MP15-15
A RETROSPECTIVE REVIEW OF A LARGE ACTIVE SURVEILLANCE COHORT IN PATIENTS WITH PROSTATE CANCER AT THE CLEVELAND CLINIC


INTRODUCTION AND OBJECTIVES: Active surveillance (AS) as a management paradigm for men with prostate cancer (PCa) is being increasingly adopted among patients and providers. Several series with long-term follow-up have demonstrated the safety and efficacy of AS. The aim of this study is to describe our experience at the Cleveland Clinic with patients on active surveillance over the last 13 years.

METHODS: We report a retrospective review of 639 men managed with AS for localized PCa from 2002 to 2015. Patients were managed with interval PSA and prostate biopsy. Patients who underwent definitive therapy within six months of diagnosis without a confirmatory biopsy were excluded. Triggers for intervention included Gleason upgrading or increasing volume of disease on subsequent biopsies. Primary outcomes include overall survival, rate of treatment, and the rate of biochemical recurrence following treatment. Data are presented as median (interquartile ratio).

RESULTS: A total of 639 men with median follow-up from initial diagnosis of 46.1 months (26.5-75.9) were assessed. 69/639 (10.8%) of the cohort self-identified as African American, NCCN risk categories were as follows: 148/591 (25.0%) very low, 336/591 (56.9%) low, 98/591 (16.6%) intermediate, and 9/591 (1.5%) high-risk disease. During the time reviewed, 15/603 (2.5%) men died while on AS (97.5% censor rate). There were no prostate cancer-specific mortalities. Metastatic disease developed in 4/476 (0.8%) men with median time to metastases from first biopsy of 41.6 months (15.1-80.8). The 5- and 10-year all-cause survival rates were 97.6% and 93.4%, respectively. Similarly, at 5- and 10-years the cumulative hazards of developing metastatic PCa were 0.9 % and 2.9 %, respectively. 36.3% of men in the cohort underwent definitive therapy and of those men 45.8 % underwent radical prostatectomy, 7.9% received external beam radiation, and 36.6% underwent brachytherapy. The cumulative risks of biochemical recurrence at 5- and 10- years were 2.9% and 2.9%, 2.7% and 6.5%, 5.2% and 5.2% for NCCN very low, low, and intermediate risk men, respectively.

CONCLUSIONS: In our experience, AS has been a successful management paradigm for patients with very low, low, and selected intermediate risk PCa as exemplified by the low rate of metastases and mortality and high success of patients with deferred therapy. These findings confirm prior work establishing AS as the preferred management strategy for men with biologically indolent tumors.

Source of Funding: none

Source of Funding: None

MP15-16
OUTCOMES AND FACTORS CHANGING TO INTERVENTION IN ACTIVE SURVEILLANCE FOR LOCALIZED PROSTATE CANCER: SYSTEMATIC REVIEW AND META-ANALYSIS OF CONTEMPORARY SERIES

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INTRODUCTION AND OBJECTIVES: Active surveillance (AS) is an increasingly utilized treatment modality for patients with localized prostate cancer. Outcomes and factors changing to active treatment vary among different series reporting on AS. A systematic review of the evidence about AS was undertaken, with meta-analysis to identify outcomes and factors changing to active treatment.

METHODS: We performed Medline and EMBASE literature search to identify studies on AS from 2005 to October 2015. A systematic review was performed using Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines. We extracted eligibility criteria, age, PSA, surveillance protocol, sample size, follow-up duration, treatment change triggers, treatment change rates, metastasis, and cancer-specific deaths. The meta-analysis was done with the random effects model in STATA using the ‘metan’ command. We plotted forest plots of the hazard ratio (HR) and 95% confidence interval (CI) for each study as well as the pooled random effect HR for the overall effect. Heterogeneity across studies was examined by calculating the i2 statistic.

RESULTS: A total of 24 AS series comprising 9920 patients were included. Median age was 65.9 years, median PSA was 5.1 ng/dL, and median follow-up was 3.3 years (range 1.5-6.4). Marked heterogeneity was noted among the studies in their inclusion criteria, surveillance protocols, and triggers for intervention. There were 21 prostate cancer deaths and 42 metastases in 38 311 person-years of follow-up; 46.1 months (26.5-75.9) were assessed. 69/639 (10.8%) of the cohort self-identified as African American, NCCN risk categories were as follows: 148/591 (25.0%) very low, 336/591 (56.9%) low, 98/591 (16.6%) intermediate, and 9/591 (1.5%) high-risk disease. During the time reviewed, 15/603 (2.5%) men died while on AS (97.5% censor rate). There were no prostate cancer-specific mortalities. Metastatic disease developed in 4/476 (0.8%) men with median time to metastases from first biopsy of 41.6 months (15.1-80.8). The 5- and 10-year all-cause survival rates were 97.6% and 93.4%, respectively.