Active Surveillance in Spain; Multicentric database from the Spanish Urological Association.
Characteristics of a new multicentric register on active surveillance in prostate cancer

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Introduction
- Active surveillance (AS): LE 2a in EUA Guidelines, GRA
- Opportunity of AS: strategy to avoid overtreatment but maintaining advantages of an optimized opportunistic screening in PCa
- Difficulties to develop an AS programme: bad information, personal egos & infrastructure investment & care pressure
- Controversies in AS: patient selection, follow-up schemes, tools to improve AS, etc.

Hypothesis
Cancer specific mortality of PCa patients initially enrolled in AS in Spain is < 5% with a follow-up of 15 years

Registry data
- Promoter: Spanish Urological Association
- Project followed by the Research Platform of Multicenter Studies (PIEM)
- Presentation date: January 15, 2014
- Date of approval of the decision-making body AEU/FIU: March 15, 2014
- Registration number: PIEM/AEU/2014/0001
- Ethics committee (12 de Octubre Hospital, Madrid) July 29, 2014
- Start of recruitment: July 30, 2014
- Project deadline: it does not have

Objectives
Primary objectives:
- Cancer-specific survival
- Dissemination of AS in Spain

Secondary objectives:
- Active treatment-free survival
- Metastasis-free survival
- Overall survival
- % of patients with unfavorable pathology in the rescue
- No protocol is required, but a survey by the associated researcher with radical prostatectomy

Characteristics
Main researcher: Drs. Rubio-Briones and Borque
Associated researchers: any AEU member, one per Center
Advisory committee: Drs. Esteban, Martinez-Breijo, Llorente and Medina
Publimetrical regulation: online
Data presentation: biannual

- Observational
- Multicenter
- Non randomised
- Ambispective
- Agglutinative/Flexible

Research platform of multicenter studies of the Spanish Urological Association

Inclusion criteria
- PSA < 20 ng/ml
- Known prostate volume, preferably by transrectal ultrasound and, in his absence, by hypogastric ultrasound
- Clinical stage: T1a,b,c, T2a,b,c, T3a
- Minimum number of cores required in diagnostic biopsy: 10
- Number of positive cores for CaP in diagnostic biopsy: 1, 2 or 3
- Primary Gleason pattern: 1, 2 or 3
- Secondary Gleason pattern: 1, 2, 3 or 4

Conclusions
AEU/PIEM/2014/0001 is a unique clinical multicenter research tool in AS that will spread the AS in Spain and establish ourselves as a Society in charge of Prostate Cancer towards Health Authorities

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