Active surveillance failure for prostate cancer: does the delay in treatment increase the risk of urinary incontinence?

EDITORIAL COMMENT

In this well-annotated cohort of patients on active surveillance for prostate cancer, one third eventually underwent treatment. Theoretically, delayed treatment may pose an increased risk of urinary incontinence compared to immediate treatment, potentially due to increasing age, multiple previous biopsies, more advanced cancer requiring multimodal therapy, or need for non-nerve sparing surgery.1, 2 This study is suboptimal since it lacks a control group, uses non-standardized questionnaires, and has physician-reported outcomes. Nevertheless, it is reassuring urinary continence rates are consistent with previous reports of patients undergoing immediate treatment, suggesting that active surveillance does not compromise urinary continence among those patients subsequently requiring whole-gland treatment.

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References