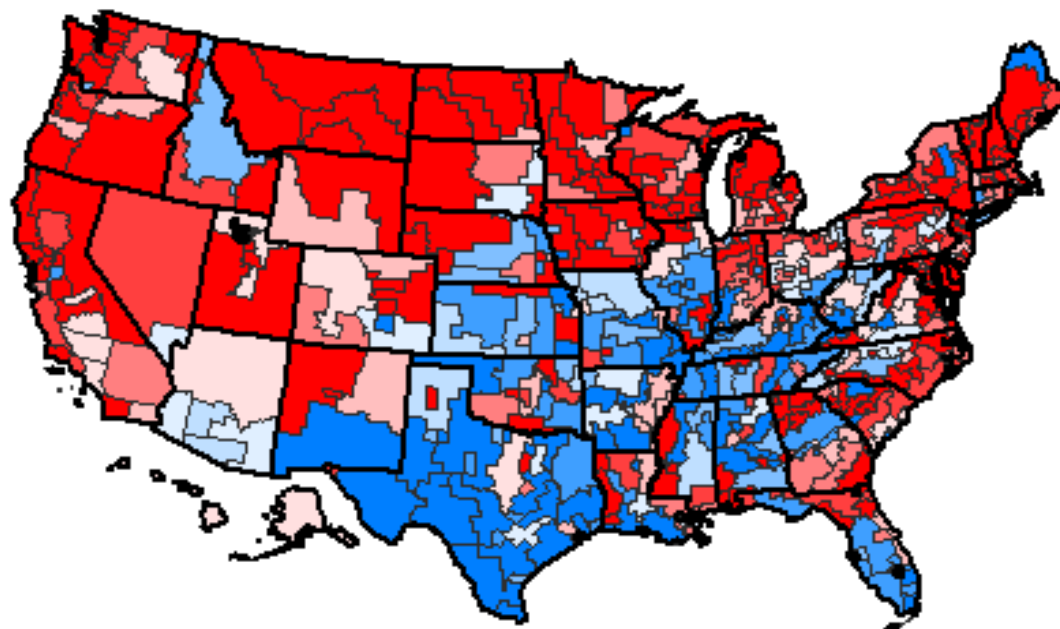
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[Return to 5 Year maps](#)

Source: [Cancer Mortality Maps & Graphs Web site](#), a service of the National Cancer Institute



## Prostate gland: White Males [All Ages]

(Common scale)

