A total of 985 patients were included (Table 1). The management of low risk patients varied significantly between centers (p < 0.0001), according to the d’Amico and CAPRA classifications, 30.4% and 35.0% of patients were at low, 34.5% and 35.7% at intermediate, and 33.8% and 35.0% at high risk, respectively, but active surveillance was the most frequent treatment if diagnosed after 75 years old (Figure 2). In absence of clinical guidelines supporting any given treatment approach over another for localized PCa, clinician and patient preferences may lead to substantial variation in treatment use.

Our study is intended to reflect the therapeutic attitudes for the management of patients classified as low risk of progression in French clinical centers.

### Results

- A total of 985 patients were included (Table 1).
- According to the d’Amico and CAPRA classifications, 30.4% and 35.0% of patients were at low, 34.5% and 33.2% at intermediate, 35.1% and 31.8% at high risk.
- Diagnosis severity increased with age (p < 0.0001; Figure 1).
- The main treatment for low risk patients was radical prostatectomy (41.6% and 42.0% for d’Amico and CAPRA, respectively), but active surveillance was the most frequent treatment if diagnosed after 75 years old (Figure 2).
- The management of low risk patients varied significantly between centers (p < 0.0001), according to the therapeutic platforms available within the hospital (Figure 3).

### Conclusions

In absence of strong progression predictor, the management of low risk PCa remains based on center habits and local therapeutic platforms. New predictive markers, such as multiparametric MRI or molecular tests, are needed to guide rational management of low risk PCa.