Recommended treatment options for men diagnosed with localized prostate cancer (PCa) include active treatment with radical prostatectomy or radiation, or active surveillance (AS), defined as watchful waiting with periodic PSA testing or periodic biopsy and PSA testing. Treatment guidelines for men with localized, low-risk PCa also recommend genomic risk assessment (GRA) testing, to help guide treatment decision making [1]. Survival rates for men receiving AS are very high [2]. Even though the use of AS in eligible patients is increasing, most men with localized PCa continue to have active treatment, for a variety of reasons, including: patient uncertainty about the potential aggressiveness of disease, reluctance to forego therapy after receiving a cancer diagnosis, limited knowledge and deliberation about pros and cons of AT and AS, and a desire for peace of mind.

This project will explore patient and provider perceptions and beliefs about treatment decision making, genomic risk assessment (GRA), and decision aids or decision supports (e.g., interactive software programs), referred to here as DS interventions, for men diagnosed with localized, low-risk localized PCa. We will include patients with localized, low-risk PCa who have not yet made a treatment decision; patients who are on an AS regimen and have the options of continuing AS or have AT to consider; and physicians who care for patients with localized, low-risk PCa. As the literature suggests that patient treatment decision making may differ by race [3], we plan to stratify the patient sample to include comparable numbers of whites and African Americans.