PREVALENCE AND DIVERSITY OF MANAGEMENT OF PROSTATE CANCER PATIENTS CLASSIFIED AS LOW RISK USING D’AMICO GROUP OR CANCER OF THE PROSTATE RISK ASSESSMENT (CAPRA) SCORE: A FRENCH MULTICENTER STUDY

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INTRODUCTION AND OBJECTIVES: Currently, the French High Authority for Health does not recommend mass screening for prostate cancer (PCa), due to the risk of over-treatment, notably of low risk patients. Our study is intended to reflect the therapeutic attitudes for the management of patients classified as low risk of progression in French clinical centers.

METHODS: For all positive prostate biopsies performed during 2012 and 2013 in five French departments of urology, clinico-pathological characteristics required to calculate the d’Amico risk group and the Cancer of the Prostate Risk Assessment (CAPRA) score were filled. Information on the first treatment of “low risk” patients was collected.

RESULTS: A total of 1035 patients were included, with a median age at diagnosis of 66 years old (Table 1). According to d’Amico and CAPRA classifications, 30.4% and 35.0% of patients were at low, 34.5% and 33.2% at intermediate, 35.1% and 31.8% at high risk. The diagnosis severity increased with age (P < 0.0001). The main treatment for low risk patients was radical prostatectomy (41.6% and 42.0% for d’Amico and CAPRA, respectively), but active surveillance was the most frequent treatment if diagnosed after 75 years old (Figure 2). The management of low risk patients varied significantly between centers (P < 0.0001), according to the therapeutic platforms available within the hospital (Figure 3).

CONCLUSIONS: In absence of strong progression predictor, the management of low risk PCa remains based on center habits and local therapeutic platforms. New predictive markers, such as multiparametric MRI or molecular tests, are needed to guide rational management of low risk PCa.