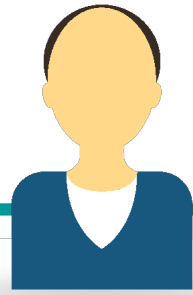




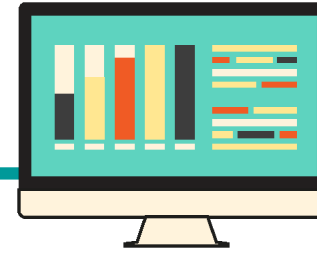
# Trends in Prostate Cancer Treatment: Data from The Michigan Urologic Surgical Improvement Collaborative

Richard C. Wu, Ji Qi, Susan Linsell, Khurshid Ghani, James Montie,  
David C. Miller, Arvin George, Ann Arbor, MI, Richard Sarle

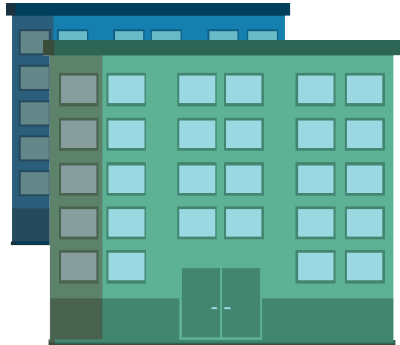
## Making Michigan #1 in Urologic Care



**11** Patient Advocates



**>70,000** Cases



**46** Practices



**260+** Urologists



### 41 Peer-Reviewed Publications

The Michigan Urological Surgery Improvement Collaborative (MUSIC), established in 2011, is a physician-led quality improvement collaborative comprised of a consortium of urology practices in the state of Michigan. The collaborative is designed to evaluate and improve the quality and cost efficiency of prostate cancer care for men in Michigan.

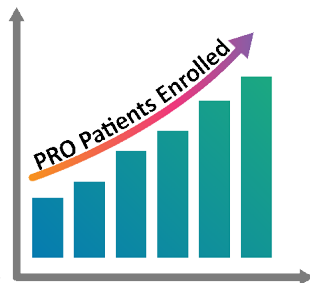
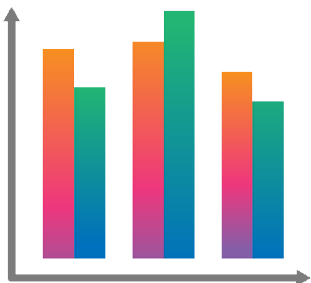
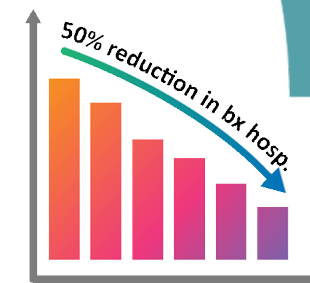
Our vision is to be an innovator in physician-led quality improvement activities related to prostate cancer care in Michigan. By collecting clinically-credible data, comparing performance among our peers, sharing best practices, and implementing changes in clinical behavior, we will achieve more efficient utilization of healthcare resources, improve care delivery in our own environments, and enhance the quality, value, and outcomes of treatment provided to men in Michigan with prostate cancer.



The overall aims of the collaborative include, among others, evaluating and improving patterns of care in the radiographic staging of men with newly diagnosed prostate cancer; reducing biopsy-related complications and assessing repeat biopsy patterns; improving patient outcomes after radical prostatectomy; enhancing patient-centered decision making among men considering local therapy for early-stage prostate cancer; and understanding and reducing variation in the use of androgen deprivation therapy. Participating practices submit data to a clinical registry maintained by the MUSIC Coordinating Center and tri-annual consortium-wide meetings are held each year to discuss data, review risk-adjusted measures of processes of care and patient outcomes, and identify strategies and best practices for quality improvement.



### Development of Imaging Appropriateness Criteria



**12** QI Initiatives

Describe the evolving trends in the  
**diagnosis** and **management**  
of prostate cancer  
within the collaborative

