

# Correlation of mpMRI findings and prostatectomy pathology across Pennsylvania Urologic Regional Collaborative (PURC).



Serge Ginzburg MD<sup>1</sup>; Edouard Trabulsi MD<sup>2</sup>; Mark Mann MD<sup>2</sup>; Claudette Fonshell RN<sup>3</sup>; Bret Marlowe<sup>3</sup>; Tianyu Li MS<sup>4</sup>; Adam C. Reese MD<sup>5</sup>; Thomas Guzzo MD<sup>6</sup>; Thomas Lanchoney MD<sup>7</sup>; Jeffrey Tomaszewski MD<sup>8</sup>; John Danella MD<sup>9</sup>; Jay D. Raman MD<sup>10</sup>; Marc Smaldone MD<sup>4</sup>; Robert Uzzo MD<sup>4</sup> on behalf of PURC

1 - Einstein Healthcare Network; 2- Sidney Kimmel Cancer Center at Thomas Jefferson University; 3 - Healthcare Improvement Foundation; 4 - Fox Chase Cancer Center; 5 – Lewis Katz School of Medicine at Temple University, 6 – The University of Pennsylvania; 7 - Urologic Health Specialists LLC; 8 – MD Anderson cancer Center at Cooper; 9 – Geisinger Health; 10 –Milton S. Hershey Cancer Center at Penn State

## Background

- mpMRI is a valuable diagnostic and surveillance tool and is being rapidly adapted for diagnosis, staging, pre-treatment planning, and AS
- Recent critical literature review by AUA MRI Consensus Panel estimated expected performance metrics for MRI in several domains

	Sens	Spec	PPV	NPV
EPE	49-81%	68-90.6%	36-67%	83-95%
SVI		96-98%	70-79%	

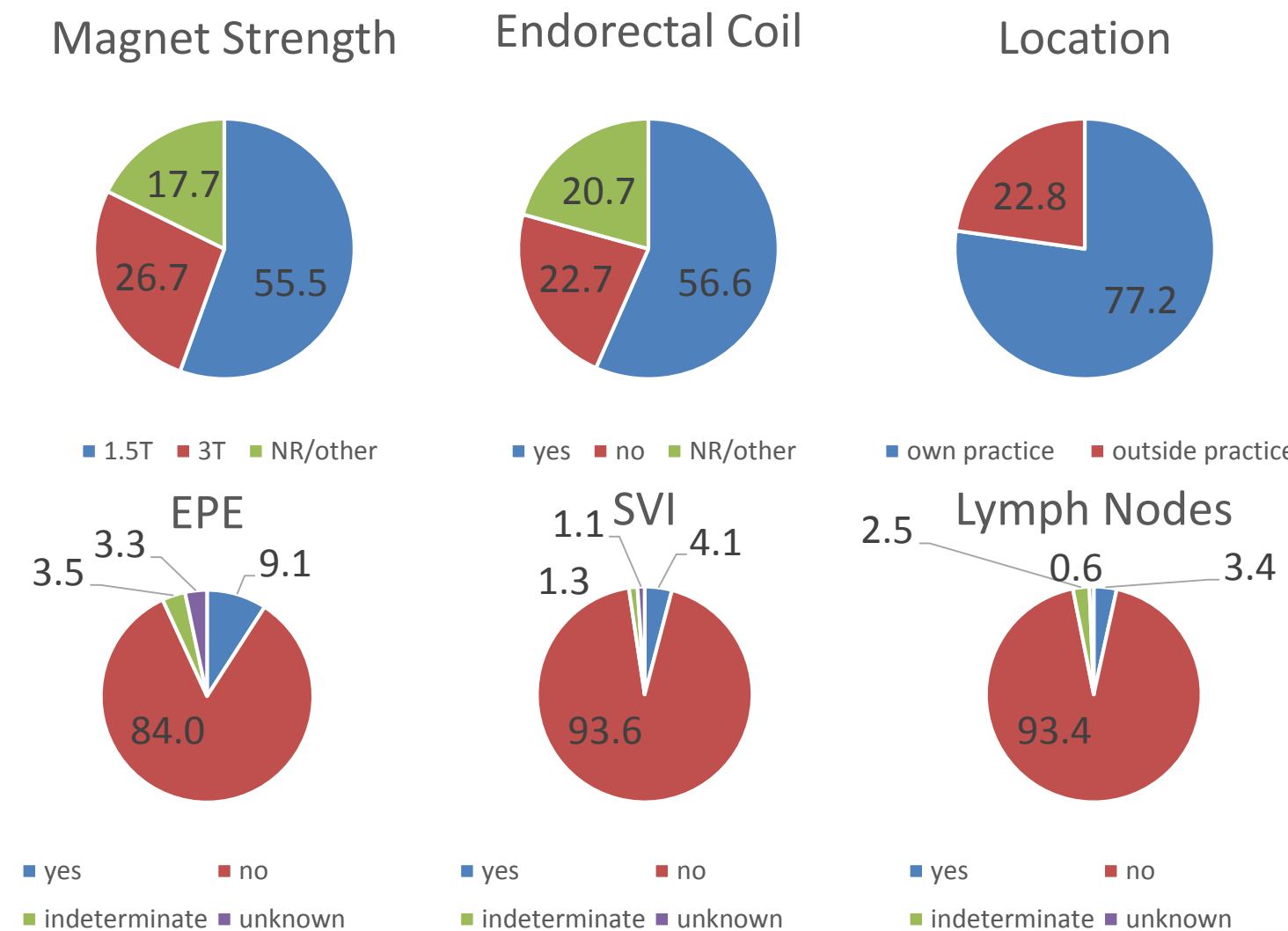
- mpMRI performance characteristics may vary significantly by institution
- We characterize patterns of MRI utilization and quantify MRI-pathologic concordance across a regional collaborative