1990 - 1994

High   Low

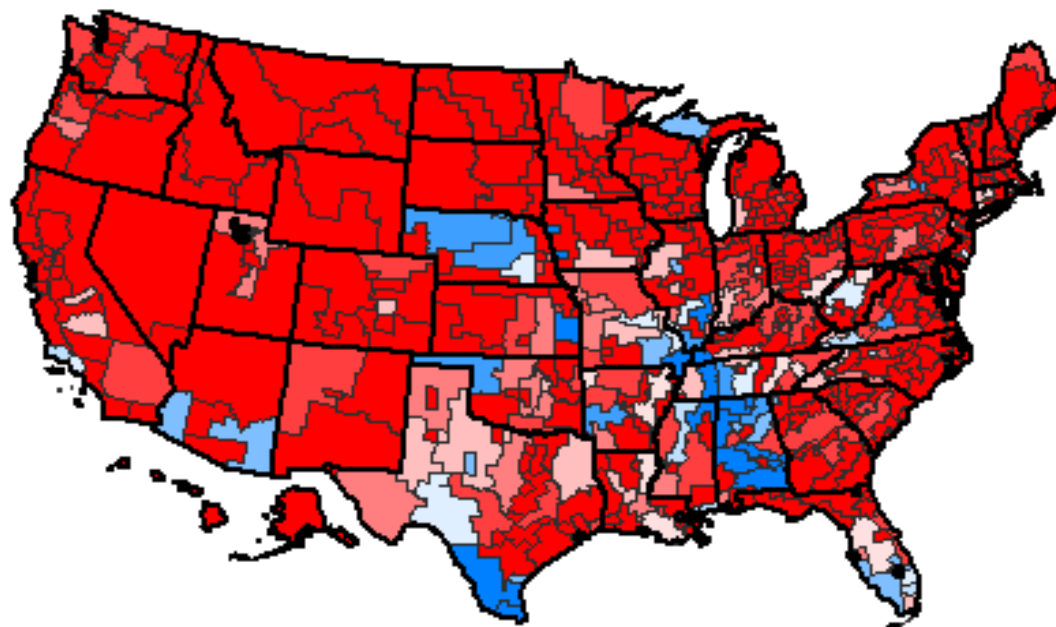
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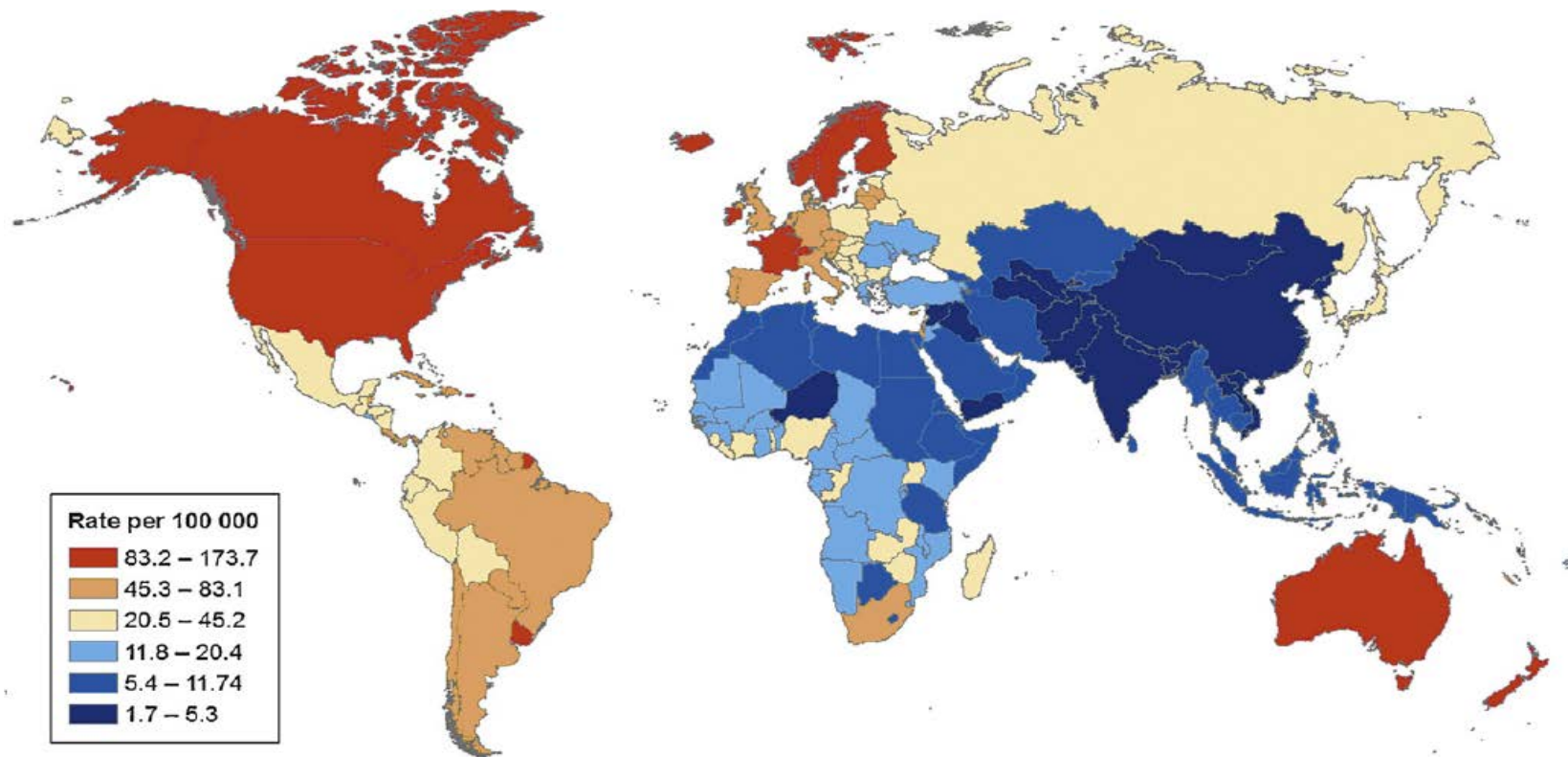
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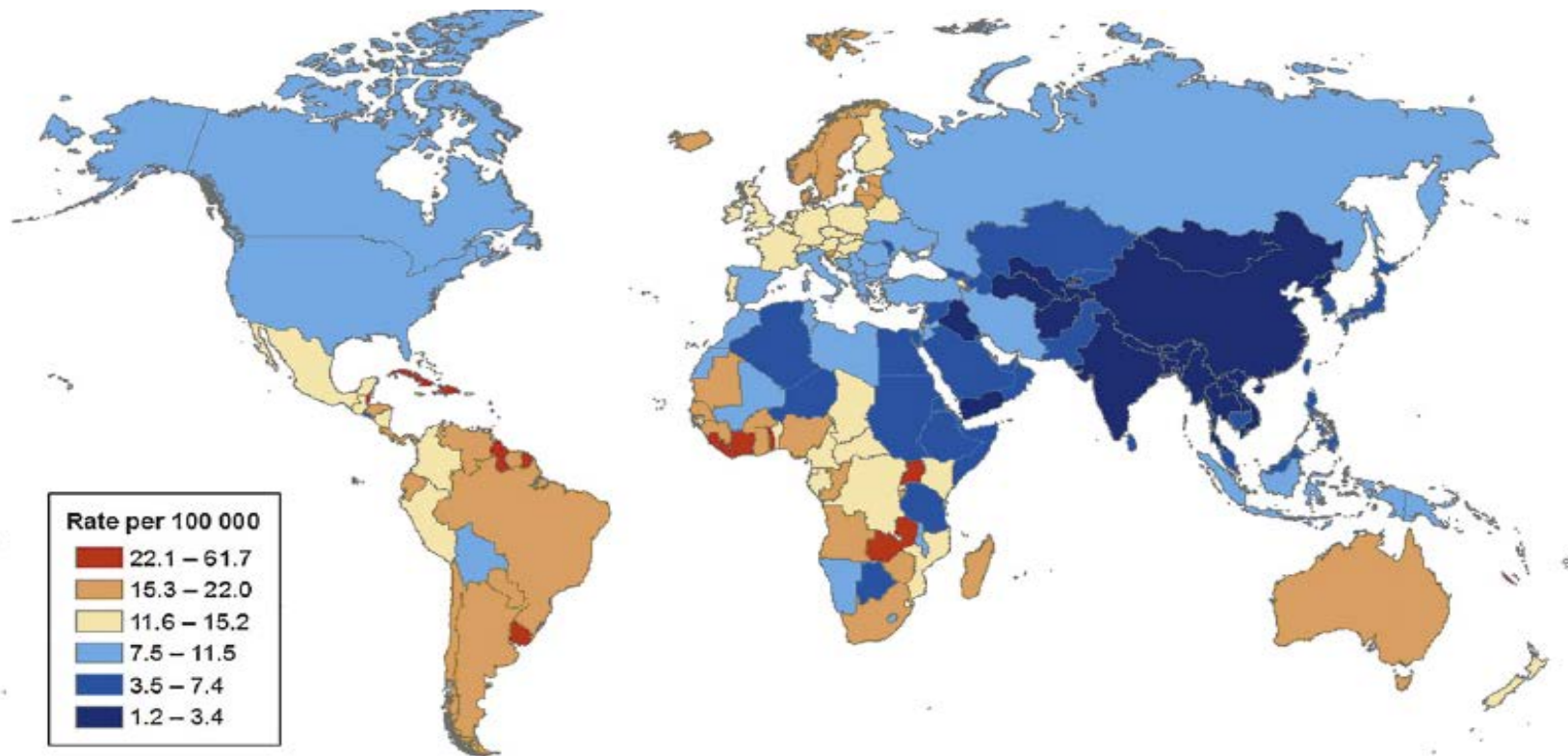
[Return to 5 Year maps](#)

Source: [Cancer Mortality Maps & Graphs Web site](#), a service of the National Cancer Institute



World ASR Globocan 2008





World ASR Globocan 2008

## Número de defunciones según las causas de muerte más frecuentes<sup>1</sup>

Año 2011	Total	Hombres	Mujeres
<b>Total defunciones</b>	<b>387.911</b>	<b>199.854</b>	<b>188.057</b>
Enfermedades isquémicas del corazón	34.837	19.925	14.912
Enfermedades cerebrovasculares	28.855	12.152	16.703
Cáncer de bronquios y pulmón	21.058	17.479	3.579
Insuficiencia cardiaca	17.089	5.954	11.135
Enfermedades crónicas de las vías respiratorias inferiores	15.904	11.819	4.085
Demencia	14.583	4.780	9.803
Enfermedad de Alzheimer	11.907	3.528	8.379
Cáncer de colon	11.687	6.687	5.000
Diabetes mellitus	9.995	4.153	5.842
Enfermedad hipertensiva	9.669	3.193	6.476
Neumonía	8.167	4.166	4.001
Insuficiencia renal	6.659	3.253	3.406
Cáncer de mama	6.399	85	6.314
Cáncer de próstata	6.034	6.034	-
Cáncer de páncreas	5.812	3.009	2.803

