

# Prostate cancer treatment overused in some older patients: study

February 27 2012

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Treatment is not always warranted for older men with prostate cancer and a short life expectancy, Yale School of Medicine researchers report in the Feb. 27 *Archives of Internal Medicine*.

"Treatment can do more harm than good in some instances," said senior author on the study Cary Gross, M.D., associate professor of internal medicine at Yale School of Medicine. "Among men who are older and have less aggressive forms of [prostate cancer](#), their cancer is unlikely to progress or cause them harm in their remaining years."

Gross and his team analyzed nine years of [Medicare data](#) and found that over the past decade, there has been a trend towards higher use of [curative treatment](#) for prostate cancer among men with certain types of tumors and a short life expectancy. The study included 39,270 patients between the ages of 67 and older.

These results suggest that cancer treatment was increasingly aggressive in patients who had the lowest likelihood of seeing clinical benefits, Gross said, noting that while not treating potentially fatal cancer can reflect poor-quality care, aggressively managing disease that is unlikely to progress puts patients at risk for complications and increases costs without medical benefits.

"We found that the percentage of men who received treatment for their prostate cancer treatments increased over time from 61.2% to 67.6% from 1998 through 2007," said Gross, who is a member of Yale Cancer

Center. "However, we were surprised to find that the biggest increase was among men with moderate-risk prostate cancer who had the shortest life expectancy. On the other hand, [cancer treatment](#) decreased among men with low-risk tumors and longer life expectancy."

Treating patients with shorter life expectancy may add costs or complications without contributing to quality of life, he said. The National Comprehensive Cancer Network practice guidelines in oncology recommend actively monitoring patients as an alternative to medication for patients with less aggressive tumor types and shorter life expectancies.

Gross said that the use of cancer therapies should be guided by clinical evidence and patient preferences. "Future work should explore how better to incorporate both cancer characteristics and patient [life expectancy](#) into decision making," said Gross.

**More information:** *Arch. Inter. Med.* Vol. 172, No. 4 (February 27, 2012)

Provided by Yale University

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