

Perspectives on the Role of Biopsy for Management of T1 Renal Masses: Results from Two Quality Improvement Collaboratives.

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INTRODUCTION AND OBJECTIVE: Renal mass biopsy (RMB) has the potential to reduce unnecessary treatment by informing care, however, its utilization varies widely amongst providers and institutions. To better understand perspectives on RMB across multiple practice settings, a survey was distributed to urologists in the Michigan Urological Surgery Improvement Collaborative (MUSIC) and the Pennsylvania Urologic Regional Collaborative (PURC).

METHODS: MUSIC and PURC are two large statewide quality improvement collaboratives representing a “real-world” collection of urologists from a variety of academic- and community-based settings. A 13-item survey was distributed to all providers regarding RMB utilization. The survey assessed current RMB utilization, patient- or tumor-specific factors that are important when deciding to recommend RMB, adverse events, changes in management, and simulated patient scenarios. Responses are reported using descriptive statistics.

RESULTS: The survey generated 54 responses, with the majority indicating they never use RMB or use it <25% of the time for cT1a (59%) and cT1b (85%) tumors. The three most important patient-specific factors on decision to RMB were possible metastasis (94%), patient comorbidity (89%) and patient age (81%). The three most important tumor-specific factors were presence of bilateral tumors (81%), tumor size (70%) and perceived difficulty of performing nephron-sparing surgery (67%). Regarding barriers and outcomes, 10 (19%) indicated there were barriers to RMB in their practice, 23 (43%) reported experience with a complication or poor outcome, and 43 (80%) reported experience where RMB affected management. When presented with simulated patients, few urologists (9-20%) would recommend RMB in younger patients with any sized mass and recommendations varied for other simulations based on patient age, comorbidity status and tumor size (Figure 1).

CONCLUSIONS: Understanding current perspectives on usage of RMB is important to design future quality improvement efforts. In two statewide collaboratives, most urologists do not regularly use RMB and certain factors in combination appeared to affect recommendations of RMB. Defining patient selection for RMB may be an important step towards the goal of reducing unnecessary treatments.

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