(1) Causas con peso relativo superior al 1,5%

*The* **NEW ENGLAND**  
**JOURNAL** *of* **MEDICINE**

ESTABLISHED IN 1812

MARCH 15, 2012

VOL. 366 NO. 11

Prostate-Cancer Mortality at 11 Years of Follow-up

**RRR:** 21%

**NNS** para evitar una muerte por CP: 1.055  
hombres por espacio de 10 años

**NNT** para evitar una muerte por CP: 33

Mortalidad: 25/100.000



ELSEVIER

available at [www.sciencedirect.com](http://www.sciencedirect.com)



journal homepage: [www.ejconline.com](http://www.ejconline.com)



## Cancer screening: Evidence and practice in Europe 2008

Matti Hakama<sup>a</sup>, Michel P. Coleman<sup>b</sup>, Delia-Marina Alexe<sup>b</sup>, Anssi Auvinen<sup>a,c,\*</sup>

**Table 6 – Number needed to screen in order to prevent one cancer death over 10 years for different cancer sites**

Site	RRR <sup>a</sup> (%)	Mortality <sup>b</sup>	Number needed to screen
Cervix	20–40	20–40	600–2500
Breast	20	5–75	700–1000
Colorectal	15	30–60	1100–2200

The estimates apply to starting a screening programme in a previously unscreened population and reflect the impact of a programme with multiple screening rounds.

<sup>a</sup> Relative risk reduction; estimates represent typical values in randomised trials for breast and colorectal cancer, while for cervix cancer RRR is based on effectiveness estimates for service screening.  
<sup>b</sup> Mortality per 100,000, the range represents rates in unscreened populations; (age-specific rates for 25–60 years for cervical cancer and 50–70 years for breast and colorectal cancer).



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# Sobrediagnóstico (y sobret ratamiento)

Enfermedad

METASTASICA

AFECCION  
GANGLIONAR

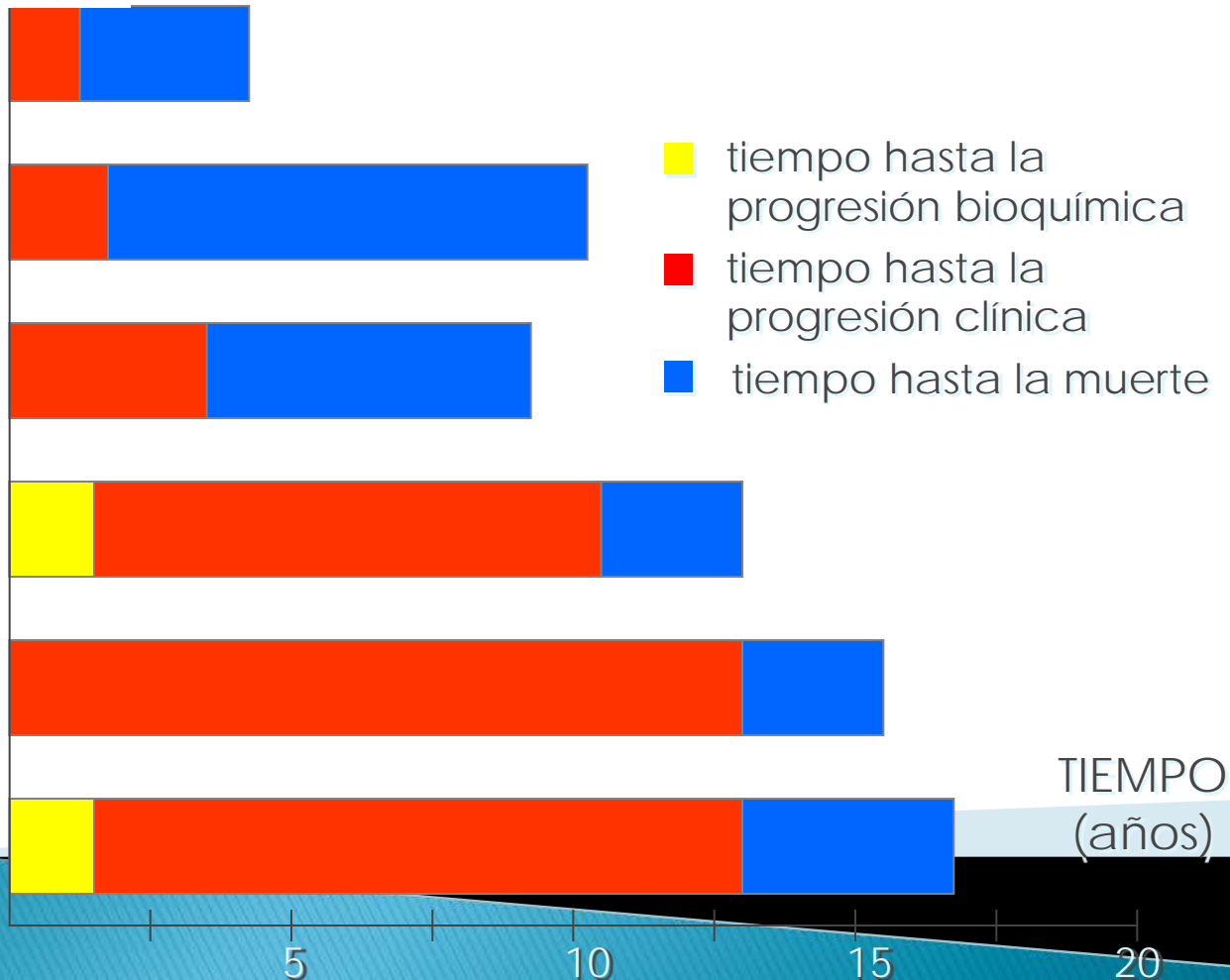
LOCALMENTE  
AVANZADA

PROSTATECTOMIA  
RADICAL

T1c OBSERVACION

T1a OBSERVACION

- tiempo hasta la progresión bioquímica
- tiempo hasta la progresión clínica
- tiempo hasta la muerte



Byar DP, NCI Monograph 1998, 7:165  
 Pound CR, J Urol 1998, 159:334  
 Johansson JE, JAMA 1997, 79:203  
 Adolfsson J, Urology 1997, 50:722  
 Lowe BA, J Urol 1988, 140:1340  
 Smart ChR, J Sur Oncol 1997, 66:223

Robinson MRG, Eur Urol 1995, 28:273  
 PCTCG, Lancet 1995, 346:265  
 Eisenberger MA, NEJM 1998, 339:1036  
 The MRC Prostate Cancer Investigators Group, Br J Urol 1997, 79:235  
 de Voogt HJ, Eur Urol 1998, 33:152  
 van der Ouden, J Urol 1993, 150:400

## Tablas de mortalidad de la población de España 1991-2007

### Resultados nacionales, autonómicos y provinciales

#### Tablas de mortalidad de la población de España por año, sexo y edad

	Esperanza de vida
2007	
Varones	
45	34
50	30
55	26
60	22
65	18
70	14
75	11
80	8
85	6
90	4
95	3

