Objective: to know real use of Active Surveillance (AS) in Spain showing its picture in the public Health System and find elements to improve

Methods:
Survey generated by Principal Investigators from AEU/PIEM/2014/0001
Survey optimized by Advisory Board from AEU/PIEM/2014/0001; 7 main domains
E-mailed as a questionnaire to every Associate Investigator from AEU/PIEM/2014/0001 (NCT 02865330)

Results AEU/PIEM/2015/0004:

33 out of 41 Associate Investigators (AI) answered the questionnaire (80.5% implementation rate), representing at that time 1151 patients (95.4 % of those registered in AEU/PIEM/2014/0001 at April 20th 2016).

Percentages of answer of each question

1.- AS Implementation

- Written consent; 46.5%
- Use of questionnaires for QoL; 33%

2.- Inclusion criteria

- PSA: 10ng/ml (79%)
- CT: T1c (27.7%) y T2a, T2b y T2c in 40.9%, 18.1% and 13.6% respectively
- PSAd: not taken in account in 65.7%
- Num positive cores; 1, 2 or 3 in 45.2%, 50% and 36.6% respectively
- Total mm: 31 Centers 5mm or 50% as higher range
- Gleason 3+4: just in 27.7%
- 7/15 recognize evolved criteria as higher range

3.- Initial characterization

- Not contended by 9% AI
- 90.9% when newly suspicious DRE
- Great variability in PSA and PSA kinetics among AI;
- 69.7% when new suspicious lesion seen by a mpMRI
- 90.9% when newly suspicious DRE
- Not contenpled by 9% AI

4.- Confirmatory period optimization

- All Centers perform confirmatory TRUS-Bx and just 2 do transperineal approach (20-30 cores)
- One Center performs fusion-Bx if possible

5.- Follow-up cronology

- Visits every 6, 3 and 4 months in 53.1%, 35.5% and 12.5%
- PSA in each visit: 100%
- DRE; every 6m: 56.2%
- QoL questionnaires; 44.4%
- Use of mpMRI before FU Bx; 31 Centers 5mm or 50%
- Similar approach used in confirmatory Bx in most

6.- Biopsy by event

- Descriptive item; PSA as variable for active treatment was argued in the context of suspected kinetics and patient anxiety by 60.6% of the AI, but none as single driving factor.
- PIRADS 4-5 in FU; just in 27.7%
- Bilaterality; 31.3%
- Gleason 4+4; 100%
- Gleason 4+3 ; 90.3%
- PIRADS 4-5 in FU (with no Bx); just 3 AI
- Descriptive item; PSA  as variable for active treatment was argued in the context of suspected kinetics and patient anxiety by 60.6% of the AI, but none as single driving factor.

7.- AS abandonment

- Not contended by 9% AI
- 90.9% when newly suspicious DRE
- Great variability in PSA and PSA kinetics among AI;
- Total PSA in 8 AI, with cut-offs in 10 and 20ng/ml in 6 and 2 respectively
- Only 5 AI consider PSAd or PSAv with cut-offs 0.20 and > 0.75 ng/ml/y
- PSADT; 19 AI consider a median of < 3y for Bx
- By patient anxiety; just considered by 53.1% of AI

- By patient anxiety; 100%
- Volume progression (with no grade progression);
- Defined, defined as > 3 positive cores; 96.6%
- Defined as increment in % of core involvement > 30% in 60.6%
- Defined as increment in mm involvement > 5mm; 30%
- Driven by patient anxiety; 100%

Implementation and inclusion criteria similar to international and pivotal series, except PSAd
- Underutilization of written consent and QoL questionnaires
- Scarce access to transperineal Bx, mpMRI and fusion Bx
- Low credibility in their radiologists learning curve and knowledge in mpMRI, questioning reproducibility of the literature data with mpMRI
- Great heterogeneity and difficult comparability among different series