

(IQR 39–66) mL. Overall, 13 (19.1%) patients had a cT2a PCa. MicroUS detected prostate lesions with a PRI-MUS score of 3, 4 and 5 in respectively 13 (19.1%), 38 (55.9%) and 9 (13.2%) patients, while in 8 (11.8%) individuals microUS did not identify any target. Prostate cancer detection rate was 66.2% (n = 45). Among patients diagnosed with PCa, 23 (51.1%) were upgraded to a GS ≥ 7 cancer, while 4 (8.9%) showed more than 2 cores at confirmatory biopsy, resulting in 27 (39.7%) individuals who were excluded from AS. Of note, the proportion of patients who were excluded from AS significantly increased from 12.5% in patients with a negative microUS to 23.1%, 42.1% and 77.8% in patients having a PRIMUS 3, 4 and 5 lesion, respectively (p = 0.023). The diagnostic performance of microUS for detecting individuals excluded from AS was the following: sensibility: 96.2%, specificity: 20.5%, negative predictive value: 87.5%, and positive predictive value: 43.3%.

Discussion: According to this preliminary experience, microUS may represent a promising new imaging modality showing high sensitivity to detect csPCa and who may be subsequently excluded from AS. In addition, this diagnostic tool appears to be capable of reliably excluding the presence of csPCa in the great majority of patients. However, large-scale efforts are still needed to provide further evidences supporting the adoption of microUS in patients enrolled in AS protocols.

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Cancer specific anxiety and depression levels in localized low-risk prostate cancer who choose active surveillance or radical treatment: Findings from the START study

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Aim of the study: Some Authors report that anxiety surrounding disease progression could play a significant role in influencing long term adherence to active surveillance (AS) protocols for localized low-risk prostate cancer (LRPCa). Aim of our study was to evaluate the difference in terms of anxiety in men with LRPCa who choose AS instead of radical treatment [RTr] (radical prostatectomy [RP] or

radiotherapy). Furthermore, we evaluated if anxiety levels changed during the follow-up.

Materials and methods: Data of patients enrolled in the START study until the 15th of March 2019 were evaluated. Anxiety scores, measured by the Hospital Anxiety Depression Scale (HADS), range from a minimum of 7 (no anxiety) to a maximum of 21 (maximum value of anxiety); a score between 8–10 indicates a borderline level of anxiety, above 10 a pathological value of anxiety. The difference between the 24-months anxiety score and the baseline score was analyzed. Statistical analysis was performed using the t test and the regression logistic model.

Results: The sample analyzed was composed of 507 patients. 407 patients (80,3%) chose AS, whilst 100 patients (19,7%) chose RTr. Concerning patients who chose AS, the mean age was 69.7 (+7.0) yrs. PSA was >7 ng/ml in 91 and Gleason Score was 3 + 4 in 55 patients. The histological review was performed in 126 patients. 113 patients chose AS after a multidisciplinary consultation. Concerning patients who chose RTr, the mean age was 67.8 (+5) yrs. PSA was >7 ng/ml in 32 and Gleason Score was 3 + 4 in 24 patients. The histological review was performed in 17 patients. 8 patients chose radical treatment after a multidisciplinary consultation. Regression logistic models showed that the major variables related to the choice of AS were: Charlson Score >2 (OR 2.46, p 0.0193), being submitted to a multidisciplinary consultation (OR 4.144, p 0.0004), being submitted to an urological consultation (OR 2.28, p 0.0423) and having performed an histological review (OR 2.022, p 0.0234). The major variables related to the choice of RTr were: T2a clinical stage (OR 0.479, p 0.0243), >2 cores involved by the tumor (OR 0.540, p 0.0162), and a GS 3 + 4 (OR 0.362, p 0.0041). The results of the HADS questionnaire were analyzed comparing the 2 most represented groups (AS and RP). The results are shown in the graphs 1 and 2. The average anxiety scores did not differ at the baseline, after 6 months and after 18 months in the 2 groups (p 0.605, 0.635, 0.526 respectively). On the contrary, a slight decrease in anxiety score was found at 12 months and a slight increase was registered at 24 months in patients who chose RP (p 0.08 and 0.161 respectively). Considering depression, our results showed a slight increasing trend in patients who chose RP after 18 and 24 months of follow-up (p 0.805 and 0.403 respectively).

Discussion: In patients with LRPCa, anxiety rates were very similar at the moment of choice between AS and RP and did not change after 24 months.