

**LONG TERM FOLLOW-UP INDICATES ACTIVE SURVEILLANCE SAFE:  
*Individualized approach for favourable risk and intermediate risk prostate cancer is shown to be safe and feasible in a 10 to 15 year time frame.***

Toronto, ON ( November 16, 2009, 4 P.M.) Up to 13 years follow-up of a new, substantially larger cohort of favourable risk prostate cancer patients managed with Active Surveillance with Selective Delayed Intervention shows a 10-year prostate cancer actuarial survival at 97.2 per cent, Sunnybrook researches reveal in an updated analysis published online in the *Journal of Clinical Oncology*.

“We hope this mature data will help quell resistance to the approach of Active Surveillance which is aimed at reducing overtreatment and radical treatment side effects in men with low-grade prostate cancer. With this group, we also found at 10 years, the likelihood of death from non-prostate cancer causes was 18.6 times greater, than death from prostate cancer,” says Dr. Laurence Klotz, first author and chief, Genitourinary Cancer Care team, Sunnybrook’s Odette Cancer Centre.

Active Surveillance with Selective Delayed Intervention aims to reduce the risk of overtreatment of clinically insignificant prostate cancer while retaining the option of definitive therapy for those patients who are reclassified over time as higher risk. The approach involves men with favourable risk prostate cancer to closely monitor them, follow their PSA (prostate specific antigen) levels and PSA doubling time, to re-biopsy them periodically and to only intervene with definitive therapy for patients who over time reclassify as high risk for progression or death from the disease.

When Gary Dailey, age 66, was first diagnosed with favourable risk prostate cancer, the only option locally available was surgery. His response was, “Just how much cancer did they find?” His cancer was very small. In September 2005, Gary opted for a less radical approach through Active Surveillance. “Surgery, radiation – these are treatment options I’d rather save for later if needed – not for the start.”

Sunnybrook researchers followed up over a median period of 6.8 years (range 1 – 13 years) with 450 patients being managed with Active surveillance. Findings indicated overall survival at 78.6 per cent. 30 per cent of the cohort were reclassified as higher risk and were offered definitive therapy.

“Earlier this year the European Randomized Study of Screening for Prostate Cancer, a much-needed large, landmark study, reported the benefits of PSA screening and early detection to reduce death from prostate cancer. The benefits, while tremendous, are associated however with significant risk of overtreatment. This dilemma is the rationale for a more individualized approach through Active Surveillance with Selective Delayed Intervention based on predefined criteria of disease progression for favourable risk patients,” says Dr. Klotz, professor, Department of Surgery, University of Toronto, and chief, Urology, Sunnybrook Health Sciences Centre.

Favourable risk and intermediate risk prostate cancer is defined as localized prostate cancer (a small volume of cancer as detected through biopsy) with a PSA in the low to intermediate range (less than or equal to 10), a Gleason score of less than or equal to 6.

Approximately 50 per cent of newly diagnosed prostate cancer patients have favourable to intermediate risk.

In 2009, an estimated 25,500 Canadian men will be newly diagnosed with prostate cancer.

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