



Why men with a low-risk prostate cancer select and stay on active surveillance: A qualitative study

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Introduction

- Active surveillance is a treatment plan that is recommended for men with low-risk or very low-risk prostate cancer with a caveat that those patient have a life expectancy of ≥ 5 years.
- In this section of the study, the attitudes and beliefs of older men and their caregivers on active surveillance will be described.
- Moreover, decision making factors of staying on active surveillance like security blanket, professional opinions, purpose of active surveillance will also be explored.

Methods

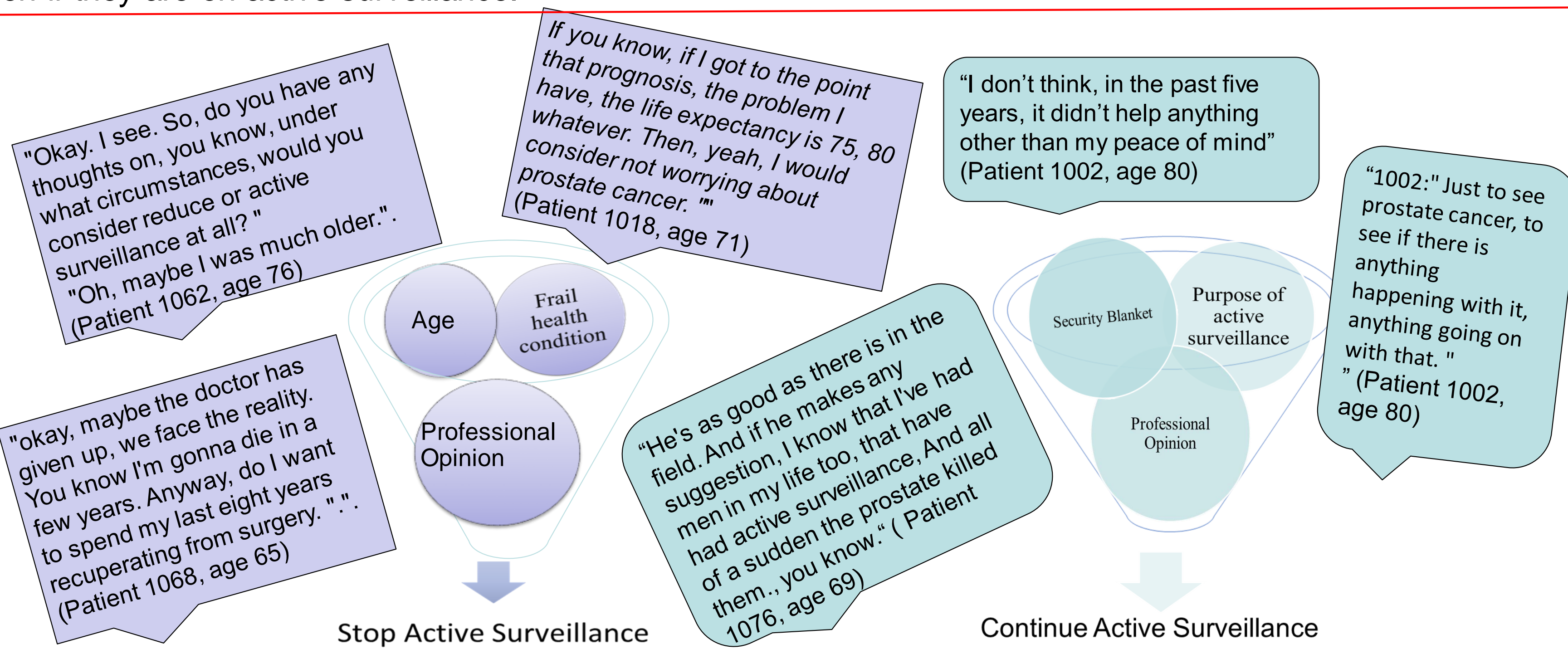
- To be eligible for the qualitative study using in-depth interview, all recruited patients must be English speaker men with localized prostate cancer, on active surveillance, ≥ 65 years of age at diagnosis, and shows no evidence on disease progression.
- Recruited caregiver must be 18 years of age or more, fluent in English, and be able to provide consent.
- Each audio-recorded interview that conducted by a research team member has a time range from 30 to 45 minutes.
- Collecting and analyzing the interview data is coded by two independent researcher.
- Initial codebook guided by framework method that allows both deductive and inductive analysis comparing the code texts will be established and developed. Independent coding work will be done before final revision and consensus.

Results

- In general, both patients and caregivers are not ready to completely stop being on active surveillance. They believe that this treatment plans helps them to track their cancer progression.
- For many, being on active surveillance serves as their security blanket, and would only consider transitioning to watchful waiting regarding to doctor's recommendation.
- Some patients would consider reducing the frequency of active surveillance if that is what their doctor recommended, or their age and frail health condition would be a burden if they are on active surveillance.

Interviewee Characteristics

Characteristics	Value (n=19)
Mean Age, yrs	71.31 (SD=5.07) Range [65,82]
Age Group	
65-70	9 (47.36%)
70-75	6 (31.57%)
76-80	1 (5.26%)
≥ 80	3 (15.78%)
Age at Diagnosis	65.32 (SD=5.79) Range [53,81]
Years on AS	5.35 (SD=3.84) Range [1,13]
<3	5 (26.32%)
3-5	7 (36.84%)
6-9	1 (5.26%)
≥ 10	6 (31.58%)



Conclusion

The study has shown that most men with low-risk prostate cancer are not ready to stop active surveillance completely. While this is a sensitive topic, it is essential to establish a decision aid that help facilitate an open dialogue between patients, caregivers, and clinicians on when to de-escalate the intensity of monitoring for cancer progression

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