# Materials and Methods



**Prospective  
Registry**

**33,000  
PCa cases**



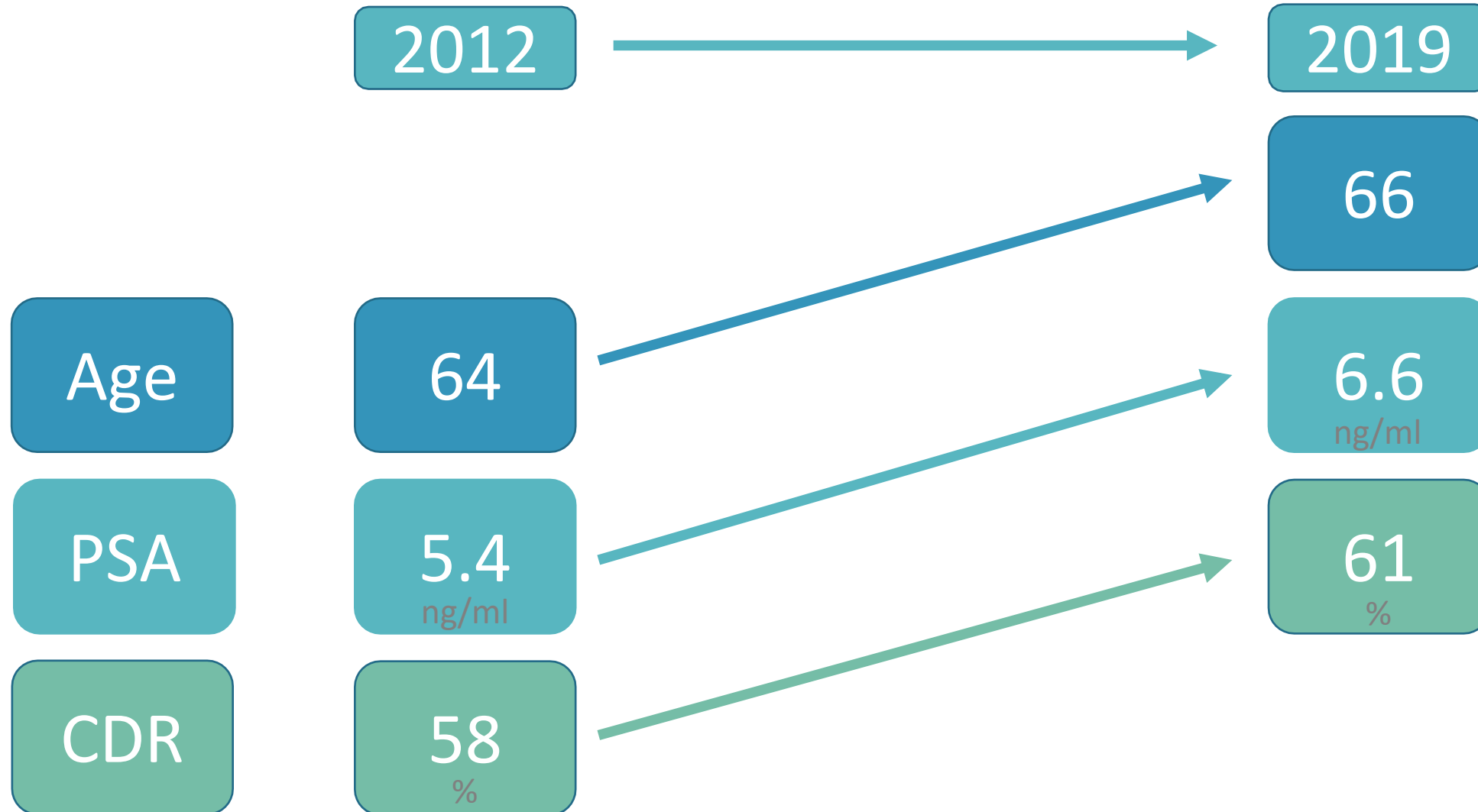
**Diverse  
Practices**

**45  
Practices**

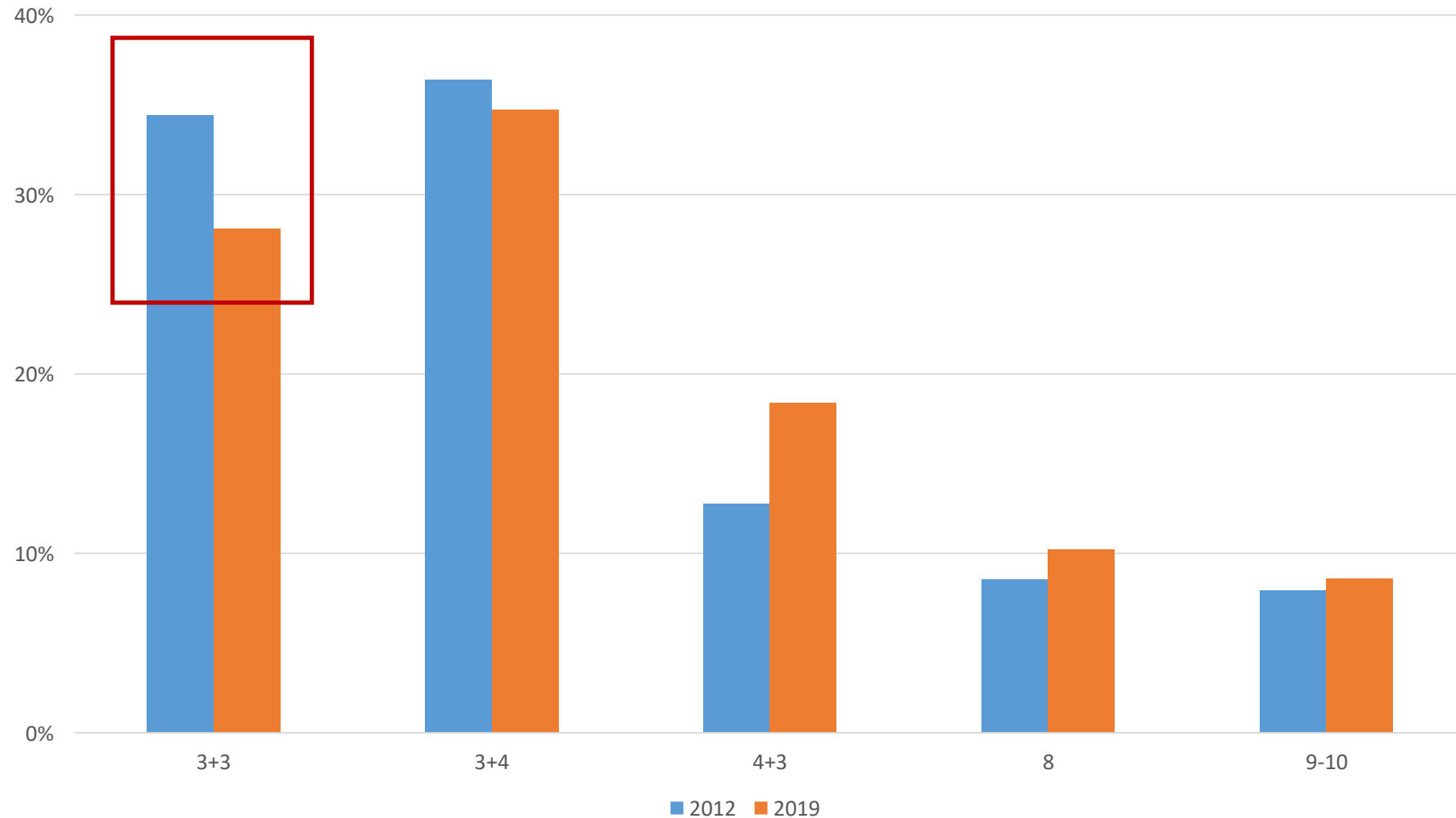


**Patient characteristics,  
disease severity,  
treatment modality**

# Results: Age and PSA at diagnosis, and CDR

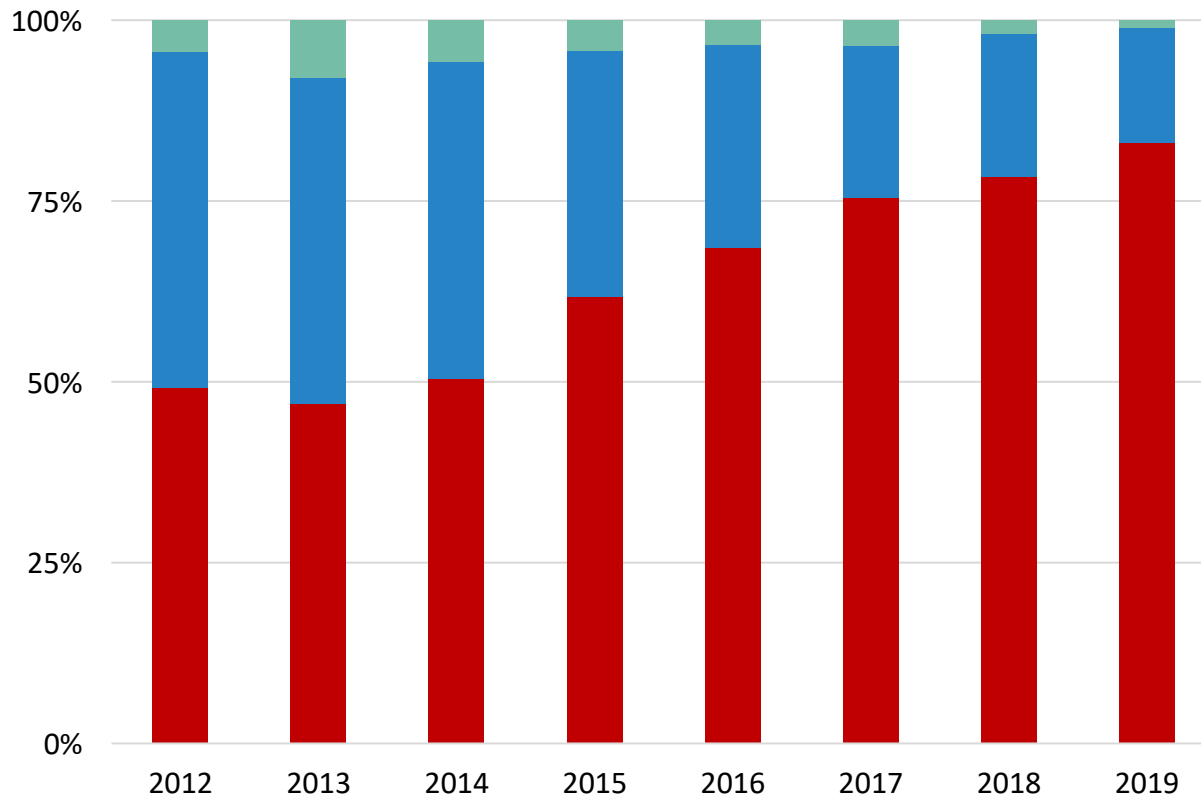