## Methods

- PURC is a prospective regional collaborative comprised of nine large academic and private urology practices in Pennsylvania and New Jersey, launched in 2014
- Demographic and clinicopathologic data for patients with newly-diagnosed CaP were abstracted
- For patients treated with radical prostatectomy, radiographic and pathologic concordance was characterized using descriptive statistics
- Spearman correlation was used to assess relationship between mpMRI performance and practice volume

Table 1: Clinicopathologic Characteristics (N=458)

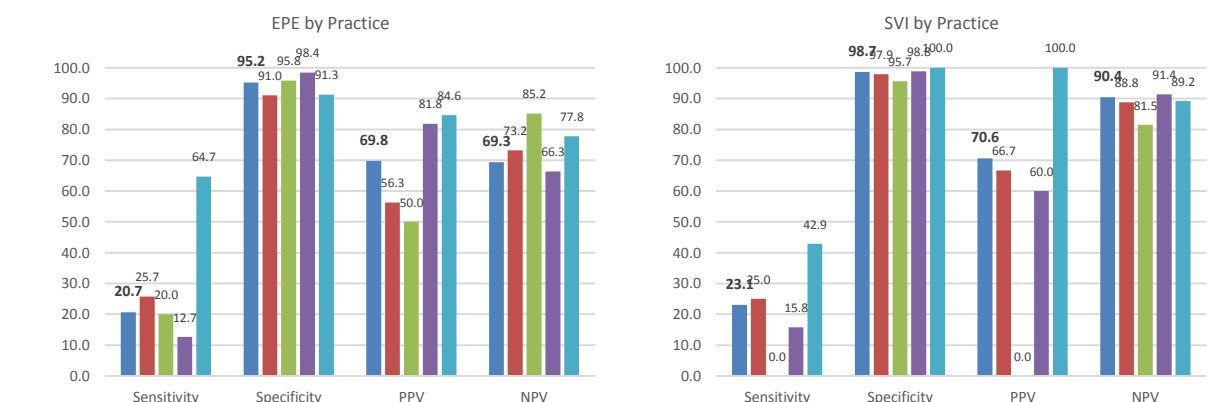
Age	median, IQR	64	59 - 69
Race	AA	77	16.8
N, %	White	358	78.2
	Other/NR	23	5.0
PSA	median, IQR	6.4	4.8-9.3
cTstage	T1a/b	1	0.2
	T1c	354	77.3
	T2a	54	11.8
	T2b/c	24	5.2
	T3/4	18	3.9
	NR/other	7	1.5
cNstage	N0	191	41.7
	N1	3	0.7
	Nx/NR	264	57.6
cMstage	M0	288	62.9
	M1	3	0.7
	Mx	167	36.5
AUA risk category	Very Low Risk	11	2.4
	Low Risk	54	11.8
	Favorable Intermediate Risk	145	31.7
	Unfavorable Intermediate Risk	106	23.1
	High Risk	142	31.0