PSA-Use in a Spanish Industrial Area

re mayor de 75  
la consulta su

Age (years)	Men at risk A	Absolute number of PSA B	Subjects C	Mean number of PSA-determinations (minimum–maximum, median) D = B/C	Number of PSA × 1000 person-years E = B/A × 2000
<55	105.558	1.487	1.271	1.16 (1–10, 1)	7
55–69	13.552	2.353	1.848	1.27 (1–6, 1)	86.80
>70	5.014	1.531	1.062	1.44 (1–8, 1)	152.60
Total	124.124	5.371	4.181	1.28 (1–10, 1)	21.60



# Screening cáncer de próstata

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## ● EAU

- ⊕ No screening de masas
- ⊕ Detección precoz para **hombres bien informados**
- ⊕ PSA basal a todos los hombres de 40-45 años
- ⊕ Vigilancia activa

## ● AUA

- ⊕ **Decisión compartida** para hombres de 55-69 años

# Actitud expectante

## OBSERVACION

### 8.1.1.1 *Watchful waiting (WW)*

Also known as 'deferred treatment' or 'symptom-guided treatment', this term was coined in the pre-PSA screening era (before 1990) and referred to the conservative management of PCa until the development of local or systemic progression, at which point the patient would be treated palliatively with transurethral resection of the prostate (TURP) or other procedures for urinary tract obstruction and hormonal therapy or radiotherapy for the palliation of metastatic lesions.

## VIGILANCIA ACTIVA

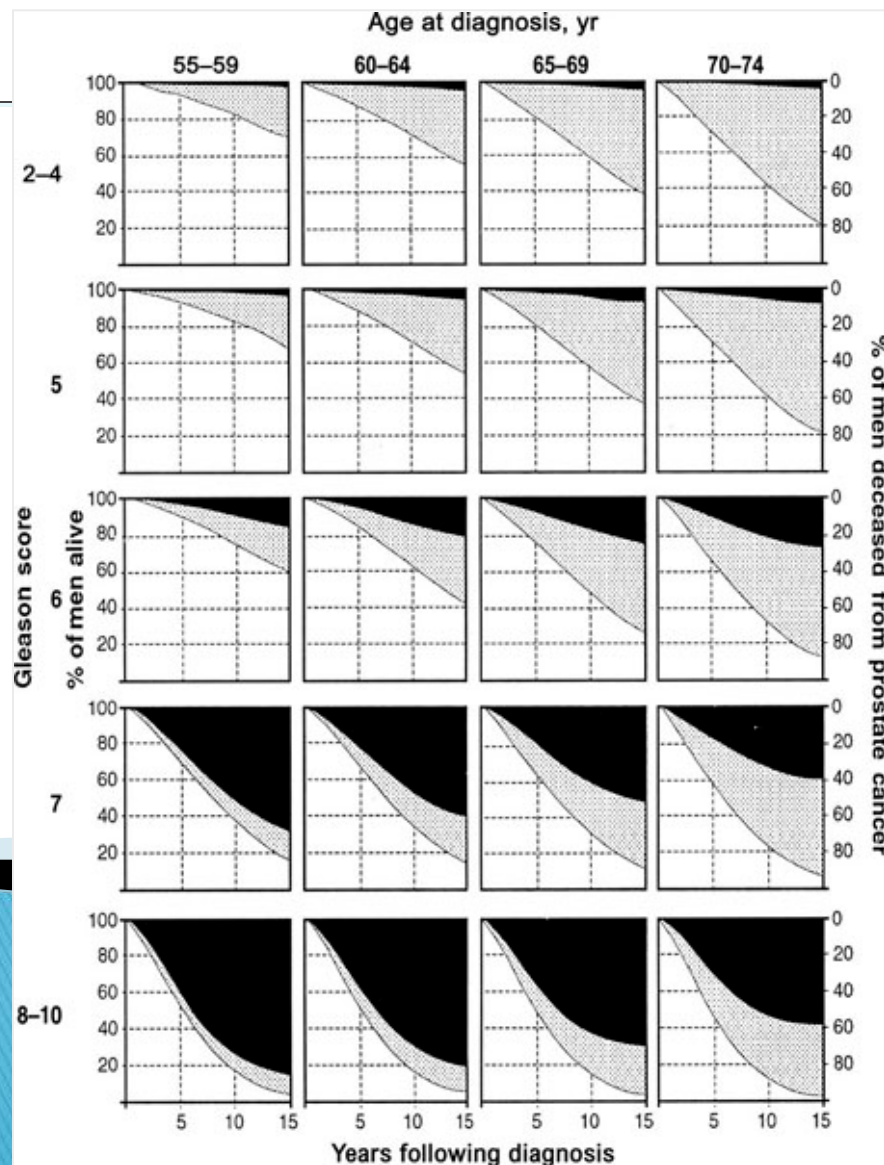
### 8.1.1.2 *Active surveillance (AS)*

Also known as 'active monitoring', this is the new term for the conservative management of PCa. Introduced in the past decade, it includes an active decision not to treat the patient immediately and to follow him with close surveillance and treat at pre-defined thresholds that classify progression (i.e. short PSA doubling time and deteriorating histopathological factors on repeat biopsy). In these cases, the treatment options are intended to be curative.

## Guidelines on Prostate Cancer

A. Heidenreich (chairman), M. Bolla, S. Joniau,  
M.D. Mason, V. Matveev, N. Mottet, H-P. Schmid,  
T.H. van der Kwast, T. Wiegel, F. Zattoni

# Observación (WW)





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# Vigilancia activa (AS, AM) Propósito

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**Reducir el sobreatamiento** de los pacientes con tumores organoconfinados de bajo riesgo (50%) sin renunciar al tratamiento con intención curativa

# Vigilancia activa (AS, AM) Eligibilidad

- ⊕ Enfermedad organoconfinada (cT1-T2)
- ⊕ PSA <10 ng/ml
- ⊕ Mínimo de 10 cilindros
- ⊕ Suma de Gleason < 7
- ⊕ ≤ 2 cilindros (afectación ≤50%)

## Guidelines on Prostate Cancer

A. Heidenreich (chairman), M. Bolla, S. Joniau,  
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T.H. van der Kwast, T. Wiegel, F. Zattoni

# Vigilancia activa (AS, AM) Seguimiento

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- ⊕ PSA y TR trimestral durante los dos primeros años (después, semestral)
- ⊕ Biopsia transperineal al año, a los 4 años y a los 7 años ( $\geq 12$  cilindros)



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# Vigilancia activa (AS, AM)

## Criterios para la reclasificación

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- ⊕ Tiempo de duplicación de PSA < 3 años
- ⊕ Suma de Gleason > 6 en las rebiopsias
- ⊕ Progresión en el TR
- ⊕ Decisión del paciente

