

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

1. Burkhard FC, Kessler TM, Fleischmann A, Thalmann GN, Schumacher M, Studer UE. Nerve sparing open radical retropubic prostatectomy--does it have an impact on urinary continence? *J Urol* 2006;176(1):189-195.
2. Kim SC, Song C, Kim W et al. Factors determining functional outcomes after radical prostatectomy: robot-assisted versus retropubic. *Eur Urol* 2011;60(3):413-419.