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Dueling Active Surveillance: Does Utilization of Active Surveillance for Low Risk Prostate Cancer Correspond with Utilization of Active Surveillance for Small Renal Masses?

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INTRODUCTION AND OBJECTIVE: Active surveillance (AS) is the recommended management strategy for men with low-risk prostate cancer (CaP). Similarly, AS has been shown to be safe for patients with renal masses <4cm (cT1aRM). Here, we assessed surgeon-level practice patterns for the use of AS in patients with GG1 CaP and cT1aRM. We hypothesized that the proportion of a urologist's patients with CaP managed with AS will correlate with the use of AS for their patients with cT1aRM.

METHODS: We reviewed practice patterns of surgeons in the Michigan Urological Surgery Improvement Collaborative (MUSIC). Urologists were included if they managed at least 10 GG1 CaP and 10 cT1aRM patients between 2017 and 2021. Using the Chi-squared test, we compared the proportions of cT1aRM patients managed with AS among surgeons in the lowest and highest quartile of AS use for those with GG1 CaP. We fit separate multivariable mixed-effects logistic regression models to obtain risk-adjusted proportions of a urologist's patients with GG1 CaP and cT1aRM managed with AS. Correlation between a surgeon's risk-adjusted use of AS for the two groups was assessed with Pearson's correlation coefficient.

RESULTS: 27 urologists met the inclusion criteria. 82% of men with GG1 CaP were managed on AS compared with 49% of men with cT1aRM. Among the surgeons in the lowest quartile of AS use for CaP (<71% of men with GG1 CaP managed on AS), 33% of men with cT1aRMs were managed with AS compared to 49% of men with cT1aRMs managed by the surgeons in the highest quartile of CaP AS use (>89% of men with GG1 CaP managed with AS, p<0.001, Figure 1). There was a modest positive correlation between the proportion of a surgeon's men with GG1 prostate cancer and cT1aRM managed with AS (correlation coefficient: 0.47, p=0.014).

CONCLUSIONS: There is marked variability in the use of AS for patients with GG1 CaP and cT1aRMs by surgeons. Those that are low utilizers of AS for men with GG1 CaP used less AS for patients with cT1aRM compared with surgeons that are high utilizers of AS for GG1 CaP. Thus, urologists who use AS for GG1 CaP are more likely to use AS for patients cT1aRM, while those that are more likely to operatively manage one low risk malignancy are likely to also operate on a second low risk malignancy.

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