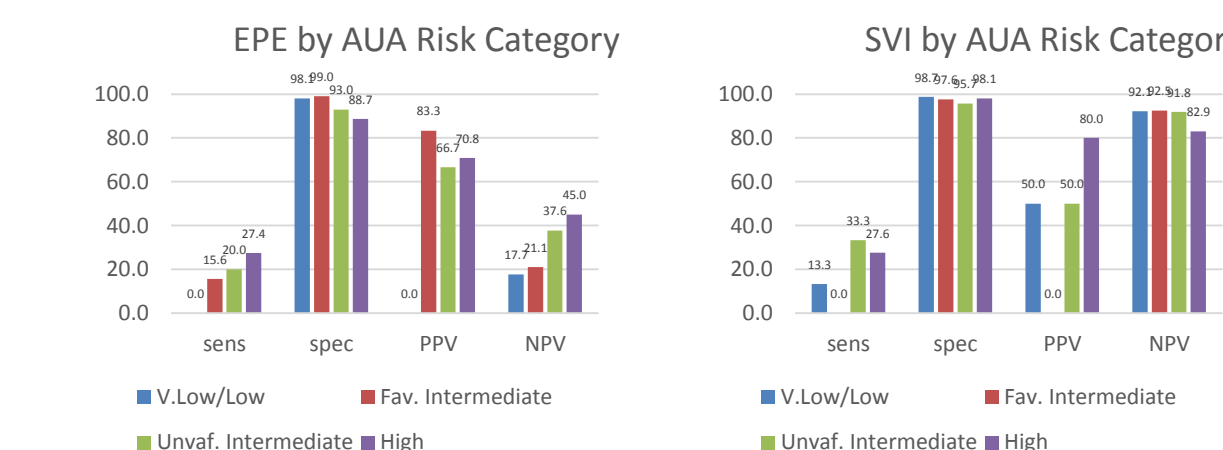
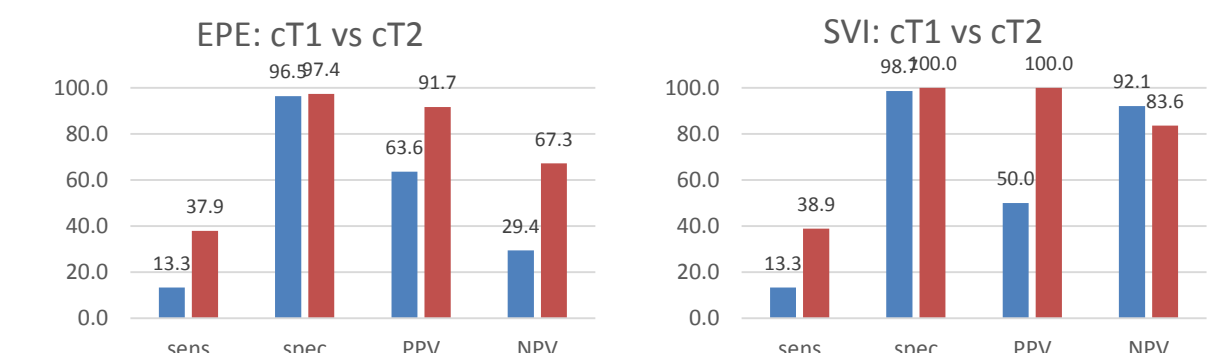
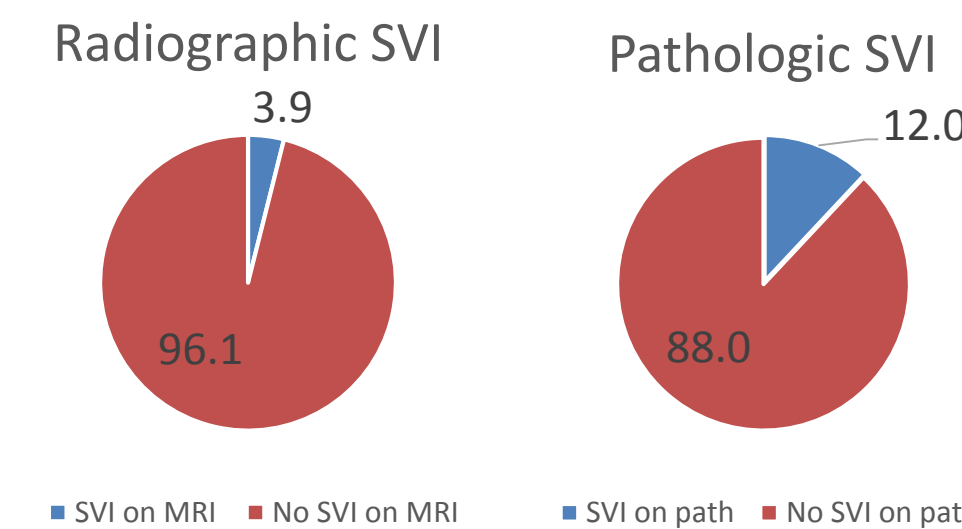
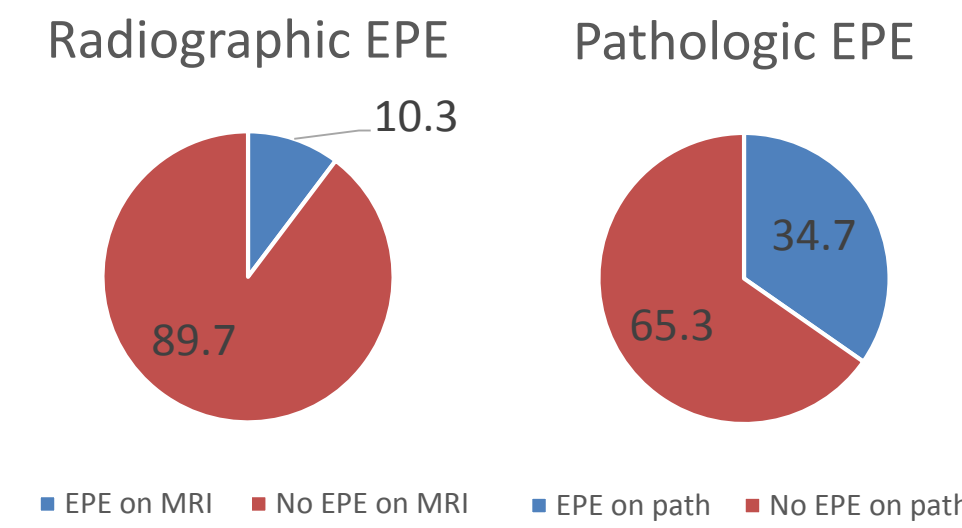
## Results

- May 2015 – September 2017
- 1,724 (33%) had mpMRI
- 931 (54%) had detailed radiographic and clinicopathologic characteristics
- 458 (49%) underwent radical prostatectomy (Table 1) and were included in radiographic/pathologic correlation analysis

	Sens	Spec	PPV	NPV
EPE	20.7%	95.2%	69.8%	69.3%
SVI	23.1%	98.7%	70.6%	90.4%



No statistically significant improvement observed by practice volume; Spearman Correlation 0.2-0.8



## Conclusions

- MRI performance differed significantly from previously reported literature
- Significant variation in mpMRI performance was observed across practices
- Practice volume did not appear to influence mpMRI performance