# Vigilancia activa (AS, AM) Resultados

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## ● Pobre calidad de las pruebas

- ⊕ Confusión terminológica
- ⊕ No estudios prospectivos y randomizados (nivel evidencia 2a)
- ⊕ Criterios de inclusión confusos
- ⊕ Criterios para la reclasificación variables
- ⊕ Seguimiento corto (<7 años)



# Vigilancia activa (AS, AM) Resultados

## Active Surveillance for Prostate Cancer: Overview and Update

Laurence Klotz, MD, FRCSC

Author, Location	Year Published	Patients	Median follow-up (mo)	% treated; treatment free %	Overall/disease-specific survival (%)
Klotz L et al. [18]	2002	263	48	34 %	85 %
Patel et al. [19], Memorial Sloan Kettering, USA	2004	88	35	35; 58 at 5 yr	NR
Hardie et al. [20], Royal Marsden, UK	2005	80	42	14; 79 at 5 yr	NR
Carter et al. [21], Johns Hopkins, USA	2007	407	NR	36; NR	NR
Roemeling et al. [22], Rotterdam Netherlands	2007	273	41	29; 71 at 5 yr	89/100 at 5 yr
Soloway et al. [23], Miami, USA	2007	99	35	8; 85 at 5 yr	NR
Takechi et al. [24], Multicentre, Japan	2008	118	36	51; 49 at 3 yr	NR
Dall'Erà et al. [25] University of California San Francisco (UCSF), USA	2008	328	43	24; 67 at 5 yr	100/100 at 5 yr
Van den Bergh et al. [26], Multicentre, Europe	2009	616	47	32; 43 at 10 yr	77/100 at 10 yr
Klotz et al. [30] University of Toronto, Canada	2009	450	80	30; 72 at 5 yr	79/97 at 10 yr

# Vigilancia activa (AS, AM) Resultados

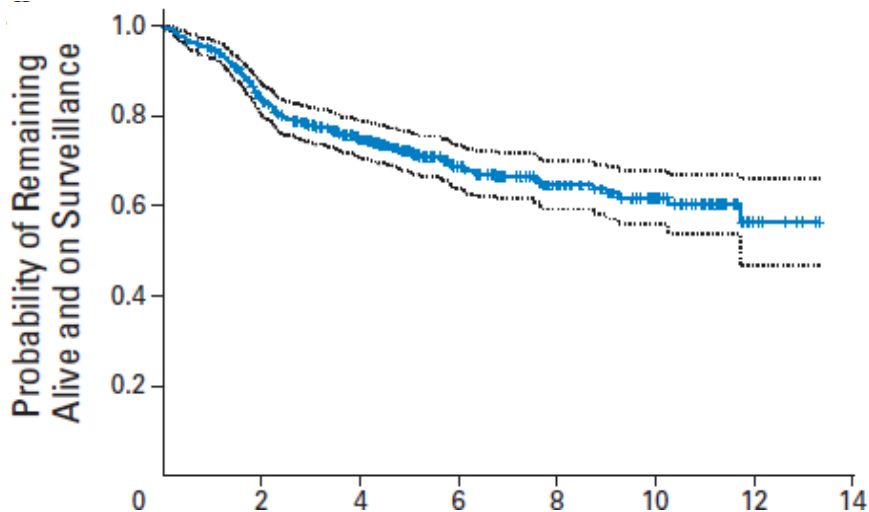
VOLUME 28 · NUMBER 1 · JANUARY 1 2010

JOURNAL OF CLINICAL ONCOLOGY

ORIGINAL REPORT

## Clinical Results of Long-Term Follow-Up of a Large, Active Surveillance Cohort With Localized Prostate Cancer

Laurence Klotz, Liying Zhang, Adam Lam, Robert Nam, Alexandre Mamedov, and Andrew Loblaw



available at [www.sciencedirect.com](http://www.sciencedirect.com)  
journal homepage: [www.europeanurology.com](http://www.europeanurology.com)



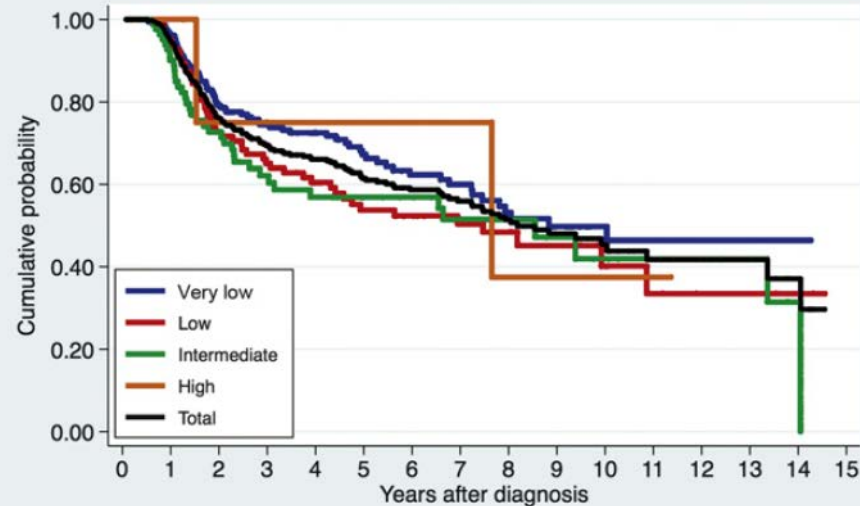
European Association of Urology



Platinum Priority – Prostate Cancer

Editorial by Laurence Klotz on pp. 108–110 of this issue

## Outcome Following Active Surveillance of Men with Screen-detected Prostate Cancer. Results from the Göteborg Randomised Population-based Prostate Cancer Screening Trial



