Disparities in prostate cancer treatment suggest ways to improve care

August 1 2008

Quality of care varies greatly for the treatment of men with early-stage prostate cancer by region of the country and category of health care facility, suggesting the potential for improved patient outcomes with more standard treatment protocols, according to a new study that was published in the Aug. 1 issue of the *Journal of Clinical Oncology* (2008: Vol. 26, Issue 22).

The inconsistencies in care also suggest that there is much to do before quality improvement initiatives, such as pay-for-performance, can be instituted nationwide, according to Benjamin A. Spencer, M.D., M.P.H., the lead author of the study. Dr. Spencer is a urologic oncologist at NewYork-Presbyterian Hospital/Columbia University Medical Center and an assistant professor of urology at the Columbia University College of Physicians and Surgeons.

"We found significant variations for early-stage prostate cancer quality indicators. There were differences in care from community hospitals to cancer centers to teaching hospitals. There were also disparities in care from one region of the country to another. But there were no racial disparities, suggesting equity in care once a patient initiates treatment," says Dr. Spencer. "If these variations in care can be eliminated, thereby providing uniform quality, it may lead to improved outcomes for patients."

The study reviewed national databases and individual patient charts to identify gaps in care for prostate cancer using comprehensive quality

measures developed by RAND.

All therapies for localized prostate cancer can significantly impact the patient's quality of life. Improving the quality of care throughout the health care system could greatly improve quality-of-life issues for men treated for the disease.

Compliance with structural measures, such as having more than one board-certified urologist and board-certified radiation oncologist on staff, was high at near or greater than 90 percent. In contrast, compliance with standards for pre-therapy assessments of sexual and bowel function was low, at less than 52 percent.

Comprehensive cancer centers and teaching/research hospitals had higher compliance rates than community cancer centers across the board on nearly all compliance measures. Compliance rates varied greatly throughout the country on several measures, including board-certified urologists and radiation oncologists, communication with primary care physician and conformal total radiation dose.

High-quality care is possible, as evidenced by the near or greater than 80 percent compliance with pre-therapy disease severity assessment and counseling indicators. However, compliance was substantially lower for pre-therapy functional assessment and post-treatment follow-up indicators.

Using the National Cancer Data Base, the study sampled early-state prostate cancer cases diagnosed in 2000 through 2001 and explicitly reviewed medical records from 2,775 men treated with radical prostatectomy or external-beam radiation therapy. The researchers determined compliance with 29 quality-of-care disease-specific structure and process indicators developed by RAND, stratified by race, geographic region and hospital type.

Source: New York- Presbyterian Hospital