There have been ongoing efforts to optimize the treatment of localized prostate cancer to reduce overtreatment of low-risk disease. These efforts have included improving our understanding of prostate cancer subtypes and the introduction of new treatment options, such as expectant management.

In this study, we assessed whether statewide trends in prostate cancer management reflected our growing understanding of this heterogeneous disease.

**METHODS**

Men diagnosed with clinically localized prostate cancer from 2004 to 2011 in the New Hampshire State Cancer Registry were identified (n=6203).

Patient with recorded clinical stage, Gleason score and PSA value were included and categorized according to the D’Amico criteria.

Patients with nodal or distant metastasis on clinical staging were excluded.

Initial treatment modality was recorded as ‘surgery’, ‘radiation’, ‘expectant management’ or ‘hormone therapy only’.

Temporal trends were assessed by chi square for trend.

**RESULTS**

**Trends in Initial Management of Prostate Cancer in New Hampshire – Reasons for Optimism?**

There was a significant increase in expectant management for low risk cancer, consistent with ‘good practice’ in patients with low risk of disease morbidity or mortality.

Interestingly, radiation therapy declined in use for all disease risk categories.

For high risk disease, there was increased utilization of surgical management, with a concomitant decrease in radiation therapy; this reflects a growing understanding that multi-modal local therapy may be advantageous for men with high risk cancer.

There was a stable low rate of hormone therapy, including for high risk cancer, reflecting appropriate restrained use of this non-curious therapy.

The diversity of treatment for prostate cancer reflects the multiple comparable options offered in AUA guidelines.

Limitations include a retrospective analysis without additional comorbidity information, and a rural setting that may not be generalizable.

**DISCUSSION**

**CONCLUSION**

There are encouraging trends in the management of clinically localized prostate cancer in New Hampshire, including less potential overtreatment of low risk cancer, and rising utilization of surgery for high risk disease.

Continued efforts to study and refine practice patterns will enable us to optimize our approaches to this heterogeneous disease.