

# A more effective approach to prostate cancer treatment

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(Medical Xpress)—Active surveillance of men with low-risk prostate cancer may be better for quality of life and is cost-effective compared with immediate treatment, reports a study published today in *CMAJ Open*.

Prostate cancer is the most common cancer in Canadian men and the third leading cause of death from cancer. The incidence of [prostate cancer](#), and associated economic costs, has increased 50% over the last three decades, although most cases are low to intermediate risk. Many cancers, despite being low-risk of progressing, are treated and overtreatment can affect patient quality of life.

"Despite published guideline recommendations, overtreatment of prostate cancer is common in the US and elsewhere, with approximately 70% to 90% undergoing active treatments," writes lead author Dr. Alice Dragomir from the Research Institute of the McGill University Health Centre (RI-MUHC) and assistant professor in the Department of Surgery, Division of Urology at McGill University, Montreal, Quebec. "In Canada, approximately 75% of patients with prostate cancer have received active treatment from 1995 through 2002. It is believed today that more than half of these patients did not require active treatment at the time of diagnosis but they incurred cost and morbidity."

Researchers developed a model to estimate cancer costs for [active surveillance](#) – watching and waiting to see if cancer progresses – and immediate treatment of patients in Quebec, Canada. They found that

active surveillance with follow up over 5 years could save approximately \$96 million at the national level as the high-cost of treating cancer that was at low-risk of progressing could be avoided. With active surveillance, the cost per patient for the first year and the subsequent 5 years of follow up was estimated at \$6 200 compared with \$13, 735 for immediate treatment.

"Our study demonstrates that for eligible [patients](#), active surveillance could offer not only the known clinical advantages from the patient's perspective, but also economic benefits from the health care system perspective," adds senior author Dr. Armen Aprikian, MUHC Chief of Oncology and head of the Division of Urology at McGill University

"The results of our study add to the economic rationale advocating active surveillance for eligible men with low-risk prostate cancer and highlights cost savings estimates specific to the Canadian public system," the authors conclude.

**More information:** Alice Dragomir, Fabio L. Cury, and Armen G. Aprikian. "Active surveillance for low-risk prostate cancer compared with immediate treatment: a Canadian cost comparison." *CMAJ Open* 2:E60-E68; published online April 24, 2014, [DOI: 10.9778/cmajo.20130037](#)

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