



Aggressive Prostate Cancer Treatment Defies Guidelines



The first study of its kind by UCLA researchers has found that despite the fact that more than half of prostate cancer patients 66 years of age and older have life expectancies of less than ten years, half of them are over-treated for prostate cancer with surgery, radiation or brachytherapy. National guidelines recommend that men with life expectancy of less than ten years and with low- and intermediate-risk prostate cancer should not be treated with radiation or surgery. The study has been published in the journal *Cancer*.

Prostate cancer affects one in six men. It is the most frequently diagnosed cancer in males aside from skin cancer. It is projected that an estimated 233,000 cases of prostate cancer will occur in the US in 2014, out of which 30,000 patients will die. Incidence rates of prostate cancer are 60 percent higher in African Americans.

The UCLA researchers found that men were being treated aggressively with little regard for their quality of life. According to Dr. Timothy Daskivich, a UCLA Robert Wood Johnson fellow, “Life expectancy is poorly integrated into treatment decision-making for prostate cancer, yet it is one of the primary determinants of whether a patient will benefit from treatment with surgery or radiation. Because these treatments have side effects such as erectile dysfunction, urinary incontinence and bowel problems, it is critical for men with limited life expectancies to avoid unnecessary treatment for low- and intermediate-risk prostate cancer.”

The study comprised a sample of 96,032 men aged 66 and older with early-stage prostate cancer diagnosed during 1991 to 2007 from the Surveillance, Epidemiology and End Results (SEER) Medicare database. Life expectancy for the patients was calculated based on the patient’s age and other medical conditions at diagnosis.

The study found that 68 percent of the time, men aged 66 to 69 with life expectancies of less than 10 years based on their health status were treated aggressively with radiation, surgery or radioactive seed implants. Men aged 70 to 74 with life expectancies of less than 10 years were treated aggressively 69 percent of the time, and men aged 75 to 79 with life expectancies of less than 10 years received aggressive treatment 57 percent of the time. Men 80 years of age and older with life expectancies of less than 10 years were treated aggressively 24 percent of the time.

Dr. Daskivich is hopeful that the results of this study will promote awareness among clinicians that a large percentage of men older than the age of 65 are at risk of having life expectancies less than ten years. This could potentially affect treatment decision-making and may help curtail the over-treatment of men aged 66 or older, since these patients are unlikely to live long enough to benefit from aggressive treatment and would unnecessarily have to bear the side-effects and the financial burden.

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