



# MINDFUL SURVEILLANCE

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## Mindful Surveillance (MiSurv) Introduction

This is a personal plan to manage my anxieties related to low-grade prostate cancer. The management process is commonly referred to as Active Surveillance (AS). However, as many as 30% of men on AS experience high anxiety fretting about potential future “progression” of the low-grade cancer to a higher level and seek early treatment or prostatectomies, even though their cancer progression could be years into the future or never.

Dr. Lara Bellardita has been researching the psychological issues faced by men on AS since 2009 in collaboration with the National Cancer Institute in Milan, Italy. She gave a web presentation entitled "[Anxious Surveillance: Coping with Anxiety and Active Surveillance](#)" on 29Jan2022. Dr. Bellardita defined anxiety as a response to a future potential threat, whereas fear is a response to a specific current or imminent threat, although the symptoms are similar. AS anxieties are a response to hypothetical future prostate cancer threats.

Those of us (present company included) with low-grade prostate cancer who are predisposed for high anxiety in general are the most likely men to fall into that 30% category and fret about potential progression instead of living life fully in the present. The purpose of this plan is to anticipate and document the most likely actions that I would undertake to address those potential threats given what I know today, so that those anxieties do not fester and interfere with living life fully or mindfully in the present.

I asked about creating a proactive AS plan during the Q&A portion of the referenced webinar and Dr. Bellardita fully supported the concept and recommended that I co-create an AS plan with my urologist to ensure it is medically solid and sufficiently complete. I extended Dr. Bellardita’s recommendation to include other members of one’s medical team

## Mindful Surveillance (MiSurv) Introduction (continued)

such as one's psychotherapist to represent the critical emotional aspects of the process. I named the process Mindful Surveillance (or "MiSurv" as an abbreviation at the suggestion of AS expert and leader of TheActiveSurveillor, Howard Wolinsky), representing a broader approach that includes the anxiety aspects. Howard Wolinsky, Marty Chakoian from our local Seattle prostate support group, and leaders of ASPI provided excellent guidance in creating my Mindful Surveillance plan.

The next slide presents two primary goals of my personal Mindful Surveillance plan and the objectives or actions I would take to achieve those goals. I reviewed the plan with my medical team and others for feedback, refinements and support. The first primary goal is to live mindfully in the present by putting the potential "progression" scenarios out of mind as much as possible in a virtual "anxiety parking lot" until needed. The second primary goal is to proactively reduce the risk of "progression."

The next two slides present the most likely "progression" scenarios, including the associated action plans for how I would manage each progression scenario given what I know today. Other people could have the same or additional or other scenarios that might cause anxiety while managing their low-grade prostate cancer. So, this is just my personal plan and others can optionally use it as a framework or template to create their own Mindful Surveillance plan. The last slide presents the progression scenarios in a graphical decision tree diagram for those people more visually oriented.

**IMPORTANT NOTE:** Because I have parked this Mindful Surveillance plan in my personal "anxiety parking lot" to alleviate anxieties, I prefer not to get feedback on my content (e.g., personal choices in the progression decision tree), but I am happy to review suggestions on improving the template for others to use to create their own plans.

## Mindful Surveillance (MiSurv) Goals (and objectives to achieve goals)

**Goal 1:** Live mindfully in the present to be less anxious about potential progression scenarios.

- Proactively plan for how to manage one's most likely potential progression scenarios.
- Create a virtual "anxiety parking lot" to park the anxiety plan to reduce active fretting.
- Review and refine the plan with one's urologist for medical preparedness.
- Review and refine the plan with one's psychotherapist (if applicable) for emotional preparedness.
- Park the plan in its reserved parking space until needed in the future.
- Keep the plan locked unless important and relevant new medical information emerges.
- Park other anxiety reduction plans in their own reserved parking spaces to keep them separate.

**Goal 2:** Prevent cancer progression as much as possible.

- Exercise 6 or 7 times per week for optimal overall health.
- Eat a non-red-meat, anti-inflammatory, high-veggie diet for optimal prostate health.
- Sleep at least 7 restful hours per night for optimal overall health.
- Stay mentally active and live each day to its fullest for optimal mental and physical health.

## Mindful Surveillance (MiSurv) Progression Scenarios

**Scenario 1:** proactive testing every 6 months with no significant progression in PSA, Gleason 3+3

- Maximum 5% increase in PSA (or PHI) from latest 2.29 to less than 2.4.
- Note: my PSA numbers would be about twice those levels without being on Finasteride to shrink the prostate.
- No additional MRI or Artemis fusion biopsy; **continue MiSurv**.

**Scenario 2a:** proactive testing every 6 months with moderate progression in PSA, Gleason 3+3

- 5% to 15% increase in PSA (or PHI) to between 2.4 to 2.6; 2.5 would be a 9% increase.
- Get another MRI.
- If MRI doesn't reveal anything new, then no additional biopsy.
- If MRI reveals something new, then get another biopsy and take antibiotics for 30 days after to prevent infection.
- Biopsy still indicates Gleason 3+3; **continue MiSurv**.

**Scenario 2b:** same as scenario 2a, but biopsy indicates "favorable" Gleason 3+4

- **Continue MiSurv** since the first Gleason score of "3" indicates the lowest grade of cancer.

**Scenario 2c:** same as scenario 2b, but Gleason 4+3 or higher

- The first Gleason score of "4" indicates a higher grade of cancer and could be present in more biopsy samples.
- Contact Dr. Porter/Swedish Medical Center to consider a da Vinci robotic radical prostatectomy.

## Mindful Surveillance (MiSurv) Progression Scenarios (continued)

**Scenario 3a:** proactive testing every 6 months with significant progression in PSA, Gleason 3+3 or Gleason 3+4 and PSA under 10.0 (“favorable” Gleason 3+4)

- More than 15% increase in PSA (or PHI) above 2.6, but less than 10.0; 2.75 would be a 20% increase.
- Rule out the possibility of a prostate infection (prostatitis) causing an inflamed prostate with higher PSA.
- If not prostatitis after 30 days of antibiotics, then get another MRI and Artemis fusion biopsy.
- Biopsy indicates Gleason 3+3 or “favorable” Gleason 3+4; **continue MiSurv.**

**Scenario 3b:** same as scenario 3a, but with Gleason 4+3 or higher or with Gleason 3+4 and PSA above 10.0 (“unfavorable” Gleason 3+4)

- Contact Dr. Porter/Swedish Medical Center to consider a da Vinci robotic radical prostatectomy.

## Mindful Surveillance (MiSurv) Progression Scenarios (decision tree diagram)

### Scenario 1

- PSA test every 6 months
- No significant progression
- No additional MRI or biopsy
- Continue MiSurv

### Scenario 2

- Moderate progression in PSA (e.g., 5% to 15% increase)
- Get another MRI and if no new findings, continue MiSurv (2a)
- Otherwise get another Artemis fusion biopsy and take 30 days antibiotics
- If still Gleason 3+3 or favorable Gleason 3+4, continue MiSurv (2b)
- Otherwise get da Vinci radical prostatectomy (2c)

### Scenario 3

- Significant progression in PSA (more than 15% increase)
- Rule out prostatitis after 30 days of antibiotics
- If not prostatitis, get another MRI and Artemis fusion biopsy
- If still Gleason 3+3 or favorable Gleason 3+4, continue MiSurv (3a)
- Otherwise get da Vinci radical prostatectomy (3b)