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[Is there still a role for active surveillance in prostate cancer?]

[Article in German]

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Abstract

Long-term data demonstrate a higher oncological risk associated with active surveillance (AS) than initially anticipated. In particular, patients with more than two tumor-involved biopsy cores and/or Gleason-7a foci must be regarded as having an increased risk of developing an incurable stage of disease after an initial attempt of AS. For patients with Gleason-7a foci, the 15-year risk of suffering from an incurable tumor stage is reported as high as 60%.

Furthermore, life expectancy must be regarded as one of the major risk factors to finally develop symptomatic incurable disease. A discussion has therefore started as to whether a high life expectancy should be regarded as an exclusion criterion against AS. An estimated life expectancy exceeding 15 or 20 years has been proposed for patients suffering from Gleason 7a or 6 foci at initial biopsy, respectively. Furthermore, it must be expected that a number of molecular risk factors will gain importance in the near future for the decision-making process for or against AS.

KEYWORDS: Antigen, prostate-specific; Biopsy follow-up; Differential therapy; Gleason score; Tumor progression

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