

## Active surveillance for low-risk prostate cancer: What do we still need to know?

Poster Session 60

Monday, 27 March  
12:15 - 13:45

**Location:** Room Madrid, North Hall (Level 1)

**Chairs:** A.R. Azzouzi, Angers (FR)  
M.R. Cooperberg, San Francisco (US)  
N. Suardi, Milan (IT)

**Aims and objectives of this session**

The aim of this session is to highlight lights and shadows of active surveillance and how to improve current protocols

Poster viewing of 20 minutes. Presentations will take place on stage. Standard presentations are 2 minutes in length, followed by 2 minutes for discussion. Extended presentations (\*) are 3 minutes in length, followed by 3 minutes for discussion.

- 793 **The spatial distribution of positive cores predicts outcomes of active surveillance in very low risk prostate cancer patients**  
By: [Erickson A.](#)<sup>1</sup>, [Vasarainen H.](#)<sup>2</sup>, [Mirtti T.](#)<sup>3</sup>, [Rannikko A.](#)<sup>2</sup>  
**Institutes:**<sup>1</sup>University of Helsinki, Institute for Molecular Medicine Finland, Helsinki, Finland, <sup>2</sup>University of Helsinki, Dept. of Urology, Helsinki, Finland, <sup>3</sup>University of Helsinki, Institute for Molecular Medicine Finland, Dept. of Pathology, Helsinki, Finland
- 794 **Variation in the use of active surveillance for low-risk prostate cancer**  
By: [Löppenber B.](#)<sup>1</sup>, [Friedlander D.](#)<sup>1</sup>, [Tam A.](#)<sup>1</sup>, [Von Landenberg N.](#)<sup>1</sup>, [Gild P.](#)<sup>1</sup>, [Leow J.](#)<sup>2</sup>, [Krasnova A.](#)<sup>1</sup>, [Kibel A.](#)<sup>1</sup>, [Noldus J.](#)<sup>3</sup>, [Menon M.](#)<sup>4</sup>, [Sun M.](#)<sup>1</sup>, [Trinh Q-D.](#)<sup>1</sup>  
**Institutes:**<sup>1</sup>Brigham and Women's Hospital, Division of Urologic Surgery and Center For Surgery and Public Health, Boston, United States of America, <sup>2</sup>Tan Tock Seng Hospital, Dept. of Urology, Singapore, Singapore, <sup>3</sup>Marien Hospital Herne, Ruhr-University Bochum, Dept. of Urology, Herne, Germany, <sup>4</sup>Henry Ford Health System, VUI Center for Outcomes Research, Analytics and Evaluation, Vattikuti Urology Institute, Detroit, United States of America
- 795 **PTEN status in diagnostic biopsies predicts active surveillance rebiopsy Gleason upgrade, treatment change and adverse surgical histopathological findings**  
By: [Erickson A.](#)<sup>1</sup>, [Lokman U.](#)<sup>2</sup>, [Vasarainen H.](#)<sup>2</sup>, [Mirtti T.](#)<sup>3</sup>, [Rannikko A.](#)<sup>2</sup>  
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- 796 **Risk-based selection for active surveillance: Results of the Movember Foundation's Global Action Plan prostate cancer active surveillance (GAP3) initiative**  
By: [Nieboer D.](#)<sup>1</sup>, [Steyerberg E.](#)<sup>1</sup>, [Bruinsma S.](#)<sup>2</sup>, [Bangma C.](#)<sup>2</sup>, [Roobol M.](#)<sup>2</sup>  
**Institutes:**<sup>1</sup>Erasmus MC, Dept. of Public Health, Rotterdam, The Netherlands, <sup>2</sup>Erasmus MC, Dept. of Urology, Rotterdam, The Netherlands
- 797 **Pathological findings at radical prostatectomy after initial active surveillance in low-risk prostate cancer patients. Did we miss the chance to cure?**  
By: [Suardi N.](#)<sup>1</sup>, [Luzzago S.](#)<sup>1</sup>, [Dell'Oglio P.](#)<sup>1</sup>, [Fossati N.](#)<sup>1</sup>, [Gandaglia G.](#)<sup>1</sup>, [Zaffuto E.](#)<sup>1</sup>, [Gaboardi F.](#)<sup>1</sup>, [Doglioni C.](#)<sup>2</sup>, [Freschi M.](#)<sup>2</sup>, [Scattoni V.](#)<sup>1</sup>, [Stabile A.](#)<sup>1</sup>, [Montorsi F.](#)<sup>1</sup>, [Briganti A.](#)<sup>1</sup>  
**Institutes:**<sup>1</sup>Vita-Salute University San Raffaele, Dept. of Urology, Milan, Italy, <sup>2</sup>Vita-Salute University San Raffaele, Dept. of Pathology, Milan, Italy
- 798 **Outcomes after deferred radical prostatectomy for men initially managed with active surveillance**

