Racial Variation in Use of Active Surveillance for the Management of Low Risk Prostate Cancer in a Regional Collaborative

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Introduction & Objective

African American (AA) men suffer from an increased burden of advanced stage or aggressive prostate cancers relative to their Caucasian counterparts, and there are limited data regarding the safety of active surveillance (AS) for AA men with low-risk disease. We hypothesized that these factors may result in decreased utilization of AS for AA men with low-risk prostate cancer, and tested this hypothesis in a regional prostate cancer collaborative.

Methods

The Pennsylvania Urologic Regional Collaborative (PURC) is a voluntary collaborative of urology practices in Pennsylvania and New Jersey focused on evaluation and improvement of prostate cancer care. From PURC, we identified men with newly diagnosed NCCN very low and low risk prostate cancer, and determined initial treatment modality used in these men. The utilization of AS was then compared by race for the entire collaborative and among individual practice sites (sites with <10 men were excluded).

Results

754 men met inclusion criteria. Data regarding race, NCCN disease risk, and initial management strategy are shown in the table. AS was the initial management strategy in 424 men (56.2%), and within the overall collaborative there was no difference in AS rates between AA and Caucasian men (57.5% vs. 54.1%, p=0.50). Significant variation in AS rates were observed at the practice level, and differences in AS rates between Caucasian and AA men were observed among certain practices (Figure).

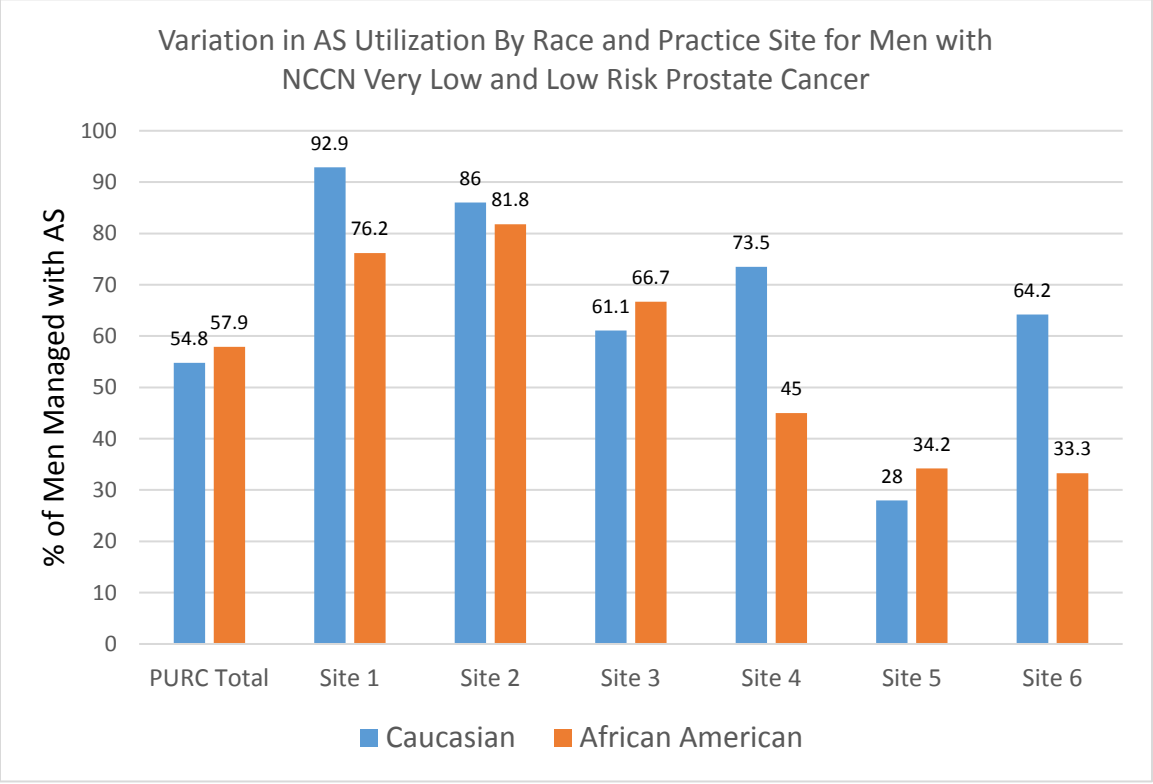
Conclusions

Despite concerns for more aggressive tumors in AA men, AS rates did not differ significantly by race in the overall population encompassed by the PURC collaborative. Practice-level analysis, however, suggested decreased AS utilization in AA men managed at certain practices. Such racial variation in AS use may be driven by the lack of quality data regarding AS outcomes in minority populations. Quality collaboratives such as PURC may help to identify variations in care and potential targets for quality improvement within local markets.

Table 1

		Race					
		Caucasian	African American	Asian	Other	Unknown	Total
NCCN Risk	Very Low	140 (25.5%)	43 (26.9%)	7 (70.0%)	10 (66.7%)	10 (50.0%)	210 (27.9%)
	Low	409 (74.5%)	117 (73.1%)	3 (30.0%)	5 (33.3%)	10 (50.0%)	544 (72.1%)
Initial Treatment Modality	AS	297 (54.1%)	92 (57.5%)	9 (90.0%)	11 (73.3%)	15 (75.0%)	424 (56.2%)
	Prostatectomy	219 (39.9%)	52 (32.5%)	0	4 (26.7%)	5 (25.0%)	280 (37.1%)
	Radiation	25 (4.6%)	15 (9.4%)	1 (10.0%)	0	0	41 (5.4%)
	Watchful Waiting	8 (1.4%)	1 (0.6%)	0	0	0	9 (1.2%)
		549 (72.8%)	160 (21.2%)	10 (1.3%)	15 (2.0%)	20 (2.7%)	754

Figure



*Sites with data from <10 men with low-risk prostate cancer were excluded