Active Surveillance Patients International Inc.
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ASPI honors Dr. Todd Morgan for patient advocacy

In September 2021, by deleting one word, the prostate cancer panel of the National Comprehensive Cancer Network (NCCN), published a new guideline that reversed 25 years of research demonstrating the value of Active Surveillance (AS), close monitoring in managing low-risk prostate cancer.

A single doctor at the panel meeting, Todd Morgan, MD, professor of urology and chief of the Division of Urologic Oncology at the University of Michigan, opposed the change that eliminated the word "preferred" for AS, putting the management approach on par with radical surgery and radiation therapy.

The incident, known as "Preferred Gate," resulted in Matthew Cooperberg, MD, professor of urology at UCSF School of Medicine, rallying opponents to the changed guideline through a "Twitterstorm." Within three months, NCCN, the leading guideline-writing organization, reversed its guideline and restored AS as the preferred management approach for low-risk prostate cancer.

Active Surveillance Patients International (ASPI) has presented its Special Award for Advocacy for 2025 to Morgan and Cooperberg. (There is a separate news release on Dr. Cooperberg's efforts.)

"These two distinguished urologic oncologists not only have done outstanding research on AS, but they played important roles in restoring the status of Active Surveillance as the preferred approach to managing low-risk prostate cancer," said Howard Wolinsky, co-founder of ASPI and chair of the ASPI Awards committee.

Jim Montie, MD, professor emeritus of urology at the University of Michigan, portrayed Morgan as a strong advocate for his patients and for AS.

“Having been in the room during NCCN Guideline deliberations, it is difficult to stand up against the flow of the discussion. Todd's commitment to the value of AS and a deep understanding of providers' reliance on guidelines in decision-making, gave him the courage to stay the course in support of AS recommendations,” he said,

Morgan said the dealings of NCCN are confidential so he can’t share details on what happened at its meeting that led to the demotion of AS. He said the members of the prostate panel are all experts, but also independent thinkers,

“It is okay when we have a guideline come out, and then for us to have our separate independent thoughts on the guideline. Of course, not everybody agrees with every statement that's in the guideline. It was acceptable for me to say, look, yeah, that's the guideline, but I don't agree with it. And I don't agree that active surveillance should have been de-emphasized. That was certainly my broad position at that time, again, not speaking directly to what happened inside the room.”

Once the guideline was released, Cooperberg launched a Twitterstorm--a campaign of tweets-- resulting in “outrage” among urologists. Morgan said: “social media served a real purpose, because it brought visibility to this change. Historically, NCCN puts a new guideline on a website, and people really don't come across it until the next time they decide they want to check out the guideline, which might be months.

“And in this case, it really catalyzed the moment where some of the leaders in the field said, hold on. What the heck is this about? Why would we make this change? This isn't right and drew a lot of attention to it. And what it did is it put some pressure on the NCCN to re-evaluate it. And again, I can't speak to what was happening on the inside of the panel, but clearly it did force a re-evaluation that then happened within a pretty short period of time”.

Montie, founding co-director of the Michigan Urologic Surgery Improvement Collaborative (MUSIC) noted that Morgan has had 275 peer-reviewed publications, 50 of which are related to AS in prostate cancer. Morgan has initiated two prospective clinical trials on the role of gene-expression classifier testing in patients with localized prostate cancer (G-MINOR and G-MAJOR), each involving hundreds of patients through MUSIC.

Morgan said: “One of the things I love about urologic oncology is, yes, we're surgeons. But we are clinicians and oncologists first. And it's not ‘we're a hammer, and the world is full of nails.’ If there's a patient in front of me, and the patient is at a difficult time in their life, and maybe their disease is not aggressive, but it's a big deal for them. Our job is to not be a one-size-fits-all.”

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Previous winners of the ASPI Special Award were:

2024, Drs. Freddie Hamdy and Jenny Donovan, principal investigators of the ProtecT trial and the more than 1600 randomized patients in the study. ProtecT proved AS was as safe as a management technique as radical prostatectomy and radiation therapy.

2023, the MUSIC won for showing how the efforts of urologists in cooperation with a leading insurer, Blue Cross/Blue Shield of Michigan, can increase uptake of AS. The uptake of AS in Michigan is more than 90%, comparable to that in Sweden and the United Kingdom. The national average in the United States is 60%.

Mark Lichty, co-founder of ASPI and its chairman, said “We have designed these awards not just to honor the recipients, but also to share the ASPI message of patient empowerment and the patient voice in the prostate cancer journey. The hands depict the importance of both the patient and doctor listening to one another.”

Dr. Todd Morgan will be presented with ASPI’s 2025 Special Award for Advocacy during the MUSIC summer gathering on August 2 in Michigan. The presentation will be held during the afternoon event attended by families, colleagues, and patients involved in the MUSIC collaborative.

About Active Surveillance Patients International (ASPI)
Active Surveillance Patients International (ASPI) is a nonprofit organization dedicated to providing education, support, and advocacy for men diagnosed with low-risk prostate cancer who are considering or choosing Active Surveillance. ASPI connects patients around the world with resources, expert insights, and community support to help them make informed decisions about their care.

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