By: Arnsrud Godtman R.<sup>1</sup>, Schafferer M.<sup>2</sup>, Stranne J.<sup>2</sup>, Hugosson J.<sup>2</sup>

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**Compliance of prostate cancer patients on active surveillance to protocol criteria: The experience of a large mono-institutional population**

By: Badenchini F.<sup>1</sup>, Palorini F.<sup>1</sup>, Alvisi M.F.<sup>1</sup>, Marengi C.<sup>1</sup>, Tulli Baldoïn E.<sup>1</sup>, Nicolai N.<sup>2</sup>, Salvioni R.<sup>2</sup>, Catanzaro M.<sup>2</sup>, Stagni S.<sup>2</sup>, Tesone A.<sup>2</sup>, Torelli T.<sup>2</sup>, Villa S.<sup>3</sup>, Bedini N.<sup>4</sup>, Avuzzi B.<sup>4</sup>, Morlino S.<sup>4</sup>, Colecchia M.<sup>5</sup>, Messina A.<sup>6</sup>, Bellardita L.<sup>1</sup>, Magnani T.<sup>1</sup>, Rancati T.<sup>1</sup>, Valdagni R.<sup>7</sup>

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**Variation in prostate cancer care at commission on cancer designated facilities**

By: Löppenberg B.<sup>1</sup>, Sood A.<sup>2</sup>, Deepansh D.<sup>2</sup>, Karaborn P.<sup>3</sup>, Sammon J.<sup>4</sup>, Vetterlein M.<sup>5</sup>, Noldus J.<sup>1</sup>, Peabody J.<sup>2</sup>, Trinh Q-D.<sup>6</sup>, Menon M.<sup>2</sup>, Abdollah F.<sup>2</sup>

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**Multiparametric MRI represents an added value but not a substitute of follow-up biopsies in patients on active surveillance for low-risk prostate cancer**

By: Luzzago S.<sup>1</sup>, Suardi N.<sup>1</sup>, Dell'Oglio P.<sup>1</sup>, Cardone G.<sup>2</sup>, Gandaglia G.<sup>1</sup>, Esposito A.<sup>2</sup>, De Cobelli F.<sup>2</sup>, Cristel G.<sup>2</sup>, Kinzikeeva E.<sup>1</sup>, Freschi M.<sup>3</sup>, Gaboardi F.<sup>1</sup>, Del Maschio A.<sup>2</sup>, Montorsi F.<sup>1</sup>, Briganti A.<sup>1</sup>

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**Introducing mpMRI into contemporary UK active surveillance for localised prostate cancer**

By: Bryant R.<sup>1</sup>, Yang B.<sup>1</sup>, Philippou Y.<sup>1</sup>, Lam K.<sup>1</sup>, Obiakor M.<sup>1</sup>, Ayers J.B.<sup>1</sup>, Gleeson F.<sup>2</sup>, Macpherson R.<sup>2</sup>, Verrill C.<sup>3</sup>, Roberts I.<sup>3</sup>, Leslie T.<sup>1</sup>, Crew J.<sup>1</sup>, Sooriakumaran P.<sup>1</sup>, Hamdy F.<sup>1</sup>, Brewster S.<sup>1</sup>

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**MRI as a follow up tool in active surveillance – results from an MRI-defined active surveillance cohort (387 men, median 5 year follow up)**

By: Retter A.<sup>1</sup>, Giganti F.<sup>1</sup>, Kirkham A.<sup>1</sup>, Allen C.<sup>1</sup>, Punwani S.<sup>1</sup>, Emberton M.<sup>2</sup>, Moore C.<sup>2</sup>

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**Metastases and death after 15 year of follow-up in men with screen-detected low-risk prostate cancer treated with protocol based active surveillance, radical prostatectomy or radiotherapy**

By: Verbeek J., Drost F-J., Bangma C., Roobol M.

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13:30 - 13:37

**Summary**

To be confirmed