Progression to Definitive Treatment Among Men Undergoing Active Surveillance for Low-Risk Prostate Cancer in a Regional Collaborative

Diksha Ramnani, MPH; Claudette Fonshell, RN, BSN; Bret Marlowe; Marc Smaldone, MD, MSHP, FACS; John Danella, MD; Serge Ginzburg, MD, FACS; Thomas Guzzo, MD, MPH; Thomas Lanchoney, MD, FACS; Jay Raman, MD; Jeffrey Tomaszewski, MD; Edouard Trabulsi, MD, FACS; Robert Uzzo, MD, FACS; and Adam Reese, MD

Introduction and Objective

Active surveillance (AS) is a preferred management strategy for men with low-risk prostate cancers. We analyzed a regional prostate cancer collaborative to determine rates of definitive treatment among men undergoing initial AS. We compared these rates by age, race, and disease risk.

Methods

The Pennsylvania Urologic Regional Collaborative (PURC) is a voluntary collaborative of 9 urology practices across Pennsylvania and southern New Jersey. We identified all patients with prostate cancer initially managed by AS and those who ultimately underwent definitive treatment. Kaplan-Meier (KM) curves were produced to compare rates of definitive treatment by age, race, and AUA Risk groups. Differences between Caucasian and African American men were further assessed with age and risk-adjusted KM curves.

Results

Of the 932 patients placed on AS in the collaborative, 111 (11.9%) patients underwent treatment over a median follow-up of 10 (range 7 – 16) months. The two-year treatment free survival rate for all men was 89%. Figure 1 shows the KM curves of treatment free survival stratified by age, race, and AUA risk groups. The probability of progression to definitive treatment was higher among men with low-risk than those with very low-risk prostate cancer. This difference was not significant between the age or race categories.

Conclusion

We characterized short-term AS outcomes across a large regional prostate cancer collaborative Two-year treatment free survival was high among men in PURC initially managed with AS. Men with very-low risk disease were less likely to undergo definitive treatment, however the likelihood of treatment did not differ significantly by age or race. Additional follow up is needed to determine whether these findings will persist over time.
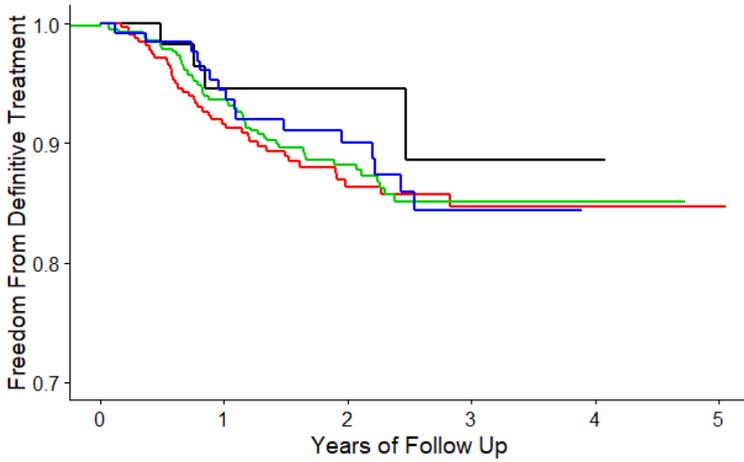
Figure 1A. Treatment Free Survival by Age. <55 years old (black), 55-64 years old (red), 65-74 years old (green), and >74 years old (blue).
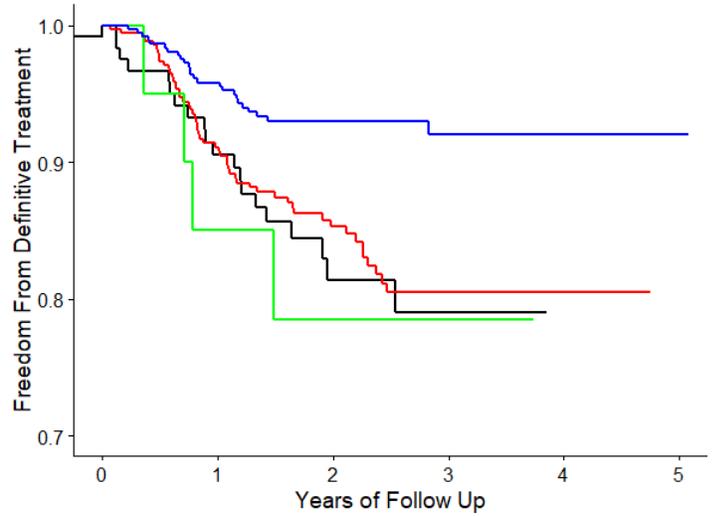

Figure 1B. Treatment Free Survival by AUA Risk Group. Very low (blue), low (red), favorable intermediate (black), and unfavorable intermediate (green).
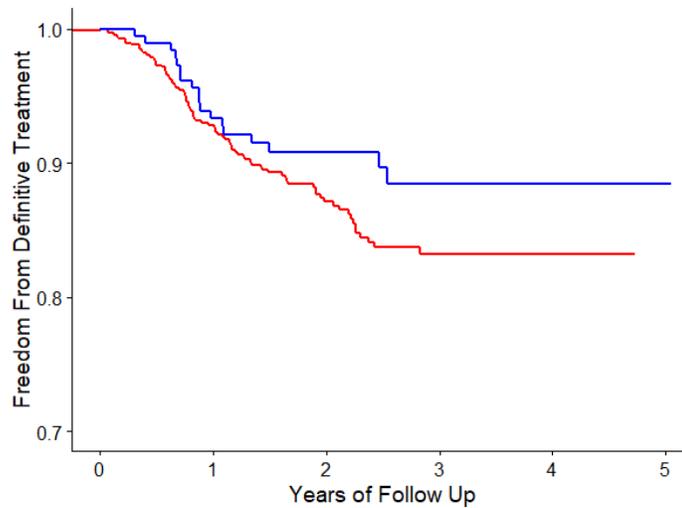

Figure 1C. Treatment Free Survival by Race. Caucasian (red), African American (blue). Other race categories excluded due to small sample size.