



## ORIGINAL ARTICLE

# Variability in the multicenter National Registry in Active Surveillance: a questionnaire for urologists<sup>☆</sup>



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### KEYWORDS

Prostate cancer;  
Active surveillance;  
Questionnaire

### Abstract

**Background:** Our main objective was to report the current use of active surveillance in Spain and to identify areas for potential improvement.

**Methods:** A questionnaire generated by the Platform for Multicenter Studies of the Spanish Urology Association (AEU/PIEM/2014/0001, NCT02865330) was sent to all associate researchers from January to March 2016. The questionnaire included seven domains covering various aspects of active surveillance.

**Results:** Thirty-three of the 41 associate researchers responded to the questionnaire. Active surveillance is mainly controlled by the urology departments (87.9%). There was considerable heterogeneity in the classical clinical–pathological variables as selection criteria. Only 36.4% of the associate researchers used prostate-specific antigen density (PSAd). Multiparametric magnetic resonance imaging (mpMRI) was clearly underused as initial staging (6%). Only 27.3%

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<sup>1</sup> Los nombres de los componentes del Grupo Colaborativo PIEM-AEU/Vigilancia Activa (2014/001; NCT02865330) están relacionados en el [anexo 1](#).

<sup>2</sup> Ambos autores han participado igualmente en la autoría del manuscrito.

of the researchers stated that their radiology colleagues had a high level of experience in mpMRI. In terms of the confirmation biopsy, most of the centers used the transrectal pathway, and only 2 out of 33 used the transperineal pathway or fusion software. Half of the researchers interviewed applied active treatment when faced with disease progression to Gleason 7 (3 + 4). There was no consensus on when to transition to an observation strategy.

**Conclusions:** The study showed the underutilization of informed consent and quality-of-life questionnaires. PSAd was not included as a decisive element in the initial strategy for most researchers. There was a lack of confidence in the urologists' mpMRI experience and an underutilization of the transperineal pathway. There was also no consensus on the follow-up protocols and active treatment criteria, confirming the need for prospective studies to analyze the role of mpMRI and biomarkers.

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## PALABRAS CLAVE

Cáncer de próstata;  
Vigilancia activa;  
Cuestionario

## Variabilidad dentro del Registro Nacional multicéntrico en Vigilancia Activa: cuestionario a urólogos

### Resumen

**Introducción:** Nuestro objetivo principal es describir la utilización actual en España de la vigilancia activa (VA) identificando áreas de potencial mejora.

**Métodos:** Un cuestionario generado en AEU/PIEM/2014/0001 (NCT02865330) fue remitido a todos los investigadores asociados (IA) durante los meses de enero-marzo del 2016. Incluía 7 dominios diferentes cubriendo diferentes aspectos en VA.

**Resultados:** Treinta y tres de cuarenta y un IA respondieron el cuestionario. La VA es principalmente controlada por los Servicios de Urología (87,9%). Hubo una gran heterogeneidad en las clásicas variables clínico-patológicas como criterios de selección. La densidad de antígeno prostático específico (PSAd) solo se usaba en el 36,4% IA. La RMmp era claramente infrautilizada como estadificación inicial (6%). Solo el 27,3% reconocía un alto nivel de experiencia en RMmp de sus colegas radiólogos. Con relación a la biopsia de confirmación, la mayoría de los centros utilizaban la vía transrectal y solo 2/33 la vía transperineal/software de fusión. La mitad de los IA entrevistados pasaron a tratamiento activo ante progresión patológica a Gleason 7 (3 + 4). No existió consenso en cuanto a cuándo pasar a estrategia de observación.

**Conclusiones:** El estudio demostró la infrautilización del consentimiento informado y de los cuestionarios de calidad de vida. El PSAd no se incluía como elemento decisor en la estrategia inicial en la mayoría. Se plasmó una desconfianza en la experiencia de los urólogos con la RMmp y una infrautilización de la vía transperineal, así como la no existencia de consenso en los protocolos de seguimiento y en los criterios de tratamiento activo., confirmando la necesidad de estudios prospectivos analizando el papel de la RMmp y los biomarcadores.

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## Introduction

It has been estimated that up to half of prostate cancers (PCas) detected by prostate-specific antigen (PSA) are overdiagnosed<sup>1</sup> as they would not have given any symptoms. Active surveillance (AS) is considered the main strategy for the management of these low-risk PCas and its use among urology departments is clearly increased.<sup>2</sup> AS involves the necessary reduction of overtreatment of patients with clinically insignificant PCas, offering radical treatment to those in whom the disease is reclassified only. Some of its disadvantages are the lack of uniformity in the selection criteria, the implementation of very different follow-up protocols, and specifying the role and its cost-effectiveness of the new tools for its optimization, such as new biomarkers and multiparametric magnetic resonance imaging (mpMRI).

In addition, randomized studies comparing different protocols are missed, although there are some in progress<sup>3</sup> and there are multiple non-standardized retrospective comparisons.<sup>4,5</sup> In July 2014, a National Registry in AS (Spanish Association of Urology [AEU]/Research Platform for Multicenter Studies [PIEM]/2014/0001, [www.piem.aeu.es](http://www.piem.aeu.es), ClinicalTrials.gov Identifier: NCT02865330), supported by the AEU, was created online with the aim of offering easy access to all Spanish urologists for the implementation of AS in all types of hospitals, in addition to giving the opportunity to multicentric clinical research. It accommodates different inclusion criteria and follow-up strategies, thus making it possible to calibrate different AS implementation strategies in Spain.<sup>6</sup> The Clinical Guidelines of the National Institute for Health and Clinical Excellence (CG175) has published in AS its recommendations for this strategy in the United

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