

Active Surveillance in Prostate Cancer: When the Best Therapeutic Option is not to Treat

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Abstract

Cancer is a disease feared for its relationship with death and suffering. Historically, the first cures are recent and the human being still associates the disease with a fatal end. Recent advances in cancer treatment imply cures and lengthening of life, but it is necessary to achieve quality of life. In prostate cancer, prostatectomy implies loss of erection and urinary incontinence, which alters the patient's life, self-esteem and sexuality. In order to reduce these unfortunate consequences, the therapeutic option called active surveillance has appeared. This option, paradoxically, consists of not treating but monitoring the tumor with follow-up and tests. It is indicated for low-risk tumors and opens the door to a radical change in the lives of those affected. However, our ancestors tell us that if it is cancer, it is best to remove it as soon as possible. This generates high levels of anxiety and family pressure. It is necessary to get patients to make the right decision so as not to suffer avoidable consequences.

Keywords: Cancer; Taboo Disease; Surveillance

Introduction

Cancer is a taboo disease, related to death, pain, and suffering. It is surrounded by many misbeliefs, from attributing it to punishment for something wrong done in the past, to various unproven miraculous causes and cures [1]. This is because it is a disease that causes uncertainty, and it is a challenge to the belief of control that we have in humans. We mean the idea that we need to feel that we can manage and control our lives, and that things have to make sense. But in cancer it's not always the case, and this entails these attitudes of hostility and disbelief [2]. On the other hand, the harm that disease and, especially its treatment, makes to quality of life of patients and their families also generates psychological alterations. We cite treatment because, due to the increase in early detections (especially in some types of cancer), what really initiates a process of changes in the quality of life of the affected person, it is treatment. This is a paradox sometimes difficult for

patients to assume, they feel sick because of the treatment, not the disease [3]. This sometimes causes difficulties with adjustment and more or less severe problems in the day-to-day. It is sometimes complex to accept that there is a treatment that causes physical and emotional discomfort, and especially that, in some cases, it is for preventive purposes (reduce the risk of relapse, for example). Therefore, numerous studies show that the most understood and best accepted treatment in solid tumors is surgery. We all understand that if there is a tumor, it is important to eradicate it as soon as possible to prevent it from spreading through the body. Thus, surgery is much less fearful, for example than chemotherapy and radiation therapy [1].

In prostate cancer, the surgical option involves numerous problems, such as loss of erection and urinary continence. Prostatectomy is therefore very aversive and sometimes forever alters patients' quality of life. Your sex life and therefore your

partner's life is compromised [4]. All of this leads to alterations in man's self-esteem, which was sometimes already a little reduced because prostate cancer often appears at ages around retirement. Especially in certain cultures, loss of work for men can mean a loss of identity if you have forged it in relation to your job performance [5]. Not surprisingly, there are levels of depression and even suicidal ideation in these patients. It is true that the word "cancer" implies an urgency reaction that leads patients feel encouraged to choose the most radical option with the very understandable purpose of living, at the expense of the consequences in quality of life. This is because, in the face of anxiety and fear, our ability to reason, and decision-making are interfered with by high emotionality.

On the other hand, and fortunately, less aggressive treatments are increasingly being attempted, and in low-risk prostate tumors, the option of Active Surveillance has emerged strongly. This option means a different drive than we are used to. It is about not removing or irradiating the tumor, and to have the patient closely monitored and followed. This strategy has been established as a gold standard [6] for low-risk prostate tumors. This option would avoid the fearsome consequences of prostatectomy and/or radiation therapy, resulting in a better quality of life for the patient. However, the psychological consequences make it not as easy to choose from.

What are the factors that cause Active Surveillance to be rejected?

First of all, as we have discussed before, we have etched in our mental diagrams that if it is cancer, it must be removed as soon as possible [1]. But that's right and everything, once the benefits have been explained, why are there reluctances to opt for active surveillance? There are three things to consider [4,7,8].

- **Lack of medical support:** Sometimes the doctors themselves struggle not to actively treat patients because it is what they were trained for. This makes them less convincing or confident in delivering active surveillance. And the way the physician poses options to the patient has been shown to influence decision-making.
- **Relative's pressure:** The patient's relatives are part of the same population as themselves. Their tendency is to think that it is better for your family member to do something, opt for active treatments. Of course, they suffer by thinking that leaving "the cancer inside" is a mistake that can cost your

loved one's life. It is not uncommon for this factor to be key for the patient to opt for active treatments.

