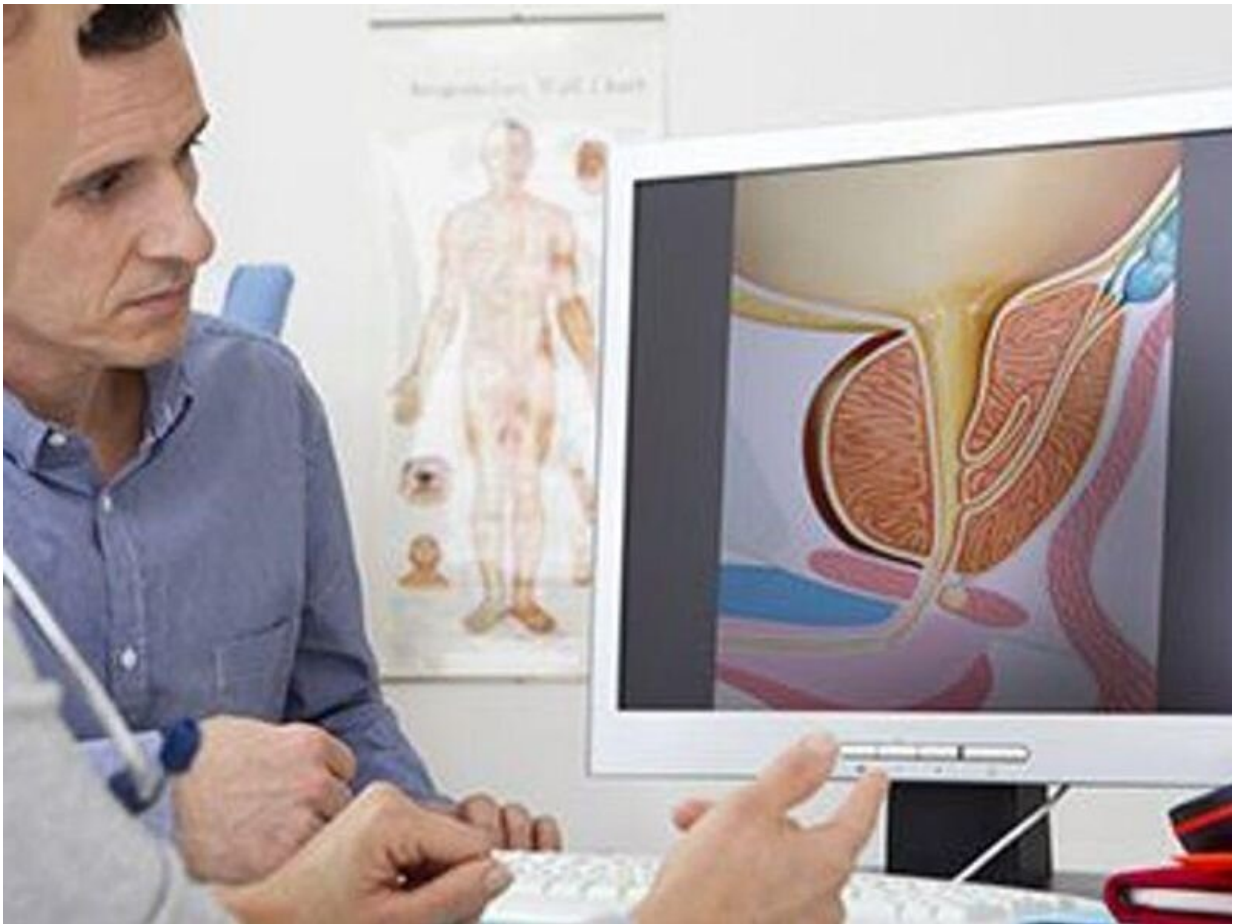


2014 to 2021 saw increase in use of active surveillance for low-risk prostate cancer

March 9 2023, by Elana Gotkine



From 2014 to 2021, the rates of active surveillance for low-risk prostate

cancer increased, but considerable practice- and practitioner-level variation is seen in its use, according to a study published online March 2 in *JAMA Network Open*.

Matthew R. Cooperberg, M.D., M.P.H., from the UCSF Helen Diller Family Comprehensive Cancer Center in San Francisco, and colleagues characterized trends over time and practice- and practitioner-level variation in the use of active surveillance for men with [low-risk prostate cancer](#) newly diagnosed between Jan. 1, 2014, and June 1, 2021. Data were included for 20,809 men in the American Urological Association Quality Registry with known primary treatment.

The researchers found that from 2014 to 2021, the rates of active surveillance increased sharply and consistently from 26.5 to 59.6 percent. There was variation noted in the use of active surveillance, from 4.0 to 78.0 percent at the urology practice level and from 0 to 100 percent at the level of the practitioner. Year of diagnosis was the variable most strongly associated with active surveillance on [multivariable analysis](#); age, race, and prostate-specific antigen value at diagnosis all were associated with odds of active surveillance.

"Rates of active surveillance nationally continue to increase rapidly, but overtreatment of low-risk disease remains excessive," the authors write. "Moreover, individual practices vary radically in their use of active surveillance, as do individual practitioners even within a given practice."

Two authors disclosed financial ties to the [pharmaceutical industry](#).

More information: Matthew R. Cooperberg et al, Time Trends and Variation in the Use of Active Surveillance for Management of Low-risk Prostate Cancer in the US, *JAMA Network Open* (2023). [DOI: 10.1001/jamanetworkopen.2023.1439](https://doi.org/10.1001/jamanetworkopen.2023.1439)

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