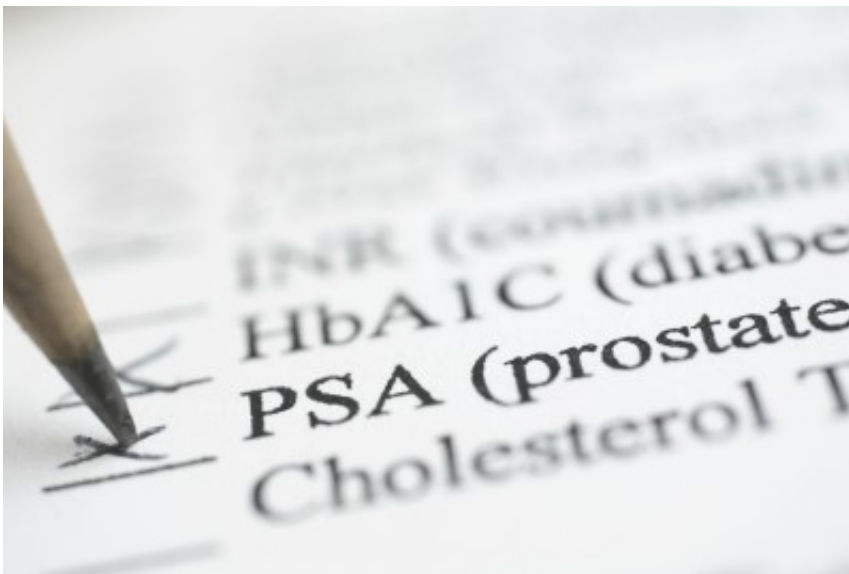


# Streamlined approach and treatments improve the quality of care for men with prostate cancer

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The quality of prostate cancer care is improving according to new Monash University research published today in the *Medical Journal of Australia*.

The five-year collaborative study between Monash University and 33 health institutions across Victoria, capturing 75 per cent of men diagnosed with [prostate cancer](#) in Victoria, found that processes of care

were markedly improved, suggesting that the feedback from quality indicators was clinically valuable.

"We know that quality indicators are valuable tools to enable benchmarking performance of hospitals and clinicians. Where there is confidence in the quality of the data, providing these indicators back to health services and doctors has been shown to drive quality improvement.

"It's terrific to see through [quality indicators](#) that the outcomes for men with prostate cancer are good and becoming even better," said Associate Professor Sue Evans, Head of the Clinical Registry Unit at Monash's School of Public Health and Preventive Medicine, which houses the Movember-funded Australian Prostate Cancer Clinical Registry.

Prostate cancer continues to be the most commonly diagnosed cancer among Australian males. More than 18,000 Australian men are diagnosed with prostate cancer each year.

For men living with prostate cancer, there are a variety of treatment options now available. These vary according to the stage of disease at diagnosis but can include: [active surveillance](#); hormone therapy; surgery; radiotherapy; or a combination of therapies.

"The Prostate Cancer Research International Active Surveillance (PRIAS) protocol guideline suggests men with low risk disease should be under active surveillance rather than receive immediate invasive treatment. Our Victorian research found the proportion of men with low risk disease who underwent active treatment declined over the five year period," said Associate Professor Evans.

The mean percentage of PRIAS non-compliance had increased non-significantly from 45 per cent in 2009 to 55 per cent in 2010 and 50 per

cent in 2011, but a downward trend was evident in 2012 (40 per cent) and 2013 (34 per cent); this achieved statistical significance in 2013 ( $P = 0.024$ ).

The study also found that men diagnosed with high risk or locally advanced prostate cancer received treatment at a quicker rate across the duration of the study.

"A total of 88 per cent of men in these risk groups received immediate active treatment in 2009, rising to 89 per cent in 2010, 91 per cent in 2011 and 2012, and 93 percent in 2013," said Associate Professor Evans.

The third quality indicator related to the percentage of positive surgical margins (PSM) following radical prostatectomy in men with organ-confined (pT2) disease. A PSM has been associated with an increased likelihood that men will require additional radiotherapy. The percentage of PSM in 2009 was 24 per cent, rising slightly (by 3.4 percentage points) in 2010. A significant decline was first measured in 2011 (7 percentage point reduction in pT2 prostatectomy PSM;  $P = 0.031$ ), with further significant improvements measured in 2012 and 2013, when the PSM remained steady at 12 per cent ( $p=0.036$ ).

**More information:** Fanny Sampurno et al. Quality of care achievements of the Prostate Cancer Outcomes Registry–Victoria, *The Medical Journal of Australia* (2016). [DOI: 10.5694/mja15.01041](https://doi.org/10.5694/mja15.01041)

Provided by Monash University

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