# Results: Grade group proportion shift at diagnosis

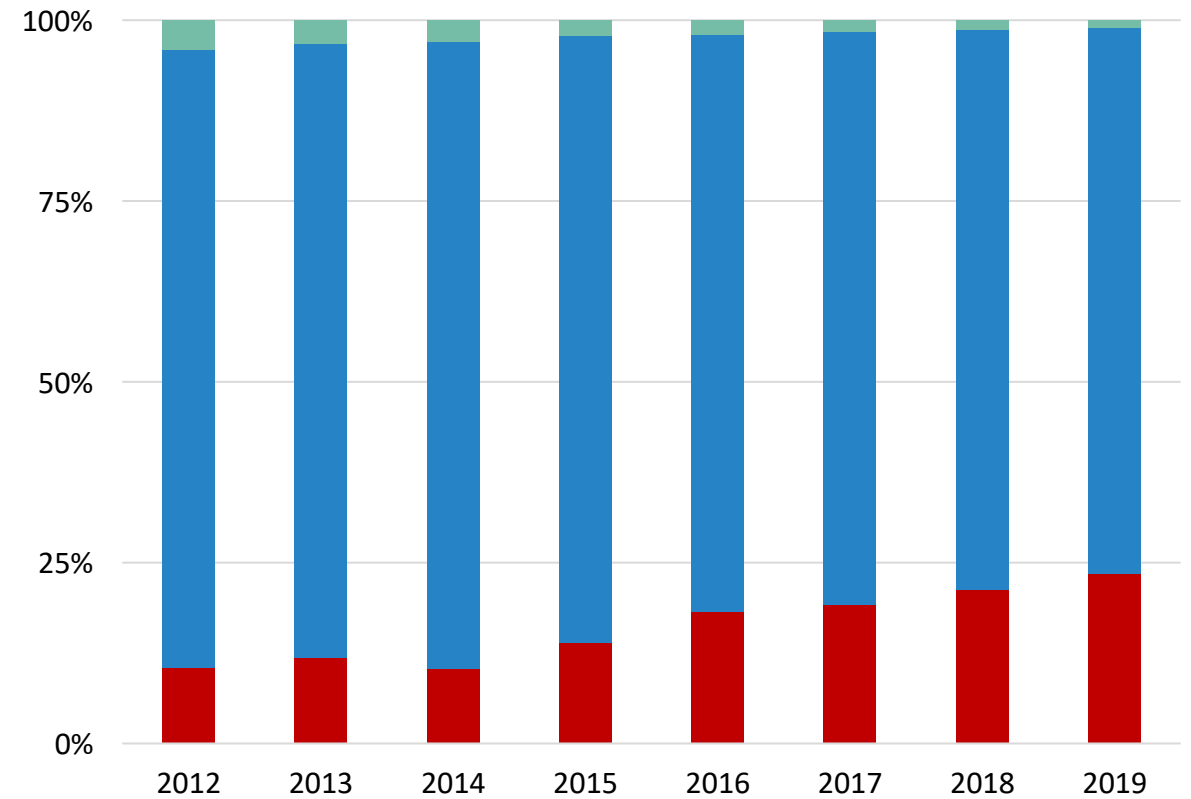


# Primary treatment modality shift

## Low risk



## Intermediate risk



■ Active surveillance
 ■ Definite treatment
 ■ Watchful waiting



# Possible causes for changes within MUSIC

- USPSTF PSA screening suggestion
- Strong evidences support AS in favorable and selected cases
- AS roadmap: guide physicians for a better way
- Confirmatory test: increase the confidence keeping patients in AS
- P3P program: personal patient profile increase the efficiency of communication between patient and provider



