



UROLOGICAL SOCIETY OF AUSTRALIA AND NEW ZEALAND

ABN 64 880 438 690

Media Release

Embargoed until August 11, 2010

Urological Society joins major international study and adopts “Active Surveillance” as treatment for early prostate cancer

The Urological Society of Australia and New Zealand will announce today it will fund a long-term study of prostate cancer patients utilising the PRIAS (Prostate cancer Research International: Active Surveillance) model of active surveillance to monitor and treat the disease.

The announcement, is to be made by the Urological Society’s President, Dr David Malouf, at the National Prostate Cancer Symposium in Melbourne.

“We are being proactive in promoting good clinical practice. While the latest studies produce irrefutable evidence about the efficacy of screening for prostate cancer in reducing mortality rates, we also have to balance that by ensuring there is not over-treatment of prostate cancer,” says Dr Malouf.

The widespread use of PSA blood tests has resulted in an increase in the diagnosis of prostate cancers.

“Many of these tumours can be classified as low risk and “active surveillance” has been accepted as a legitimate form of treatment for some time,” says Dr Malouf.

The rationale behind active surveillance is that the growth patterns of some prostate cancers tend to be slow and with early detection being more prevalent, there is a significant window of opportunity to closely monitor and assess the tumour’s growth. Throughout the monitoring process the doctor and patient can make well-informed decisions on whether to undertake more active treatment, such as radiation therapy or surgery.

“However, many men feel anxious about observation, and opt to have the tumour removed before it is strictly necessary,” says Dr David Malouf.

“By joining the PRIAS international study which defines clinical protocols for active surveillance of prostate cancer, we anticipate patients will be reassured about the management of their cancer. Studies confirm that patients’ level of distress with active surveillance is significantly reduced when managed on a established protocol.”

“By officially adopting the PRIAS model and participating in a major worldwide study, we will gain even more insight into the efficacy of this treatment method as well as adding vital patient data to this important initiative,” says Dr Malouf.

PRIAS is a program in which selected men with early prostate cancer are closely monitored using serum PSA levels and repeat prostate biopsies, the results of which are measured against previous tests and illustrated graphically for comparison.

“While the background analysis is complex, the PRIAS system allows doctors to add the latest PSA reading to each patient’s historical graph while sitting at the desk with their patient,” Dr Malouf explained. “That way they can see how quickly the PSA is increasing and make informed decisions as to the next course of action.”

“With active surveillance, most patients’ quality of life is enhanced, as living with a slow moving tumour often has less of an impact than the side effects of treatment, which may include incontinence or impotence,” he said.

There is, of course, a very specific set of criteria for men to be selected for active surveillance and this approach is only suitable for patients who meet these criteria.

The PRIAS study was established in 2007 and approximately 1800 patients have been included from a wide range of countries across Europe as well as Canada.

The Urological Society of Australia and New Zealand’s involvement in the PRIAS project will add to the growing database of information on the behaviour of prostate cancer and will lead to improved management strategies in the future.

“With the recent Swedish study of prostate cancer screening showing an almost 50% reduction in cancer deaths in the screened population, the move by the Urological Society to adopt this protocol as an official policy is particularly timely. I am confident the data will continue to support regular prostate cancer testing to identify aggressive tumours which require treatment, and the use of an AS protocol will ensure the low risk tumours can be safely managed with observation alone,” said Dr Malouf.

“Our overriding goal is to ensure the appropriate treatment of prostate cancer and to help our patients make informed decisions to achieve the best cancer outcomes whilst preserving quality of life considerations,” Dr Malouf concluded.

For more information or to interview Dr David Malouf, please contact:

Maxicom Public Relations

Edwina Gatenby: mob. 0402 130 254

Or Kristine Landi: ph: 02 9965 9300 mob: 0415 869 432 email: kristine@maxicom.net.au