BACKGROUND

• The ProtecT trial randomized 1,643 men ages 50-60 in the United Kingdom with clinically localized prostate cancer to active surveillance, radical prostatectomy or radiotherapy and found that at 10 years, there was no difference in prostate cancer-specific mortality regardless of treatment chosen. (Hamdy et al., N Eng J Med 2016)

• The results of this trial have provided Level 1 evidence supporting active surveillance for prostate cancer patients, particularly low-risk (Gleason 6) patients, which comprised 77% of the study population. (Lane et al., Lancet Oncol 2014)

• Intriguingly, the results also provided evidence supporting active surveillance for intermediate-risk (Gleason 7) disease, which comprised 21% of participants. (Lane et al., Lancet Oncol 2014)

• The impact of these findings on the opinions of North American genitourinary (GU) experts regarding the role of active surveillance for low and intermediate-risk prostate cancer patients has not been previously examined.

MATERIALS AND METHODS

• An OHSU IRB-approved survey was designed to identify characteristics of each respondent's typical practice patterns, as well as to assess their personal opinions on the role of active surveillance in low-risk and intermediate-risk prostate cancer patients.
• Survey questions specified Gleason 3+4 disease when defining intermediate-risk disease.
• Eighty-eight currently practicing North American GU oncology physicians, who serve on cooperative group research organizations such as NRG Oncology, were contacted by email and invited to complete the survey; their position in cooperative group research organizations served to define them as “experts” for the purposes of this study.
• The survey was designed and hosted by Research Electronic Data Capture (REDCap), and contained screening questions to ensure respondents were currently practicing, not in training, and specializing in GU oncology (Harris et al., J Biomed Inform 2009)
• Based on responses, participants were categorized as “supporters” or “opponents” of active surveillance for low-risk and intermediate-risk patients.
• Opinions were correlated with practice patterns using Fisher’s exact test.

RESULTS

• Analysis was conducted on 42 radiation oncologist respondents (a 48% response rate).
• Seventeen participants (40%) were in practice for more than 20 years
• Thirty-eight (90%) practiced at an academic center
• Nineteen (45%) saw more than 20 patients/month in consultation
• 95% (40/42) recommended active surveillance for Gleason 6 disease
• Only 17% (7/42) recommended active surveillance for Gleason 3+4 disease
• There were no significant demographic differences between supporters and opponents of active surveillance recommendation for low-risk and Gleason 3+4 disease
• There was a trend towards greater support of active surveillance for Gleason 3+4 disease among experts who practiced fewer than 10 years since residency program completion, in comparison to experts with greater than 10 years of professional experience. (p=0.085).

Figure 1: Depiction of survey results from 42 North American genitourinary oncology expert radiation oncologists. (AS = Active surveillance; PCa = Prostate cancer)

CONCLUSIONS

• Active surveillance is well-supported by North American GU expert radiation oncologists for low-risk but not intermediate-risk prostate cancer.

• This is despite the ProtecT trial providing Level 1 evidentiary support for active surveillance in both risk groups.

• There were no significant differences between experts supporting versus opposing active surveillance for either low-risk or intermediate-risk disease.

• The trend towards opposition to active surveillance for Gleason 3+4 disease may indicate that radiation oncologists having finished residency more recently may be more comfortable advising active surveillance for these patients.

• These preferences may affect the design of future clinical studies, influencing the adoption of active surveillance in North American clinical practice.

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McClelland – nothing to disclose
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Degnin – nothing to disclose
Chen – nothing to disclose
Mitin – nothing to disclose

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