The article follows men age 50–69 years of age from 1999 to 2009. Of the 2664 participants, 545 underwent active monitoring, 545 underwent radiotherapy, and 1643 underwent prostatectomy. Of those, 3 were lost due to prostate cancer specific deaths. The mortality analysis excluded men that were lost due to prostate cancer. The morbidity analysis included men that were lost to follow-up. The study was limited in not considering quality of life or the need to be evaluated to form a more educated and evidence-based decision.

The study was structured with two phases: the feasibility phase and the main phase. In the feasibility phase, 375 men were recruited and randomly assigned to active monitoring, prostatectomy, or radiotherapy. In the main phase, 2289 men were recruited during the feasibility phase or that included deaths during the feasibility phase. Sensitivity analyses excluded men that were lost to follow-up. The study was limited in not considering quality of life or the need to be evaluated to form a more educated and evidence-based decision.

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