
New Model for Surveillance of Prostate Cancer Prevents Overtreatment



Urologists at University of California San Diego School of Medicine and Genesis Healthcare Partners have tested a new model of care for patients with low-risk prostate cancer. The evidence-based approach uses best practices to appropriately select and follow patients to avoid disease overtreatment.

Results of the three-year study are now published online in the journal of [Urology](#).

Christopher Kane, MD, chair of the Department of Urology, UC San Diego Health

“Active surveillance is a strategy that is recommended by physician and quality organisations to avoid the over-treatment of slow-growing prostate cancer,” said [Christopher Kane, MD](#), senior author and chair of the Department of Urology at UC San Diego Health. “Acceptance of this strategy by patients and urologists, however, has lagged for a number of reasons. What we have developed is a safe method to enhance acceptance and use of this disease management approach.”

Active surveillance (AS) is the practice of closely monitoring slow, indolent forms of prostate cancer with prostate-specific antigen (PSA) blood tests, digital rectal prostate exams and, potentially, biopsies. Kane added that AS recognises that there is a large group of men with a form of low-grade prostate cancer whose long-term survival is not impacted by non-treatment.

“With this new model, we were able to increase rates of surveillance to benefit patients through use of provider education and a standardised report card,” said Franklin Gaylis, MD, Chief Scientific Officer, Genesis Healthcare and the study’s first author. “With this university and private-practice research collaboration, we were able monitor 190 patients undergoing active surveillance while evaluating the effectiveness of our own individual clinical practices.”

Urologists at Genesis Healthcare and UC San Diego Health jointly developed a reporting mechanism to improve the process of tracking patients with prostate cancer. The research team developed standardised selection criteria based on scientific literature for patients to be followed with AS according to tumour characteristics, including clinical cancer staging, Gleason (pathology grading) and PSA scores. In addition, comparative dashboards were developed to show individual physician AS adoption rates compared to their peers.

“What we found is that active surveillance increased from 43.75 percent to 82.6 percent among the very low-risk patients,” said Gaylis, a voluntary professor in the Division of Urology at UC San Diego School of Medicine. “Besides this approach, enhancing quality of care through established standardised processes and outcomes feedback, there may be a benefit from a cost-savings perspective. This model may be particularly helpful as the U.S. switches from a volume to value-based system of care for reimbursement requiring physicians to improve quality while at the same time reducing cost.”

Prostate cancer is the most prevalent solid organ malignancy among American men, accounting for almost 30 percent of new cancer diagnoses.

Additional contributors to the study include: Edward Cohen, MD, CEO, Renee Calabrese, Hillary Prime, and Paul Dato, MD, medical director, all at Genesis Healthcare Partners.

Source: [UC San Diego Health](#)

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