



Table 1. Baseline patient characteristics, including age, race, risk groups, baseline PSA, and PI-RADS scores

Characteristics	Whole cohort	No grade progression	Grade Progression
	N (%)	N (%)	N (%)
Total	205 (100)	126 (100)	79 (100)
Age (yr), median (IQR)	62 (56, 68)	61.5 (56, 67)	64 (58, 70)
<65	122 (59.5)	82 (65.1)	40 (50.6)
≥65	83 (40.5)	44 (34.9)	39 (49.4)
Race			
White	183 (89.3)	110 (87.3)	73 (92.4)
Black/Asian	22 (10.7)	16 (12.7)	6 (7.6)
Hispanic ethnicity	87 (42.4)	52 (41.3)	35 (44.3)
NCCN risk at enrollment			
Very low	94 (45.9)	74 (58.7)	20 (25.3)
Low	78 (38)	40 (31.7)	38 (48.1)
Intermediate	33 (16.1)	12 (9.5)	21 (26.6)
GG at diagnosis			
GG1	193 (94.1)	125 (99.2)	68 (86.1)
GG2	12 (5.9)	1 (0.8)	11 (13.9)
Baseline PSA (ng/mL), median (IQR)	5 (3.7, 7.0)	4.6 (3.22, 6.7)	5.7 (4.3, 7.8)
Prostate size (cc), median (IQR)	45 (33.59, 62)	47.73 (34, 66)	42 (31.8, 53)
Baseline PI-RADS score			
≤2	42 (20.5)	33 (26.2)	9 (11.4)
3	58 (28.3)	44 (34.9)	14 (17.7)
4	87 (42.4)	42 (33.3)	45 (57)
5	18 (8.8)	7 (5.6)	11 (13.9)

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**IP31-19
CONTEMPORARY RATES AND PRACTICE-LEVEL VARIATION IN DISEASE BURDEN ASSESSMENT AMONGST PROSTATE CANCER ACTIVE SURVEILLANCE PATIENTS: DATA FROM A STATEWIDE QUALITY COLLABORATIVE**

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INTRODUCTION AND OBJECTIVES: Active surveillance (AS) has become the preferred treatment for men with favorable risk prostate cancer based on the safety demonstrated in long-term series and trials, largely from academic centers. However, the extent to which contemporary real-world practice, both in terms of patient selection in adherence to testing, mimics the reported protocols remains unknown.

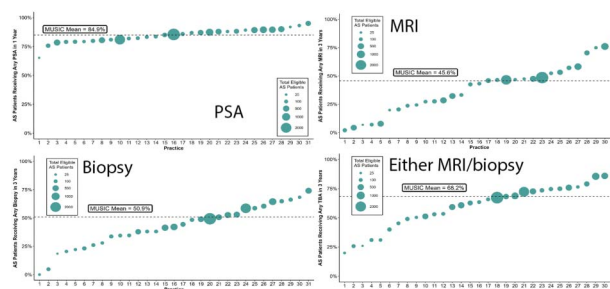
METHODS: We analyzed AS patients in the Michigan Urological Surgery Improvement Collaborative data registry from 1/1/2016 to 4/30/2024. We captured disease burden assessment (follow-up PSA, MRI, and biopsy). Rates of disease burden assessment after starting AS were estimated via cumulative incidence curves. Practice-level variability was compared by calculating rates after stratifying by practice.

RESULTS: We identified 12,502 patients on AS. Characteristics are shown in the Table, stratified by NCCN risk grouping at the time of diagnosis. Estimated 1-year rate of follow-up PSA was 85%. Estimated 3-year rate of MRI was 46%, biopsy 51%, and either MRI or biopsy 68%. Practice-level variation was narrow for follow-up PSA (range 78% to 90%) but wide for either MRI or biopsy (range 20% to 87%, Figure).

CONCLUSIONS: Contemporary, real world practice patterns differ markedly from reported protocols. Only 2/3rds of men received a follow-up biopsy or MRI in the first three years from initiating AS. While this likely represents a significant quality gap amongst patients at higher risk of progression, there is clearly an appetite for less invasive surveillance amongst lower risk patients.

Characteristic	VLR	LR	FIR GG1	FIR GG2
	N = 3,680 [†]	N = 5,218 [†]	N = 793 [†]	N = 2,811 [†]
Age at Biopsy	66 (61, 70)	66 (61, 71)	68 (63, 74)	68 (63, 73)
Race				
White	2,926 (80%)	4,174 (80%)	608 (77%)	2,110 (75%)
Black	380 (10%)	569 (11%)	108 (14%)	388 (14%)
Other	88 (2.4%)	128 (2.5%)	25 (3.2%)	93 (3.3%)
Unknown	286 (7.8%)	347 (6.7%)	52 (6.6%)	220 (7.8%)
Charlson Score				
0	2,725 (75%)	3,711 (72%)	549 (70%)	1,978 (71%)
1	527 (14%)	810 (16%)	114 (14%)	464 (17%)
>=2	395 (11%)	660 (13%)	125 (16%)	346 (12%)
Family History of PCa	1,065 (29%)	1,415 (27%)	181 (23%)	788 (28%)
PSA	4.46 (3.20, 5.60)	5.00 (3.64, 6.57)	11.47 (10.29, 13.90)	4.99 (3.73, 6.40)
Clinical T-Stage				
T1	3,680 (100%)	4,183 (80%)	607 (77%)	2,470 (88%)
T2	0 (0%)	534 (10%)	158 (20%)	238 (8.5%)
T3	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Tx	0 (0%)	501 (9.6%)	28 (3.5%)	103 (3.7%)

[†] Median (Q1, Q3); n (%)



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**IP31-20
ASSOCIATION OF BIOPSY-BASED GENOMIC CLASSIFIER AND INITIAL TREATMENT FOR PROSTATE CANCER: RESULTS FROM A NATIONAL CLINICAL-GENOMIC LINKAGE**

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INTRODUCTION AND OBJECTIVES: Genomic classifiers are increasingly incorporated into prostate cancer care, but their influence on initial management remains uncertain.

METHODS: We conducted a retrospective study leveraging a national clinical-genomic linkage of Decipher prostate genomic classifier (GC) results with longitudinal RWD derived from insurance claims, electronic health records, pharmacy, and laboratory values. The cohort included individuals who underwent biopsy-based GC testing with >1 year of follow-up. Treatments were identified using administrative codes for androgen deprivation therapy (ADT), radiation therapy (RT), and radical prostatectomy (RP). Observational management was defined by absence of treatment with evidence of prostate cancer-related services for >1 year. Time to first local therapy was evaluated across NCCN and genomic risk groups using Kaplan-Meier and log-rank tests. Logistic regression assessed factors associated with receipt of any treatment and specific modality (RT vs RP).

RESULTS: Among 90,548 biopsy-tested patients, 42.7% received initial therapy (RT 11.8%, RP 12.3%, ADT 9.0%, RT+ADT 7.9%, RP+ADT 0.7%, focal therapy 1.0%), while 58.3% had no