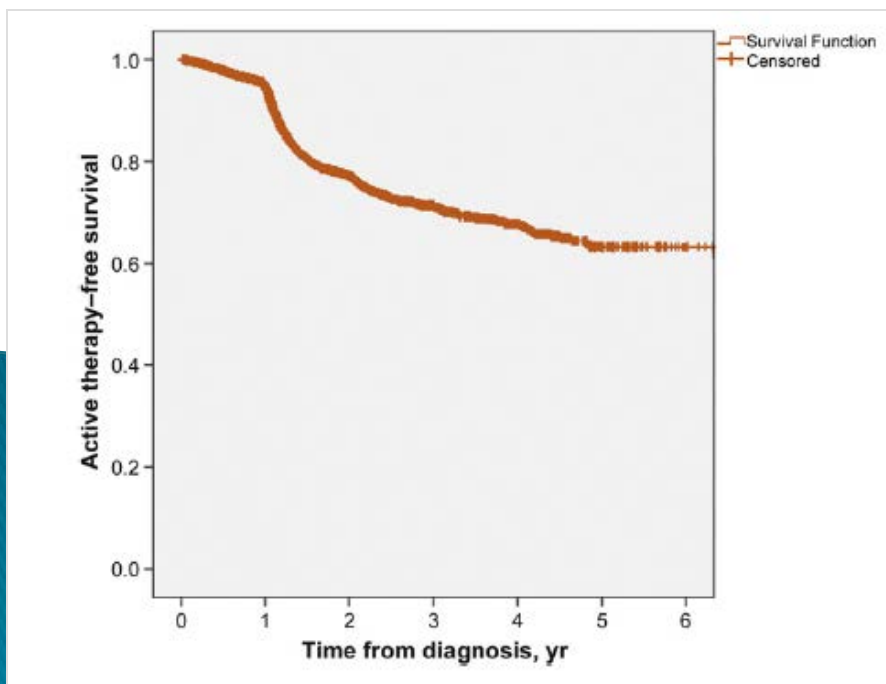
At risk:	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Very low	224	195	149	119	99	73	62	50	37	24	16	8	5	3	3	1
Low	117	100	73	60	50	40	36	27	23	14	9	6	4	4	3	1
Intermediate	92	72	53	37	33	26	24	18	17	11	8	5	5	5	2	1
High	6	6	4	3	3	3	3	3	3	2	2	2	1	1	1	1



Platinum Priority – Prostate Cancer

Editorial by Markus Graefen and Thorsten Schlomm on pp. 604–605 of this issue

## Active Surveillance for Low-Risk Prostate Cancer Worldwide: The PRIAS Study



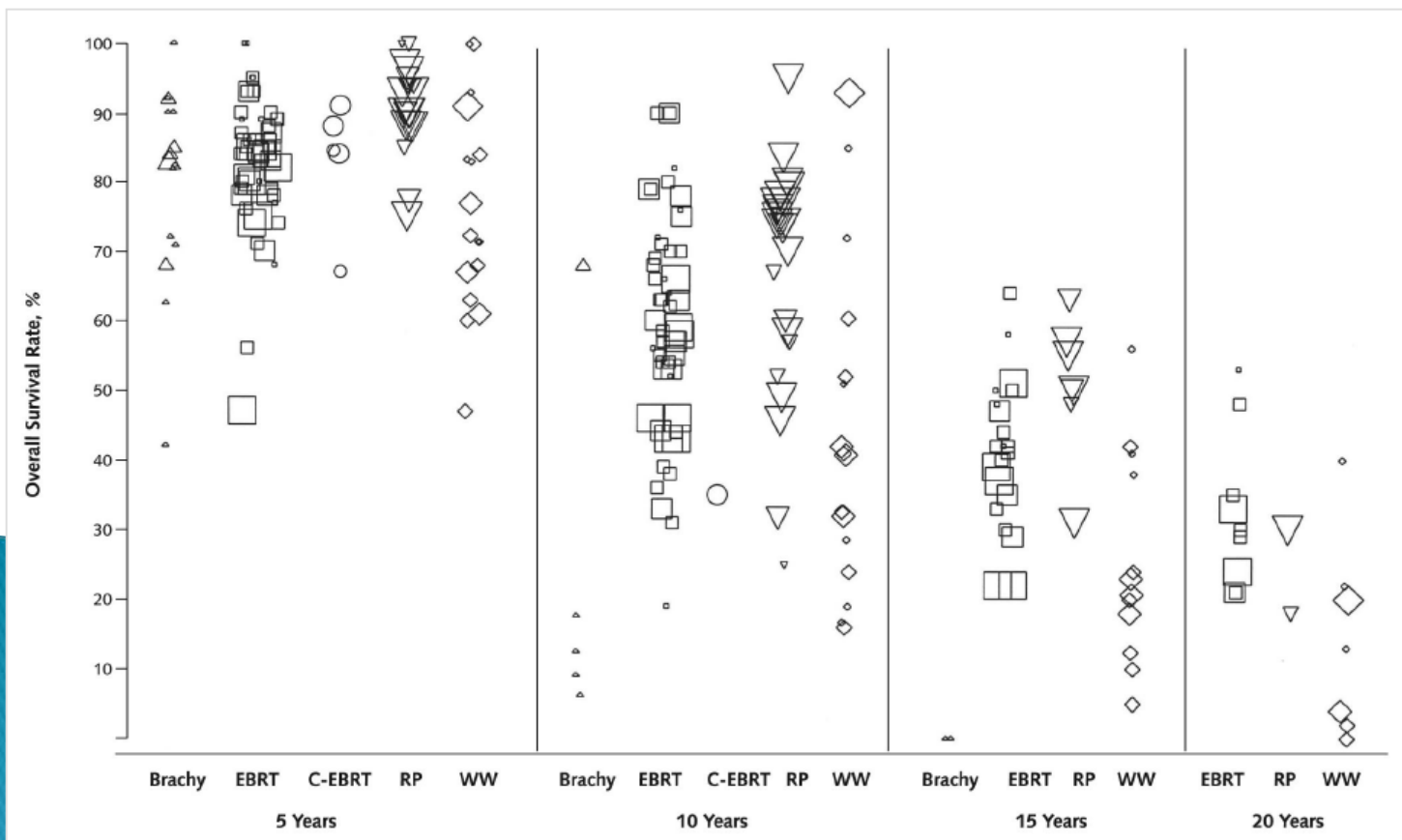
# Vigilancia activa (AS, AM) Resultados

# Vigilancia activa (AS, AM) Resultados

Annals of Internal Medicine

REVIEW

## Systematic Review: Comparative Effectiveness and Harms of Treatments for Clinically Localized Prostate Cancer



# Vigilancia activa (AS, AM) Conclusiones

## Guidelines on Prostate Cancer

A. Heidenreich (chairman), M. Bolla, S. Joniau,  
M.D. Mason, V. Matveev, N. Mottet, H-P. Schmid,  
T.H. van der Kwast, T. Wiezel, F. Zattoni



© European Association of Urology 2012

'...Teniendo presente que los datos indican que existe una significativa progresión tumoral tras este tipo de tratamiento en algunos pacientes con tumores aparentemente localizados, **sólo puede proponerse a pacientes de bajo riesgo altamente seleccionados ...**'



Agency for Healthcare Research and Quality  
Advancing Excellence in Health Care • [www.ahrq.gov](http://www.ahrq.gov)

Evidence-Based  
Practice

'...**No hay suficientes pruebas** para evaluar comparativamente la efectividad de la vigilancia activa frente al tratamiento inmediato ...'

VOLUME 28 • NUMBER 36 • DECEMBER 20 2010

JOURNAL OF CLINICAL ONCOLOGY

ASCO SPECIAL ARTICLE

'...*watchful waiting* is **particularly feasible and safe** for men older than age 70 years who have low-to intermediate-risk disease...'



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# Vigilancia activa (AS, AM) Conclusiones



'...definición de **criterios de inclusión**, **criterios de reclasificación** y protocolo de vigilancia activa, de modo particular en lo referente a la **política de biopsias** de próstata...'