# How Do We Best Provide Surveillance?

## Consideration Phase

### Steps to take while considering AS

**Step 1: Estimate life-expectancy**

**Step 2: Determine appropriateness for AS**

**Step 3: Obtain confirmatory testing**

**Step 4: Engage in shared decision making**



## Surveillance Phase

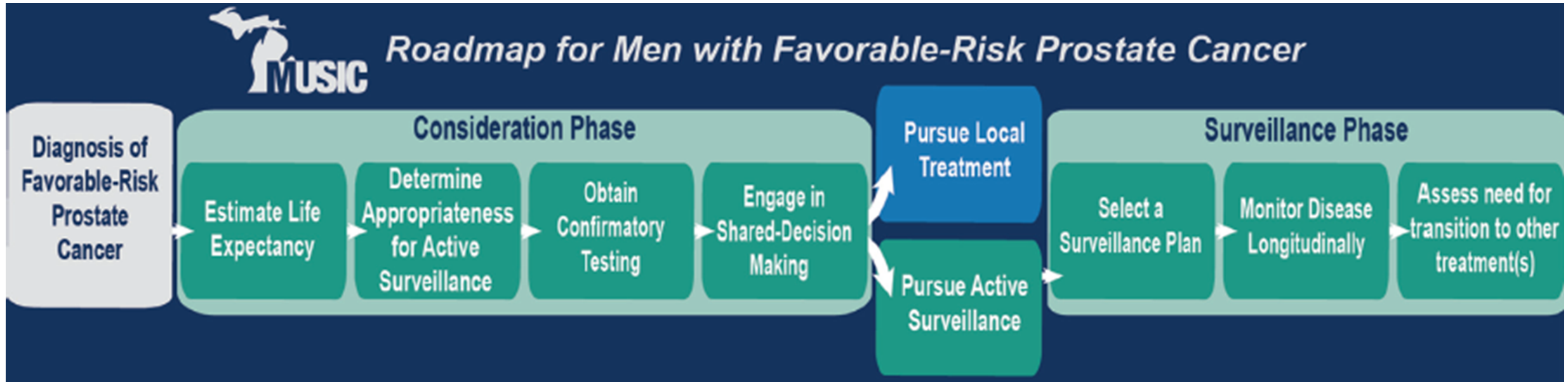
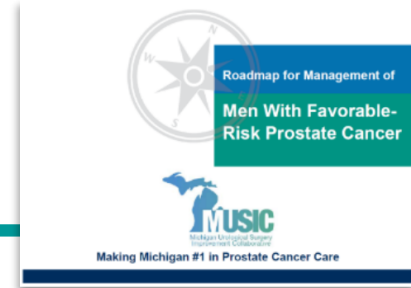
### How to perform surveillance

**Step 1: Select surveillance plan**

**Step 2: Monitor disease longitudinally**

**Step 3: Assess need for transition to other treatment(s)**

# MUSIC Roadmap



Auffenberg et. al., *Journal of Urology*, 2017

A decision-aid tool to help prepare newly diagnosed prostate cancer patients for their treatment discussion with their urologist

**1x** Online questionnaire



Completed at home or in the office



Questions regarding patient functions and preferences



Presented with a suite of resources: tailored treatment options, general prostate cancer information, and coaching tips and tools



# Conclusions

- Diagnosis pattern changing (diagnosis pathway and PSA screen strategy) may result in:
  - GG1 rate decreasing
  - Age and PSA increasing
- Marked increased AS utilization may caused by
  - AS roadmap in MUSIC
  - Better risk stratification
  - Guideline changed
  - Shared decision making (P3P)



# Thank you

- BCBSM Value Partnerships team
  - MUSIC Coordinating Center
  - MUSIC physicians, practice administrators, and data abstractors
  - MUSIC patient advocates
- For questions, please contact:
    - @your Twitter handle
    - @MUSICurology
    - or
    - [www.MUSICurology.com](http://www.MUSICurology.com)