

RATES AND RISK FACTORS OF LOST TO FOLLOW UP IN PROSTATE CANCER PATIENTS MANAGED WITH ACTIVE SURVEILLANCE

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INTRODUCTION AND OBJECTIVES: Active surveillance (AS) has emerged as an appropriate management strategy for many men with prostate cancer (PC), however insufficient monitoring may increase the risk of undesired outcomes. We evaluated a large AS cohort across diverse practices in Michigan to determine rates of loss to follow-up (LTFU) and associated risk factors.

METHODS: MUSIC maintains a prospective registry of PC patients from 44 academic and community urology practices within the state of Michigan. We identified all patients in the registry managed with AS from 2011-2015. We defined LTFU as any 18-month period where no pertinent surveillance information was identified in the medical record by trained data abstractors (i.e., no PSA, prostate CT/MRI, or prostate biopsy). LTFU events were stratified as either (1) prolonged loss to follow up (PLTFU): a LTFU event with no further data entered; or (2) insufficient follow up (IFU): a LTFU event followed by subsequent data. We fit multivariable logistic regression models and compared adjusted rates of LTFU events across MUSIC practices.

RESULTS: Of 2211 men enrolled on AS from 2011-2015, 217 (9.8%) had a LTFU event. Of these, 184 (8.3%) patients had PLTFU and 33 (1.5%) had IFU. African American (AA) patients were more likely than Caucasian patients to be LTFU (17.0% vs 7.4%, $p < 0.05$). In multivariable analyses, both AA race (OR 2.36, 95% CI 1.42-3.92) and Charlson comorbidity index (CCI) of ≥ 1 (OR 1.53, 95% CI 1.03-2.27) were independently associated with an increased likelihood of LTFU. There was wide variability in rates of LTFU across MUSIC practices, ranging from 2.6% to 41.4% of patients entering AS, $p < 0.05$ (Figure 1).

CONCLUSIONS: Nearly ten percent of men placed on AS become LTFU, representing suboptimal implementation of this management strategy. Patient-specific factors associated with being LTFU include AA race and higher burden of medical co-morbidity. Practice-level variability in LTFU may reveal opportunities to identify systems of care used in higher-performing practices that can reduce LTFU across all sites thereby improving the long-term safety of AS for men with early-stage PC.

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