- **Self-pressure to cope, do "something against cancer" and keep control feeling:** also the patient may feel they are not doing anything to beat the cancer and feel they are not controlling the situation. Self-efficacy is a psychological concept that determines the feeling of self-direction of your disease. With this option, it costs a lot for the patient to feel this, and they are likely to develop a sense of helplessness and uncertainty instead.
- **While many problems are avoided for patients with active surveillance, it is true that it is a procedure that focuses on what is most anxious: ongoing monitoring and testing.** These are necessary in order to be able to follow the tumor thoroughly and act on growth, but each test, each visit can be the source of high levels of anxiety.

Decision making

Patients may experience a high level of anxiety. Although there are conflicting results, it appears that existing literature shows that they are more anxious than patients with prostate cancer and active treatment [8]. In this sense, one of the causes of this anxiety is the decision-making process. This is interfered with in this type of patient, firstly by age. Men with prostate cancer are often older, and come from a more paternalistic era in relation to the doctor. This model is intended to be the professional who makes the decision on what is best for the patient and he/she does so without questioning anything. Thus, they struggle to take an active role as patients, which creates a conflict in the process of making the decision not to receive active treatment. Patients feel very influenced, as we said earlier, by the choice the doctor prefers. If you have chosen active surveillance, sometimes you may think that the doctor has not really told you the whole truth and nothing is done because you have no cure [9]. This makes them feel lonely and abandoned which puts them at risk for depression. As a curiosity, cases of patients have been reported that, on the contrary, since they do not have any symptoms or discomfort and do not receive treatment, they end up assuming that there should be some error and they do not actually have cancer, since they have recorded in their emotional system that the cancer is a scary thing with very hard treatments and that generates a lot of suffering. On the other hand, hypervigilance occurs in some patients. That is, being very

aware of discomfort, noises or changes in the body, always fearing that the cancer will spread and not arrive in time. They become “checkers”, go to the bathroom often with feelings of urinary problems or thinking they are bleeding. All of this can lead to an impoverished quality of life. It can be difficult to cope with a normal life, with the feeling of being expectant [9,10]. Several studies show that anxiety and depression levels in these cases correlate with fear of progression. In cancer, from Psychology, we always talk about fear of recurrence, for disease-free patients living under the constant threat that the tumor may reappear or spread. In the case of active surveillance, this becomes a fear of progression, because the tumor is there, the fear is that it will grow and expand and not arrive in time. In the fear of relapse, the patient feels the so-called Damocles Sword Syndrome, but in the fear of progression, it is as if he always had a shadow stuck to him that he knows cannot be undone [10,11].

Strategies to reduce uncertainty

It is advisable to continue psychological treatment as the therapeutic alternative greatly interferes with quality of life. However, there are some things we can explain in general (FEFOC Newsletter):

- **Go to a support group:** The group is a very common therapeutic modality in oncology. Great cohesion and complicity are generated among the participants. It should still be taken into account that if the majority of patients in the group have received active treatment, the one who has opted for active surveillance may feel displaced and be more questioned as they listen to the experiences of others with the treatment. It should be questioned whether a mixed group can be counterproductive in this regard.
- **Active disease management-sense of control:** Have a normal life. It is important to achieve as normal a day-to-day as possible with activities of distraction, physical exercise and to try to keep your previous hobbies to the fullest.
- **Behavioral Activation:** Doing things moves negative thoughts which has emotional consequences. It is important to regain a sense of control with diet, healthy living, searching for information intents, asking and searching the internet (if necessary, do establish limits on navigation because it may have the opposite effect as desired and cause more anxiety). It is imperative to help the patient obtain information from reliable sources.

- Seeking support from the family, especially the partner who is the person with whom the patient is usually most associated and is a great protective factor for psychological and emotional problems.
- The need to provide training to healthcare professionals to accompany patients and their families in decision-making and the subsequent process can also be considered at another level of the issue.

Conclusions

As a conclusion, we believe cancer healing is the primary goal in oncology, but if we take it one step further, avoiding devastating consequences for patients' quality of life is also an important goal. In the cases indicated, being able to provide the patient with non-aggressive options can change their life, but it entails tolls and challenges that we cannot ignore. It is necessary to continue working to help patients and their families connect to a reality that at the time of diagnosis and all the impact it entails, is difficult for them to consider.

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