ACTIVE SURVEILLANCE IN A COMMUNITY PRACTICE: HOW TO MEASURE, MANAGE AND IMPROVE?

METHOD 2
Comparison of AS adoption rates, institute the best practice, and then measure the AS adoption rates following implementation.

UCSD/GenesysHAP AS BEST PRACTICE
- FSA < 10
- 1%
- 1%
- 80% of positive biopsy cores
- greater than 50% involvement in any core
- FSA density (0.5)

Patient Prostate Needle Biopsy (PNB) and Treatment Data were retrieved between August 2011 to August 2014. AS Adoption was calculated annually based on 4 different selection criteria:

METHOD 1
- AS Pt / All New +Bs
- Percentage of all newly diagnosed PCa patients receiving AS at GHP

METHOD 2
- AS Pt / Eligible for AS (NCCN)
- Percentage of all newly diagnosed PCa patients receiving AS at GHP who were eligible for AS according to NCCN guidelines (excluding low and low low risk categories). FSA = 0.6 for FSA ≤ 0.6 and NCCN criteria: A or B, 0.7 for FSA ≤ 0.7 and NCCN criteria: C, 1 for FSA > 0.7 and NCCN criteria: D.

METHOD 3
- AS Pt / Eligible for AS (Strict)
- Percentage of all newly diagnosed PCa patients receiving AS at GHP who were eligible for AS according to NCCN guidelines (excluding low and low low risk categories). FSA = 0.6 for FSA ≤ 0.6 and NCCN criteria: A or B, 0.7 for FSA ≤ 0.7 and NCCN criteria: C, 1 for FSA > 0.7 and NCCN criteria: D.

METHOD 4
- AS Pt / Eligible for AS (GHP)
- Percentage of all newly diagnosed PCa patients receiving AS at GHP who were eligible for AS according to GHP directives (excluding low and low low risk categories). FSA = 0.6 for FSA ≤ 0.6 and NCCN criteria: A or B, 0.7 for FSA ≤ 0.7 and NCCN criteria: C, 1 for FSA > 0.7 and NCCN criteria: D.

AS Patients / Eligible for AS (Strict)
Dx: 
- Number of patients: 806
- Diagnosed: 2012/01/23 - 2014/08/23
- Diagnosed: 2011/08/24 - 2013/08/23
- Diagnosed: 2013/08/24 - 2015/08/23
- Diagnosed: 2015/08/24 - 2017/08/23
- Diagnosed: 2017/08/24 - 2019/08/23

GHP group: AS adoption according to a variety of selection criteria. Methods 1-4 are shown in Table 1. For methods 1 and 2, there was no significant change noted following the education and comparative reporting intervention between years 2 and 3 (Table 1). However, a significant improvement was noted in AS adoption following the intervention in year 3 for both methods 3 and 4 (Tables 1).