Defining high-risk prostate cancer.
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Abstract

PURPOSE OF REVIEW: High-risk prostate cancer often represents a lethal disease requiring timely diagnosis and effective therapy. Standardized criteria that define high-risk prostate cancer have yet to be established, rendering the discrimination of high-risk from nonhigh-risk patients a challenge. This review summarizes the contemporary definitions of high-risk prostate cancer and their clinical utility.

RECENT FINDINGS: As currently defined, high-risk prostate cancer constitutes a heterogeneous group of tumors with varying pathological features and inconsistent outcomes. Some high-risk patients may harbor systemic disease and relapse after local definitive therapy, whereas a substantial proportion have localized cancers and may be cured by surgery alone. If properly identified, these high-risk patients should be deemed candidates for curative treatment and spared the morbidity of systemic therapy. Additional information derived from systematic prostate biopsy, magnetic resonance findings, and, possibly, pretreatment prostate-specific antigen kinetics may be incorporated into the currently available models to yield a better prediction and to allow more informed decision-making.

SUMMARY: The quandary of how to define high-risk prostate cancer is pertinent. Various contemporary definitions of high-risk prostate cancer are available, most of which lack adequate sensitivity and specificity. Patients with high-risk clinically localized prostate cancer, by any of the current definitions, should not be uniformly disqualified from local definitive therapy with curative intent.

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