NCCN Clinical Practice Guidelines in Oncology (NCCN Guideline®)

## Prostate Cancer

Annals of Internal Medicine

REVIEW

### Systematic Review: Comparative Effectiveness and Harms of Treatments for Clinically Localized Prostate Cancer

Timothy J. Wilt, MD, MPH; Roderick MacDonald, MS; Indulis Rutks, BA; Tatyana A. Shamllyan, MD, MS; Brent C. Taylor, PhD; and Robert L. Kane, MD

'...La valoración comparativa de la efectividad y riesgos de los tratamientos para el cáncer de próstata es difícil por la falta de pruebas...'

# Vigilancia activa (AS, AM) Reflexiones

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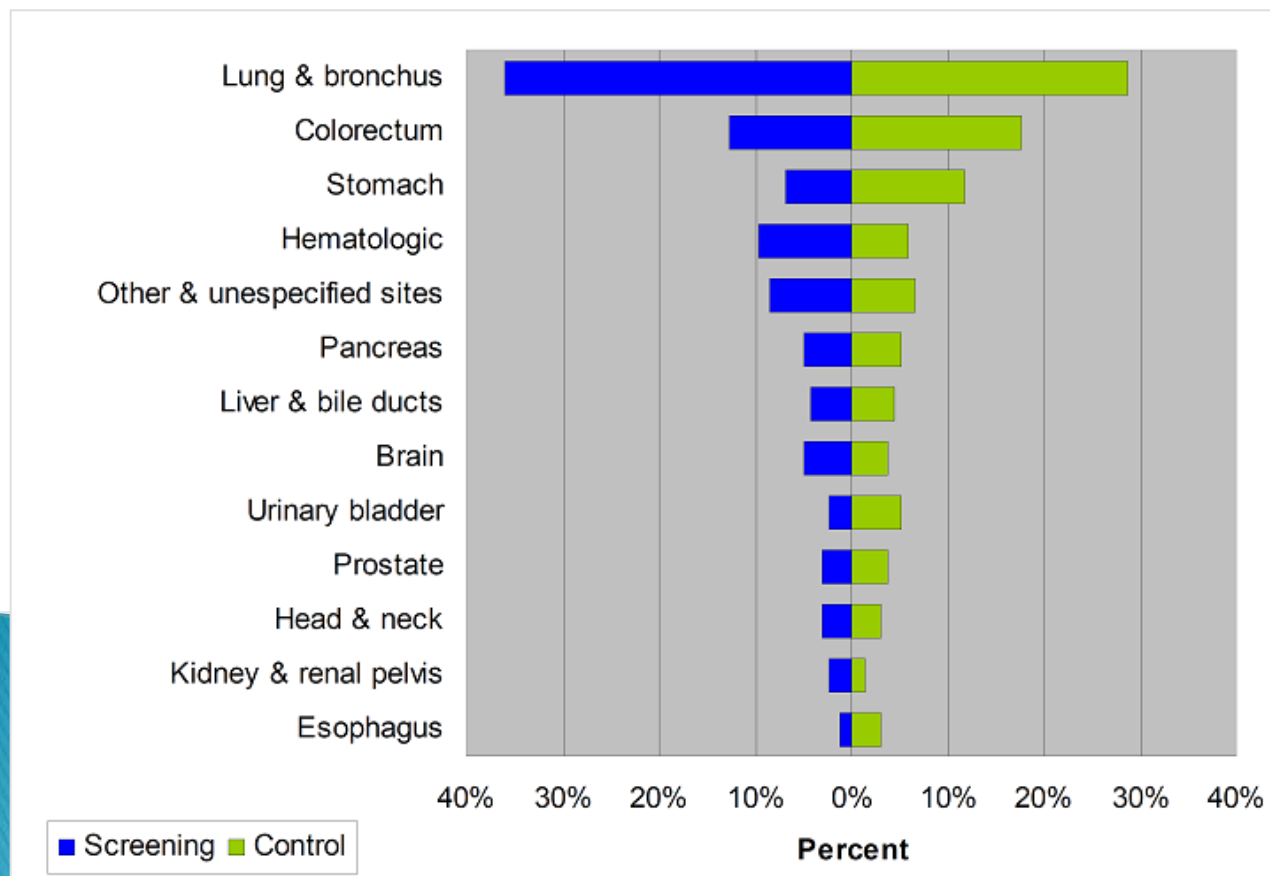
## Mantenimiento de las estrategias de screening

- ⊕ Beneficio modesto (21%)
- ⊕ Sobretratamiento inaceptable (50%)

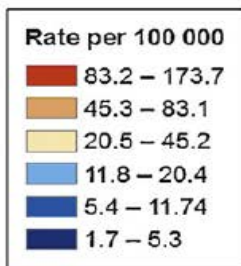
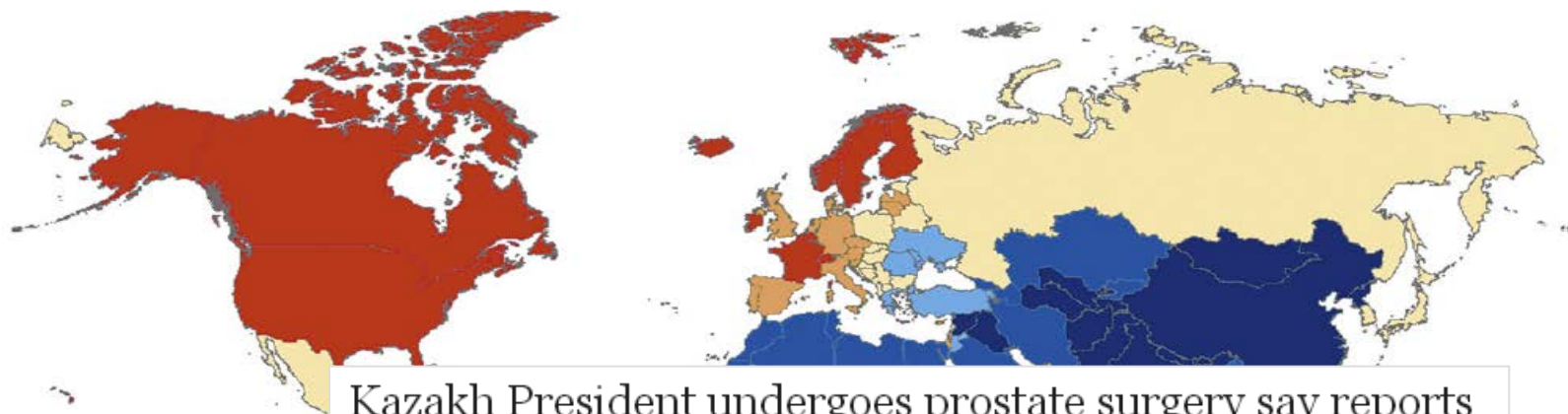
## Alternativas al screening

- ⊕ Vuelta a la era pre-PSA: diagnóstico de la enfermedad en estadios avanzados
- ⊕ Tratamiento selectivo
  - ⊕ Vigilancia activa
  - ⊕ Terapia focal

# Vigilancia activa (AS, AM) Reflexiones







## Kazakh President undergoes prostate surgery say reports

Nursultan Nazarbayev, Kazakhstan's 71-year-old President, has secretly had prostate surgery in a Hamburg hospital, reports say.



