

Men told to wait before prostate treatment

Unnecessary harsh side-effects could be avoided

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Thousands of men with prostate cancer will be advised to avoid immediate treatment, in a significant rethink of care for the disease.

For the first time, official guidance will tell men with low and medium-risk cancers to have regular checks rather than radiotherapy or surgery to remove their tumour.

The change of advice, issued today by the National Institute for Health and Care Excellence (NICE), is designed to tackle the gruelling side-effects of treatment.

Campaigners said that the move would spare men needless suffering, but added that the need for a wait-and-see approach highlighted a lack of

between types of the disease that would quickly prove fatal if untreated and those that would cause few symptoms in a man's lifetime.

Previously, men whose cancer was considered curable were urged to have immediate radical treatment. Today NICE recommends that men whose cancers have not spread and do not appear to be aggressive should instead consider a wait-and-see approach, involving blood tests and examinations every few months.

The guidance is a recognition of the harsh side effects of radiotherapy, surgery and hormone therapy, which can include sexual dysfunction, bowel problems and tiredness. NICE says that better services are needed to deal with them. "There is a trade-off for every man faced with the decision between a small chance of benefit and a very significant probability of side effects," Professor Mark Baker, director of clinical practice at NICE, said.

About 20 per cent of men with prostate cancer are likely to be offered "active surveillance" and about half of them will not turn out to need treatment, Professor Baker added. Many older men will die of something else before their cancer becomes troublesome.

Active surveillance has become increasingly common after studies

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Prostate care advice to men

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suggested that it could help. However, Professor Baker said: "The decision to offer active surveillance and the decision to accept it are heavily influenced by clinicians' belief. What we've tried to do in this guideline is identify those patients for whom it [could be] a first choice. We would expect a reduction in the variation of its use.

"This guidance for the first time provides a framework for what [doctors] should do if their patients opt for active surveillance. This is to ensure that we do as little harm to people as possible but we do identify as soon as possible when their cancer is progressing."

Older and sicker men, typically with more advanced disease, have previously been advised that "watchful waiting" until they have symptoms could be the best option, but the new guidance extends a similar approach to younger men with curable disease. Men will still have the option of surgery and radiotherapy. "A number of patients just want it out. Some men just don't like the idea of having something growing inside them," Professor Baker said.

NICE also tells doctors for the first time that they must offer treatment for bleeding and diarrhoea after damage to the bowels from radiotherapy. Men on hormone treatment should be offered exercise programmes to deal with tiredness, drugs to deal with hot flushes and can consider coming off treatment for a while to reduce side effects. *The Times is supporting Prostate Cancer UK in its Christmas Charity Appeal. See thetimes.co.uk/timesappeal*

Higher breast cancer risk for white women

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progress in identifying the most dangerous cancers and in finding less aggressive treatments.

Every year 40,000 men are told that they have prostate cancer and 11,000 men die from Britain's most common male cancer.

Yet doctors struggle to distinguish