Men and their loved ones facing a decision about initial treatment can now access the results of an important, ongoing study showing how different treatments compare in their ability to eradicate prostate cancer, and prevent recurrence. The study is produced and continuously updated by the Prostate Cancer Results Study Group, a group of 28 medical experts in the field of prostate cancer diagnosis and treatment.

Because there are no randomized, controlled studies of initial treatments, nor will there be (no one would realistically submit to having a treatment, or placebo, chosen for them at random) this study took a different approach: Establish simple criteria defining “successful treatment” and chart the comparative outcomes of the different treatments.

This elite group went to work, evaluating 28,000 published, peer-reviewed papers looking for ones that report recurrence based on rising PSA levels following primary treatment. To date, over 1,100 individual papers have been included in our project.

The study group learned the good news early; survival was good for most patients and for most stages. However the cancer-control rates were often remarkably different between treatments. How did we determine the difference in cancer-control rates? We monitored the PSA levels. If the PSA increased after treatment, it means that another treatment was necessary. The study group’s choice to analyze PSA recurrence rather than survival was deliberate; cancer recurrence based on a rising PSA will not only affect survival, it will significantly impact a patient’s quality of life, not to mention the costs of treatment for advanced prostate cancer.

How does a patient, or loved-one, go about comparing these treatment results?

The results are published on the website of the Prostate Cancer Treatment Research Foundation (www.pctrf.org), an independent, non-profit, patient-supported foundation dedicated to patient education. The website has resources to guide a patient or caregiver through the process of determining their risk category, and leading →
them to an interactive charting page that allows them to easily compare how different treatments affect cure rates. These comparative charts can be downloaded or printed to make it easy to discuss the options with family members and physicians.

In some cases, the differences in treatment results are dramatic. For example, in the intermediate risk category, the combination of brachytherapy and external radiation shows a control rate of about 85% going out 15 years, while the cancer-control rate for radical prostatectomy is about 70% going out only 7 years, with no data points beyond 10 years (see the figure above). It is important to remember that in the realm of published medical papers, all reporting is voluntary so missing results can be informative as well; no one wants to publish results that are disappointing.

This tool provides a unique resource to help patients answer a very important question:

“What treatment will give me the best chance of making this cancer go away, and never come back?”

The study mentioned in this article, the list of experts on the panel, and charts comparing more local treatments can be found at www.PCTRF.org