Influence of Sedation in Adherence to Active Surveillance for Prostate Cancer

Shivani Jain[a], Toliver Freeman[a], Scott Delacroix MD[b], Jessie R. Gills MD[b], Mary E. Westerman MD[b]
a. LSUHSC-New Orleans School of Medicine, b. LSUHSC-New Orleans Department of Urology

Department of **Urology**

Introduction

- Most patients with low risk for prostate cancer should go on active surveillance (AS)
- However, due to reported patient barriers such as discomfort and inconvenience associated with multiple biopsies, AS rates remain highly variable

Objective

- This study was conducted to see whether switching to prostate biopsies under anesthesia in 2019 increased adherence with active surveillance

Methods

- Retrospective chart review of LSUHSC Health Network patients who underwent prostate biopsy in before and after switch to deep anesthesia protocol in 2019

Results

	Odds Ratio	95% CI	p-value
PSA at biopsy (unit)	1.06	1.03-1.1	<0.0001
Number of cores taken (unit)	0.91	0.81-1.01	0.09
Age at index biopsy (unit)	1.01	0.98-1.04	0.47
Biopsy under anesthesia	1.93	1.22 – 3.03	0.004

- Of the **469** patients in the study, **239** patients underwent deep anesthesia. There were no statistically significant differences between this group and the control group across age, race, median PSA level, and positive family history
- Control group significantly more likely to have had previous prostate cancer diagnosis ($p = 0.03$)
- Median biopsy cores significantly increased in anesthesia group ($p < 0.0001$)
- No significant difference in terms of % undergoing active surveillance and confirmatory biopsy

Conclusions

- Anesthesia did not impact adherence with AS, with a high percentage in both groups electing for AS and completing confirmatory biopsy
- Patients who underwent anesthesia were more likely to be diagnosed with cancer which could be due to increased cognitive fusion or enhanced biopsy performance under anesthesia
- These relationships are currently being investigated further

References

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