

Active surveillance

What is active surveillance?

Active surveillance is a way of monitoring prostate cancer that hasn't spread outside the prostate ([localised prostate cancer](#)), rather than treating it straight away. You might hear it called active monitoring.

If you decide to go on active surveillance, you'll have regular [tests](#) to check on the cancer. You won't have any treatment unless these tests show that your cancer may be growing, or you decide you want treatment – so you'll avoid or delay the [side effects of treatment](#). If there are signs your cancer may be growing, you'll be offered treatment that aims to cure your cancer.

It might seem strange not to have treatment, but localised prostate cancer often grows slowly – if at all – and may have a low risk of spreading. So it may never cause you any problems or affect how long you live. Because of this, you might not need any treatment. Many men on active surveillance won't need treatment in their lifetime.

Active surveillance isn't the same as [watchful waiting](#), which is another way of monitoring prostate cancer. Read about the [differences between active surveillance and watchful waiting](#).

Watch Robin's story for one man's experience of being on active surveillance:

Being on active surveillance: Robin's story



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Who can go on active surveillance?

Active surveillance is suitable for men with **localised prostate cancer** that has a low risk of spreading (**low risk prostate cancer**).

It's also sometimes suitable for men with **intermediate (medium) risk prostate cancer** who want to avoid or delay treatment.

If you have more aggressive, [high risk prostate cancer](#), active surveillance won't be recommended for you. Read about the [different treatments for localised prostate cancer](#).

Your doctor will look at all your [test results](#) to see if active surveillance is an option for you. They will also make sure that:

- you're fit enough to have treatments such as [surgery](#) or [radiotherapy](#) if your cancer starts to grow
- you know about the [advantages and disadvantages](#) of being on active surveillance
- you've discussed [other treatment options](#) with your doctor or nurse and you're happy to go on active surveillance.

Talk to your doctor or nurse if you have any questions about your test results or treatment options. You can also get in touch with our [Specialist Nurses](#).

Active surveillance

This fact sheet is about active surveillance: a way of monitoring slow-growing prostate cancer, rather than treating it straight away.

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What are the advantages and disadvantages?

Advantages

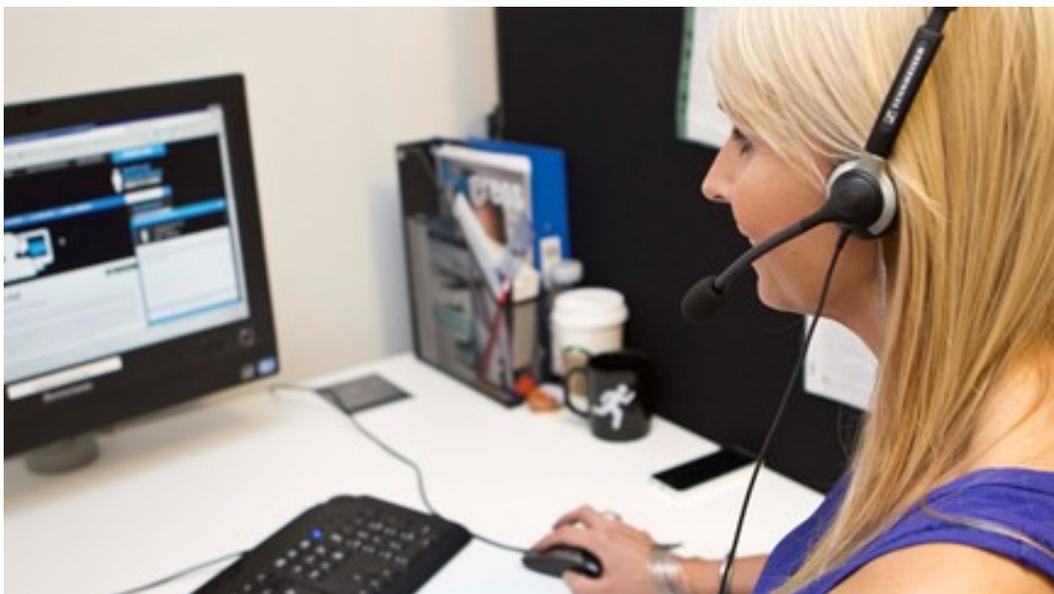
- As you won't have treatment while you're on active surveillance, you'll avoid the side effects of treatment.
- Active surveillance won't affect your everyday life as much as treatment would.

- If tests show that your cancer might be growing, there are treatments available that aim to cure your cancer.

Disadvantages

- You might need to have more **prostate biopsies** which can cause side effects, and which some men find uncomfortable or painful.
- Your cancer might grow more quickly than expected and become harder to treat – but this is very uncommon.
- Your general health could change, which might make some treatments unsuitable for you if you did need them.
- Some men may worry about not having treatment, and about their cancer growing, although many men find they can get on with their daily lives between appointments.

