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RATES AND VARIATION IN USE OF MRI, GENOMICS, AND PROSTATE BIOPSY AS CONFIRMATORY TESTS IN A LARGE ACTIVE SURVEILLANCE COHORT

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INTRODUCTION AND OBJECTIVES: In order to improve risk stratification and promote the appropriate use of active surveillance (AS), the Michigan Urological Surgery Improvement Collaborative (MUSIC) encourages the use of at least one confirmatory test (prostate MRI, tumor genomics, or repeat biopsy) within 6 months of the diagnostic biopsy. We sought to determine the rate and variation in the use of confirmatory testing across the state of Michigan.

METHODS: We identified all patients in the MUSIC registry managed with AS from 2011 to present. A patient was considered to be on AS if the initial management strategy entered in the registry was AS, and there was no curative therapy within 6 months of the diagnostic biopsy. Patients that did not have a confirmatory test within 6 months of their initial diagnosis were excluded.

RESULTS: 4015 patients enrolled in AS during the study period. Of 999 patients undergoing a confirmatory test, 25.2% had biopsy, 27.3% had MRI, 37.6% had tumor genomics, and 9.8% had more than one. Compared to patients with public insurance, patients with private insurance were more likely to undergo MRI (30.2% v. 23.1%) and less likely to have tumor genomics (32.3% v 45.2%), p=0.0002. As patients aged from <50, 50-60, 60-70, and >70 years, we found a decline in MRI usage from 39.1%, to 30.7%, 27%, and 22%, and an increase in genomics use from 21.7%, to 30.0%, 38.5%, and 45.9%, respectively (p<0.05). Patients with very low and intermediate risk prostate cancer more often had tumor genomics while patients with low risk prostate cancer more often had MRI (p<0.0001). Additionally, patients with initial biopsy Gleason 6 more often had confirmatory biopsy (27.6%) and less often had tumor genomics (32.7%) as compared to men with initial biopsy Gleason 7 who more often had tumor genomics (56.7%) and less often had confirmatory biopsies (15.7%), p<0.0001. We noted significant variation in the relative use of confirmatory tests among the MUSIC practices (Figure 1).

CONCLUSIONS: There was significant variation in the relative utilization of the confirmatory tests in various patient groups, as well as variation in confirmatory test utilization at the practice level. The optimal confirmatory test for AS remains unknown.

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