Factors Associated with Active Surveillance Utilization as Initial Management Strategy for Men with Newly-Diagnosed Prostate Cancer

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Background

• Prior studies have shown variation in rates of active surveillance (AS) utilization among practices and providers
• We analyzed a regional database to:
  • Describe initial management strategy used to treat men with low/intermediate risk prostate cancer
  • Identify factors influencing AS rates

Methods

• The Pennsylvania Urologic Regional Collaborative (PURC) is a voluntary collaboration of urology practices in Pennsylvania and Southern New Jersey.
• We identified men from PURC with newly diagnosed NCCN very-low, low, or intermediate risk prostate cancer.
• We assessed initial management strategy in these men.
• We characterized factor associated with the use of AS as initial management strategy.

Results

• 1880 men with newly diagnosed prostate cancer
• NCCN risk group:
  • Very low risk - 216 (12%)
  • Low risk – 568 (30%)
  • Intermediate risk – 1096 (58%)
• Over 2/3 of men were Caucasian (table 1)
• Figure 1 and table 2 show univariate and multivariable analyses of factors associated with AS use
• Active surveillance was the most common management strategy for men with very-low and low risk disease, but utilization of AS decreased with increasing disease risk (Figure 2)

Conclusions

• AS is the most common initial management strategy for men with very-low and low risk prostate cancer in PURC.
• Patient age, biopsy grade group, PSA, and measures of tumor volume were strongly associated with use of AS as initial management strategy.
• In multivariable analysis, no associations were observed between patient race, family history of prostate cancer, or clinical stage with the use of AS.
• Studies of large collaborative datasets like PURC may allow for better understanding of the factors underlying variation in the use of AS.