VALIDATION OF AN ACTIVE SURVEILLANCE THRESHOLD FOR THE CCP SCORE IN CONSERVATIVELY MANAGED MEN WITH LOCALIZED PROSTATE CANCER

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RESULTS

The primary pre-planned analysis called for evaluating the CCR threshold on TAPG2.

- There were 60 men (of 585) below the threshold in the validation cohort and the threshold validated, dichotomizing the cohort into high and low risk groups (log rank P-value = 0.0008).

- For the combined cohort (TAPG1 and TAPG2), the average risk was 2.6% for men below the threshold and 21.4% for men above the threshold.

- There were no prostate cancer deaths in patients below the threshold (Table 1).

Table 1. Patients meeting AS threshold in both cohorts.

<table>
<thead>
<tr>
<th>AS = No (CCR &gt; 0.8)</th>
<th>AS = Yes (CCR &lt; 0.8)</th>
</tr>
</thead>
<tbody>
<tr>
<td># Patients Meeting AS Threshold (+ Prostate Cancer Deaths)</td>
<td># Patients Meeting AS Threshold (+ Prostate Cancer Deaths)</td>
</tr>
<tr>
<td>TAPG1</td>
<td>TAPG2</td>
</tr>
<tr>
<td>178</td>
<td>525</td>
</tr>
<tr>
<td>(35)</td>
<td>(87)</td>
</tr>
<tr>
<td>2</td>
<td>60</td>
</tr>
<tr>
<td>(0)</td>
<td>(0)</td>
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</tbody>
</table>

For the combined cohort (TAPG1 and TAPG2), the 10-year risk of PCM at the threshold was 3.2%.

- We have also evaluated this threshold in a commercially-tested cohort (N=4218) (Figure 3).

- Thirty-six percent of patients would qualify for AS on clinical parameters alone. In contrast, 60% of patients fall below the AS threshold when CCP score is included in determining risk.

CONCLUSIONS

For patients considering deferred treatment, the CCP score provides significant prognostic information at disease diagnosis.

The CCR risk threshold presented here is ‘typical’ for patients considering AS patients in the U.S., and it can be used to guide patient selection for AS based on an integrated view of risk assessment.

REFERENCES


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