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Dueling Active Surveillance: Does Utilization of Active Surveillance for Low Risk Prostate Cancer Correspond with Utilization of Active Surveillance for Small Renal Masses?

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Dueling Active Surveillance: Does Utilization of Active Surveillance for Low Risk Prostate Cancer Correspond with Utilization of Active Surveillance for Small Renal Masses?

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Background: Active surveillance (AS) is the recommended management strategy for low-risk prostate cancer (LR CaP) and has also been shown to be safe for management of small renal masses <4cm (SRM). We assessed surgeon-level practice patterns for the use of AS in two different genitourinary malignancies: LR CaP and SRM.

Methods: We retrospectively reviewed the Michigan Urological Surgery Improvement Collaborative's (MUSIC) prospectively maintained prostate and kidney registries to identify surgeons that managed at least 10 patients with SRMs and 10 patients with LR CaP from 2017-2021. The outcome was to assess for an association between AS for LR CaP with AS for SRMs among MUSIC surgeons.

Results: 27 urologists met inclusion criteria. 82% of men with LR CaP were managed on AS compared with 49% of men with SRMs. Among the surgeons in the lowest quartile of AS use for CaP, 33% of men with SRMs were managed with AS compared to 49% of men with SRMs managed by the surgeons in the highest quartile of CaP AS use ($p < 0.001$). There was a modest correlation between the risk-adjusted proportion of a surgeon's LR CaP patients and SRM patients managed with AS (correlation coefficient: 0.47, $p = 0.014$).

Conclusions: Urologists who use AS for LR CaP are more likely to use AS for patients with SRMs, while urologists that are more likely to operatively manage one indolent malignancy are likely to also operate on a second low risk malignancy.