

What factors affect patients' decisions regarding active surveillance for low-risk prostate cancer?

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Because low-risk prostate cancer is unlikely to spread or impact survival, experts and guidelines recommend active surveillance, which involves

regular monitoring and thus avoids or delays treatment like surgery or radiation therapy and their life-changing complications.

A new study examined the rates of [active surveillance](#) use and evaluated the factors associated with selecting this management strategy over surgery or radiation, with a focus on underserved Black patients who have been underrepresented in prior studies. The findings are [published](#) in *Cancer*.

For the study, called the Treatment Options in Prostate Cancer Study, Jinping Xu, MD, MS, of Wayne State University, and her colleagues analyzed data from metro-Detroit, Michigan, and Georgia cancer registries, focusing on patient self-reported information related to Black and [white patients](#) who were newly diagnosed with [low-risk prostate cancer](#) in 2014–2017.

Among 1,688 patients, 57% chose active surveillance (51% of Black patients and 61% of white patients) over other treatments. After adjusting for other influencing factors, the strongest determinant of active surveillance uptake was a urologist's recommendation to choose this option.

Other factors linked with the decision to undergo active surveillance included a shared patient-physician treatment decision and greater knowledge about prostate cancer. Also, participants living in metro-Detroit were more likely to choose active surveillance than those living in Georgia.

Conversely, men were less likely to try active surveillance if their considerations were strongly influenced by the desire to achieve a "cure" or they expected to "live longer" with treatment, or if they perceived that their low-risk prostate cancer diagnosis was more "serious."

Education and interventions for patients and especially urologists that address these factors may increase the use of recommended active surveillance among individuals with low-risk prostate cancer.

"I am glad to see that the majority of our study participants selected active surveillance, which indicates that acceptance has improved over the last decade; however, there is room for greater acceptance. Our study findings shed new light on potentially modifiable factors that can help further increase active surveillance use among patients with newly diagnosed low-risk [prostate cancer](#) to avoid unnecessary invasive treatment and improve their quality of life," said Dr. Xu.

More information: Jinping Xu et al, Determinants of active surveillance uptake in a diverse population-based cohort of men with low-risk prostate cancer: The Treatment Options in Prostate Cancer Study (TOPCS), *Cancer* (2024). [DOI: 10.1002/cncr.35190](https://doi.org/10.1002/cncr.35190)

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