Deciding whether or not to go on active surveillance is a personal choice. What may be important to one person might not be to someone else. If you're offered active surveillance, there's usually no rush to make a decision. Speak to your doctor or nurse before deciding whether it's right for you.



Our Specialist Nurses

Ask all the questions you need answers to, or just talk. Our nurses have time for you.

[Find out more](#)

What does active surveillance involve?

You'll have regular tests to monitor your cancer. The tests you have, and how often you have them, will depend on your hospital. They may include:

- [PSA tests](#)
- [digital rectal examinations \(DRE\)](#)
- [MRI scans](#)
- [prostate biopsies](#).

The tests aim to find any changes that suggest the cancer is growing. If any changes are found, you can have treatment that aims to get rid of the cancer – such as [surgery](#) or [radiotherapy](#).

Will I need treatment in the future?

If the results of the tests show your cancer is growing, you'll be offered treatment that aims to get rid of the cancer – for example, [surgery](#) or [radiotherapy](#).

Some men decide they want to have treatment even though there are no signs of any changes. You can decide to have treatment at any point – if you decide you do want treatment, speak to your doctor or nurse.

Are there any risks with active surveillance?

Changes to your cancer

There's a chance that your cancer could grow. But the tests used to monitor your cancer aim to find any changes early enough to treat it. And men who have treatment after being on active surveillance can still have treatment that aims to cure the cancer, such as surgery or radiotherapy.

There is a very small chance that the cancer will spread outside your prostate before being picked up, and treatment might not be able to get rid of it completely. This can happen if the tests used in active surveillance miss changes in your cancer. But this isn't very common.

Sometimes, men diagnosed with low risk prostate cancer actually have a more aggressive cancer that needs treating to stop it spreading outside the prostate. A [prostate biopsy](#) only takes small pieces of tissue from the prostate. But prostate cancer grows unevenly, so it's possible that a biopsy might miss an area of faster-growing cancer. This is uncommon, and you'll have regular tests to make sure the cancer isn't growing more quickly than expected.

Research shows active surveillance is a safe way for men with low risk prostate cancer to avoid or delay unnecessary treatment. Men with low risk localised prostate cancer who go on active surveillance have the same chances of living for 10 years or more as men who choose to have treatment with [surgery](#) or [radiotherapy](#). It's important to think about this when deciding whether to have treatment straight away or to go on active surveillance.

Talk to your doctor or nurse if you're worried about the risk of your cancer growing.

Concerns about not having treatment

Many men with low risk localised prostate cancer choose to go on active surveillance. But active surveillance isn't for everyone. You might find it difficult not having treatment for prostate cancer, and worry that your cancer will change or spread. Some men on active surveillance decide to have treatment even though there are no signs of any changes in their cancer.

If at any time you decide that you want treatment, talk to your doctor or nurse. You don't have to stay on active surveillance if you don't want to.

Changes to your health

There's a chance that your general health could change, which would make some treatments unsuitable for you if the cancer did grow. For example, if you were to get heart problems, you might not be able to have a [radical prostatectomy](#), as an operation might not be safe for you.

You can lower your risk of many health problems by eating healthily and doing regular exercise. Read more about [diet and physical activity](#).

Are there any side effects?

As you won't have treatment while you're on active surveillance, there aren't any physical side effects. But you might need to have [prostate biopsies](#) while you're on active surveillance, which can cause some short-term side effects.

How is active surveillance different from watchful waiting?

Active surveillance is often confused with **watchful waiting**, which is another way of monitoring prostate cancer. The aim of both is to avoid having unnecessary treatment, but the reason for having them is very different.

Active surveillance

- It's suitable for some men with **localised prostate cancer**, who can still have treatment that aims to cure their cancer.
- If you need treatment in the future, it will aim to cure your cancer.
- It involves more regular hospital tests than watchful waiting, such as prostate biopsies and magnetic resonance imaging (MRI) scans.

Watchful waiting

- It's generally suitable for men with other health problems who may be less able to cope with treatments such as surgery or radiotherapy, or if treatment would cause more problems than the cancer itself.
 - If you do have treatment in the future, it will aim to control the cancer and manage any symptoms, rather than aim to cure it.
 - It can be used in men with **localised prostate cancer**, or in men whose cancer has spread to other parts of the body (**locally advanced** or **advanced prostate cancer**).
 - It involves fewer tests than active surveillance. These usually take place at the GP surgery rather than at the hospital.
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Questions to ask your doctor or nurse

You may find it helpful to take a list of any questions you have to your next appointment.

- How often will I have my PSA level checked?
- Who will check my PSA level and give me the results?
- How often will I see my doctor or nurse?
- How often will I have a digital rectal examination (DRE)?
- Will I need more prostate biopsies – and how often?
- Will I need to have any scans?
- How quickly would my PSA level need to rise for you to recommend treatment?
- What treatments could I have if my cancer grows?
- What can I do to improve my general health?

References

Updated: November 2016 | Due for Review:
November 2018



[List of references](#)