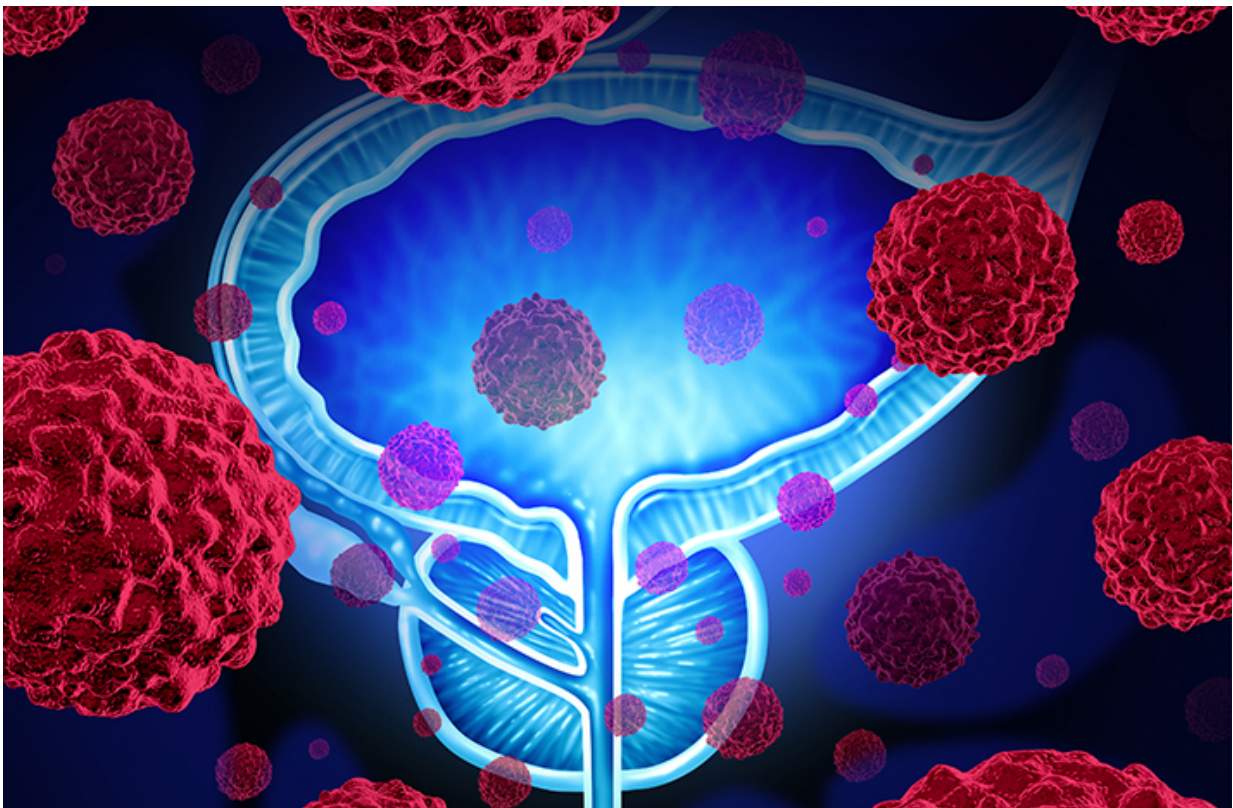


Study finds differences in care for patients with low-risk prostate cancer based on institution and region

July 13 2016, by Ziba Kashef



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Men with low-risk prostate cancer have a variety of treatment options because of the relatively benign nature of their disease. Among many

factors that influence treatment decisions, the type of cancer center a patient visits is a key one, according to a study led by Yale researchers.

Published this month in *Urology*, the study examined factors associated with "expectant management"—which includes observation and close monitoring—in men with low-risk prostate cancer. Guidelines state that physicians and patients should consider expectant management in lieu of immediate treatments, such as surgery, radiation, or hormonal therapy. These treatments may not be necessary for many low-risk [prostate cancer](#) patients.

For the study, the researchers sought to identify patient, disease, and healthcare-related characteristics associated with expectant management. They analyzed patient data from the National Cancer Data Base. The team identified over 95,000 men with [low-risk prostate cancer](#) diagnosed between 2004 and 2013, and studied factors associated with treatment selection.

They found that evaluation at an academic [cancer center](#) was associated with a nearly three-fold increase in odds of receiving expectant management.

"Being seen at an academic cancer center was by far the strongest predictor of being managed expectantly," said the study's lead author Dr. Nataniel Lester-Coll.

The team reported that only 12% of the men were managed expectantly and 88% underwent treatment with surgery or radiation. However, men evaluated at academic cancer centers were significantly more likely than those at community centers to receive expectant management (17% vs. 8%).

The rate of expectant management also varied significantly by

geographic region. The lowest rates of expectant management were among community centers located in the Southeast and Western regions of the United States (6%) and highest among academic cancer centers located in Pacific states (22%).

"Even after controlling for patient and disease characteristics, academic cancer centers were most strongly associated with expectant management," said Dr. Lester-Coll.

"The amount of variation in management highlights the lack of standardized practice in the United States, and leads one to question whether important decisions about cancer care are being made by patients, or are a product of which providers they are seeing," said Dr. James Yu, senior author of the study, associate professor of therapeutic radiology, and a member of Yale Cancer Center. "Further research is needed to identify precisely why we are observing these differences in the management of men with prostate [cancer](#)."

More information: Nataniel H. Lester-Coll et al. The Association between Evaluation at Academic Centers and the Likelihood of Expectant Management in Low-Risk Prostate Cancer, *Urology* (2016). [DOI: 10.1016/j.urology.2016.06.042](https://doi.org/10.1016/j.urology.2016.06.042)

Provided by Yale University

Citation: Study finds differences in care for patients with low-risk prostate cancer based on institution and region (2016, July 13) retrieved 6 May 2024 from <https://medicalxpress.com/news/2016-07-differences-patients-low-risk-prostate-cancer.html>

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