

More intense bladder cancer treatment does not improve survival

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Despite enduring more invasive tests and medical procedures, patients who were treated aggressively for early stage bladder cancer had no better survival than patients who were treated less aggressively. Further, the aggressively treated patients were more likely to undergo major surgery to have their bladder removed, according to a new study from researchers at the University of Michigan Comprehensive Cancer Center.

Because [bladder cancer](#) is often treated as a chronic disease requiring lifelong surveillance, it is among the most expensive cancers to treat in the United States. Urologists vary widely in how they approach [early stage](#), or non-muscle-invasive, bladder cancer.

In this study, researchers gathered data from the Surveillance, Epidemiology and End Results [Medicare](#) database. They looked at 940 doctors who provided care to 20,713 early stage bladder cancer [patients](#). Each doctor included in the study had treated at least 10 patients for bladder cancer.

Results of the study appear in the April 15 issue of the *Journal of the National Cancer Institute*.

The study found that average per-patient treatment expenditures ranged from \$2,830 for doctors in the low-intensity treatment category to \$7,131 for doctors in the high-intensity category. At the same time, survival rates across all intensity categories were similar.

"What this indicates is that some doctors are providing potentially unnecessary care, or care without measurable benefit to the patient. It makes sense to many doctors and patients that more would be better, but unfortunately there can be unintended consequences of unneeded care," says study author Brent Hollenbeck, M.D., M.S., assistant professor of urology at the U-M Medical School.

The study found that patients treated more aggressively had more imaging procedures and more invasive surgical procedures. The aggressively treated patients were also nearly twice as likely to require major medical interventions, and were 2.5 times more likely to undergo radical cystectomy, a procedure to remove the bladder.

The study authors suggest that certain patients might still benefit from greater intensity of care, but further research is needed to determine which patients would benefit. Hollenbeck also urges randomized clinical trials to look at the value of some of the more expensive and common health services to determine their optimal use for patients with early stage bladder cancer.

"Urologists should not assume that more aggressive management of early stage bladder cancer will translate into better outcomes for their patients. By reducing unnecessary health care, we can reduce wasteful spending, which will lessen the cost burden of bladder cancer, one of the most expensive cancers to treat from diagnosis to death," Hollenbeck says.

More information: Journal of the National Cancer Institute, Vol. 101, Issue 8, pp. 571-580

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