

Fewer prostate cancer surgery complications found in teaching hospitals with fellowship programs

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Patients who undergo radical surgery for prostate cancer may expect better results, on average, if they're treated in accredited teaching hospitals with residency programs, and better still if the hospitals also have medical fellowships, according to a new study by Henry Ford Hospital.

The study, which evaluated postoperative complications in 47,100 [radical prostatectomy](#) (RP) patients throughout the U.S., also found that those with fewer complications after the surgery were more likely to have [private insurance](#).

"To our knowledge, this is the first study to suggest that better post-operative outcomes may be expected at fellowship training than residency training institutions," says Quoc-Dien Trinh, M.D., a Fellow at Henry Ford Hospital's Vattikuti Urology Institute and lead author of the study.

The findings will be presented this week at the American Urological Association's Annual Meeting in Atlanta.

In residency, students who have earned their medical degree begin to practice in a specific type of medicine under the supervision of physicians licensed in that specialty. A fellowship provides training in a sub-specialty after the residency is finished.

Dr. Trinh says that while the researchers found better outcomes, on average, in [teaching hospitals](#) with one or both programs, they can't say exactly why.

"If you actually have a fellowship program for a particular sub-specialty, in this case urologic oncology, you could expect that the level of sub-specialized care might be better than in a typical all-purpose teaching hospital," Dr. Trinh says. "All this remains hypothetical, because the study of these mechanisms can't be done in large population-based datasets."

Of the study's 47,100 RP cases – which were drawn from the Nationwide Inpatient Sample between 2003 and 2007 – 19,193 were performed at non-teaching institutions, 24,006 at residency teaching hospitals and 3,901 at fellowship teaching institutions.

The study's findings were based on comparisons of the length of time each patient spent in the hospital beyond the median of three days, death while in the hospital, and complications during and after RP surgery.

While stressing that explanations for better results found in residency and teaching hospitals are only hypothetical, Dr. Trinh says they may be due to several processes of care that exist at academic institutions.

"These characteristics may include the peer-review process associated with every level of clinical decision-making. Or, the more detailed nature of the peer-review process may translate into better selection of surgical candidates," he notes.

"Others may be the extent of patient history and physical examination, documentation of the work-up, ordering of diagnostic and laboratory tests, availability of advanced technology, and adherence to standardized clinical guidelines."

Because prostate cancer is one of the most common cancers among men, and the standard treatment for a significant number of those patients is radical [prostatectomy](#) – in which the entire prostate gland and some of the surrounding tissue are surgically removed – "it is essential to evaluate and to optimize the outcomes of patients undergoing RP," Dr. Trinh says, explaining why the Henry Ford researchers decided to do this study.

Experts predict, based on the current rates of [prostate cancer](#), by 2045 there will be an estimated 425,000 new cases each year.

Provided by Henry Ford Health System

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