Nursultan Nazarbayev, Kazakhstan's President, is reported to have visited a German hospital for prostate surgery. Photo: REUTERS

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**Kazakhstan**

News » World News »  
Asia » Europe »  
Germany »



## KAZAKHSTAN LIFE EXPECTANCY BY AGE

GOOD    POOR

	World Rank			
	Male	Female	M	F
AT BIRTH	62.3	71.7	143	122
AGE 5	64.3	73.4	150	125
AGE 10	64.5	73.5	155	125
AGE 15	64.6	73.6	158	125
AGE 20	64.9	73.8	163	127
AGE 25	65.3	74.0	166	128
AGE 30	66.0	74.3	168	129
AGE 35	66.9	74.7	172	129
AGE 40	67.9	75.1	178	128
AGE 45	68.9	75.7	182	128
AGE 50	70.2	76.3	185	132
AGE 55	71.8	77.2	184	133
AGE 60	73.9	78.3	182	132
AGE 65	76.3	79.7	179	131
AGE 70	79.1	81.5	175	134
AGE 75	82.3	83.7	155	134
AGE 80	85.9	86.4	129	132
AGE 85	89.6	89.7	113	133
AGE 90	93.5	93.3	106	133
AGE 95	97.5	97.4	103	133
AGE 100	101.9	101.8	103	131

## KAZAKHSTAN TOTAL DEATHS BY CAUSE PERCENT TOP 50 CAUSES

	Deaths	%		Deaths	%
1 Coronary Heart Disease	48,332	31.27	26 Pancreas Cancer	1,052	0.68
2 Stroke	23,339	15.10	27 Cervical Cancer	856	0.55
3 Other Injuries	7,820	5.06	28 Drug Use	752	0.49
4 Hypertension	5,787	3.74	29 Leukemia	672	0.43
5 Liver Disease	5,048	3.27	30 Rheumatic Heart Disease	573	0.37
6 Suicide	4,988	3.23	31 Ovary Cancer	568	0.37
7 Influenza & Pneumonia	4,706	3.04	32 Oral Cancer	564	0.36
8 Lung Cancers	3,731	2.41	33 Peptic Ulcer Disease	556	0.36
9 Tuberculosis	3,624	2.34	34 Falls	530	0.34
10 Lung Disease	3,487	2.26	35 Fires	502	0.32
11 Road Traffic Accidents	3,424	2.21	36 Alcohol	465	0.30
12 Poisonings	3,304	2.14	37 Prostate Cancer	376	0.24
13 Upper Respiratory	3,172	2.05	38 Bladder Cancer	367	0.24
14 Stomach Cancer	2,850	1.84	39 Lymphomas	354	0.23
15 Inflammatory/Heart	2,748	1.78	40 HIV/AIDS	348	0.23
16 Violence	2,702	1.75	41 Uterin Cancer	343	0.22
17 Colon-Rectum Cancers	1,893	1.22	42 Meningitis	338	0.22
18 Breast Cancer	1,839	1.19	43 Alzheimers/Dementia	301	0.19
19 Congenital Anomalies	1,787	1.16	44 Diarrhoeal diseases	256	0.17
20 Oesophagus Cancer	1,463	0.95	45 Maternal Conditions	224	0.14
21 Drownings	1,406	0.91	46 Endocrine Disorders	219	0.14
22 Diabetes Mellitus	1,403	0.91	47 Epilepsy	217	0.14
23 Asthma	1,237	0.80	48 Anaemia	196	0.13
24 Liver Cancer	1,181	0.76	49 Appendicitis	185	0.12
25 Kidney Disease	1,062	0.69	50 Skin Cancers	185	0.12

# Vigilancia activa (AS, AM) Reflexiones

EUROPEAN UROLOGY 63 (2013) 597–603

available at [www.sciencedirect.com](http://www.sciencedirect.com)  
journal homepage: [www.europeanurology.com](http://www.europeanurology.com)



## Platinum Priority – Prostate Cancer

Editorial by Markus Graefen and Thorsten Schlomm on pp. 604–605 of this issue

## Active Surveillance for Low-Risk Prostate Cancer Worldwide: The PRIAS Study



School of Social and Community Medicine

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PROTECT

[University home](#) > [Social and Community Medicine](#) > [Projects](#) > Prostate Testing for Cancer and

[Prostate Testing for Cancer and Treatment \(ProtectT\)](#)

About
Taking part
Potential collaborators
Investigator area (login required)
CAP and GP area (login required)
ProDiet study
People
Contact

Prostate cancer is a serious health problem. There are 35,000 new cases every year in the UK, and around 10,000 deaths. The ProtecT study is a research project taking place in nine parts of the UK.

### Principal Investigators

**Professor Jenny Donovan**  
Head of School, School of Social and Community Medicine, University of Bristol

**Professor Freddie Hamdy**  
Head of Nuffield Department of Surgical Sciences, University of Oxford

**Professor David Neal**  
Professor of Surgical Oncology, Addenbrooke's Hospital, Cambridge

### ProtectT study centres

**Bristol** Southmead Hospital  
*Lead Urologist: Mr David Gillatt*

**Newcastle** Freeman Hospital  
*Lead Urologist: Mr Phillip Powell*

**Sheffield** Royal Hallamshire Hospital  
*Lead Urologist: Mr Derek Rosario*

**Birmingham** Queen Elizabeth Hospital  
*Lead Urologist: Mr Alan Doherty*

**Cardiff** University Hospital of Wales  
*Lead Urologist: Professor Howard Kynaston*

# Baseline characteristics by arm

	Active Monitoring (495)	Radical Prostatectomy (505)	Radical Radiotherapy (496)
Age (mean, y)	61.7	61.6	61.6
PSA (mean, ng/ml)	5.7	5.7	5.6
Gleason score (%)			
<7	383 (77)	381 (76)	381 (77)
7-10	112 (23)	124 (25)	115 (23)
Stage (%)			
T1c	355 (72)	352 (70)	362 (73)
T2	122 (24%)	122 (24%)	107 (22%)

Handwritten text in a historical script, likely Latin or Spanish, located in the upper left corner of the page.

Handwritten text in a historical script, likely Latin or Spanish, located in the upper middle section of the page.

Handwritten text in a historical script, likely Latin or Spanish, located in the lower right corner of the page.

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