

## Prostate cancer screening and active surveillance in the Western world

Prostate cancer screening and active surveillance are two topics within the field of prostate cancer research that have evolved from virtually non-existing in the 70s of the last century to now being in the centre of research. While it has been shown that PSA based screening can save lives, it is clear that a screening algorithm on the basis of PSA and random systematic prostate biopsy is not the way to go. It leads to unacceptable rates of unnecessary (repeat) testing and, in addition, leads to thousands of men diagnosed with low-risk prostate cancer that often get risky treatment they don't need.

This special issue of the *Translational Andrology and Urology (TAU)* journal provides an overview of the most up-to-date and scientifically valid approaches to prostate cancer screening and active surveillance, with the aim of keeping benefit and reducing harm.

The first part of this special issue deals with issues related to screening. While randomised trials have published their results, and screening is all around us, there are no population-based organised programs. Reasons for that are addressed in the first two chapters. The following seven chapters give insight in the barriers that we need to overcome to be able to bring balance in benefits and harms of prostate cancer screening. These chapters focus on the currently available knowledge on how to achieve such a balance.

The second part of this special issue is entirely dedicated to active surveillance of low risk prostate cancer. As said, this treatment option is relatively new and is the direct result of screening for prostate cancer. The strategy is to monitor the cancer and to actively treat it when it shows signs of progression. It is accepted around the world as an important treatment option for low-risk prostate cancer and as such aims to avoid treating cancers that are unlikely to cause harm and reserves surgery or radiotherapy for those cancers that are likely to become life threatening if left untreated.

Eight chapters in the second part of this special issue discuss how active surveillance works, whether it reaches its goal and how we can improve it by better selecting only those patients that have a low risk prostate cancer, and includes the latest developments in biomarker and imaging research. In addition, the view of the patient, quality of life issues and the role of e-health will be reviewed. Finally, the future of prostate cancer research will be discussed.

I am truly honoured that many of my fellow researches have agreed to share their knowledge in this special issue in honour of my appointment as endowed professor of Decision Making in Urology. Considering their expertise, I am convinced that readers of this issue will gain knowledge and insight helping them to better understand the critical issues in prostate cancer screening and management. Joining forces, better understanding, awareness and physician and patient interaction will lead to improved health outcomes, enhanced quality of life, and delivery of more appropriate and cost-effective services.

### Acknowledgements

None.



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doi: 10.21037/tau.2018.01.03

*Conflicts of Interest:* The author has no conflicts of interest to declare.

**View this article at:** <http://dx.doi.org/10.21037/tau.2018.01.03>

**Cite this article as:** Roobol MJ. Prostate cancer screening and active surveillance in the Western world. *Transl Androl Urol* 2018;7(1):1-2. doi: 10.21037/tau.2018.01.03