SOUTHWESTERN NEWS

Contact: Jennifer Donovan
(214) 648-3404

PROSTATE CANCER SURGERY OUTCOMES IMPROVING

DALLAS — May 25, 1995 — An analysis of 10 years of data from a large metropolitan community hospital in Dallas shows that, while the number of prostate cancer patients undergoing surgery has been increasing dramatically, outcomes are improving, too.

Dr. Claus G. Roehrborn, assistant professor of urology at UT Southwestern Medical Center at Dallas, analyzed the hospital records of 428 patients treated surgically for prostate cancer between 1984 and 1994. He then reported in the May issue of the journal, *Urology*, that the number of patients increased four-fold, but their average age decreased. They also spent less time in the hospital and had fewer complications after their operations than did those treated surgically a decade ago.

The number of radical prostatectomies — surgery to remove the cancerous prostate gland — performed by 18 surgeons at Baylor University Medical Center in Dallas rose from 38 during 1984-86 to 151 in 1992-94, an increase due primarily to improved detection methods, Roehrborn said.

The average age of patients decreased from 67 to 63. The average duration of surgery, blood loss and length of hospital stay also decreased, and the outcomes of surgery improved significantly, regardless of the number of operations performed by each surgeon.

Contrary to a much-publicized 1993 report on Medicare patients, which focused critical attention on growing numbers of men in their 70s and 80s who were undergoing surgery for prostate cancer, Roehrborn found that the increase in surgeries in Dallas was due mostly to growing numbers of younger patients — men in their 50s and 60s.

More than 76 percent of the Dallas patients were in their 50s or 60s, the urologist said. Another 1.9 percent were in their 40s. Only 21.5 percent were in their 70s, and less than 3

(MORE)

percent were over 75.

"The assumption can be made that more men over 70 are being treated nonsurgically, and that is appropriate," Roehrborn said.

In prostate cancer treatment, a rule of thumb is that surgery is only an appropriate option for men who have a life expectancy of at least 10 more years.

Tests for prostate-specific antigen (PSA) — a protein frequently found at elevated levels in the blood of men with prostate cancer — as well as improvements in diagnostic ultrasound and prostate biopsies have triggered an enormous increase in the numbers of men diagnosed with localized prostate cancer. Early diagnosis, often made at a younger age and before the cancer spreads, greatly improves the success rate of surgical treatment.

"Urologists are identifying more patients who are suitable for this kind of operation," he concluded. "They are making a prudent selection of patients for radical prostatectomy."

Often surgical outcomes are studied at academic medical centers where the results may reflect the work of one outstanding surgeon, rather than the work of urologists practicing at community hospitals, Roehrborn added. And studies like the one of Medicare patients rely on statistics from anonymous databases that don't incorporate individual case histories into the equation, he said.

"Neither of these two extremes is particularly pertinent to the daily work of a practicing urologist," Roehrborn said. "When they are trying to help their prostate cancer patients decide whether to undergo surgery, this is the kind of data they need. Patients want to know what they can expect from *their* surgeon in *their* community hospital."

###