

COMPdata Monthly Monitor - Montana
March 2006
Prostate Cancer

INTRODUCTION

Among the diseases that hospitals confront daily, prostate cancer is one of the most confounding to treat. Issues in the treatment of prostate cancer include side effects from treatment, inability to predict the natural history of a given cancer, and patient co-morbidity that may affect an individual's likelihood of surviving long enough to be at risk for disease morbidity and mortality.¹ Since most prostate cancers are diagnosed in elderly men (average age, 72 years) and prostate cancer tends to grow slowly, most men who are diagnosed with prostate cancer will die from something else. One man in six will be diagnosed with the disease, but only one in 34 will die from it. Therefore controversy exists in regard to the value of screening, the most appropriate staging evaluation, and the optimal treatment of each stage of the disease.²

At present, the American Cancer Society believes that health care professionals should offer the prostate-specific antigen (PSA) blood test and digital rectal exam (DRE) yearly beginning at age 50 to men with at least a 10-year life expectancy. Men at high risk, such as African Americans and men who have a first-degree relative diagnosed with prostate cancer at an early age (younger than age 65) should begin testing at age 45.³

COMPdata STATISTICS ON PROSTATE CANCER INPATIENTS IN MONTANA HOSPITALS

(Note: All of the following inpatient statistics exclude newborns and obstetric cases – Major Diagnostic Categories 14 and 15.)

Table 1 - Total Montana Inpatients
Excludes MDCs 14 & 15

	2001	2004	% Change 2001 to 2004
	Discharges	Discharges	
Total Montana Patients	81,510	82,004	0.6

Table 2 - All Prostate Cancer Inpatients
ICD-9 diagnosis code 185 (Excludes MDCs 14 & 15)

	2001		2004		% Change 2001 to 2004
	Discharges	% of All Discharges	Discharges	% of All Discharges	
All Diagnoses	877	1.1	881	1.1	0.5
Principal Diagnosis	355	0.4	417	0.5	17.5
Other Diagnoses	522	0.6	464	0.6	-11.1

- Although over 800 inpatients received a diagnosis of prostate cancer in 2004, this represented just over 1% of the overall Montana patient population (Table 2).
- The rate of growth from 2001 to 2004 for prostate cancer inpatients, 0.5%, was nearly the same as the overall population increase in Montana, 0.6%, for the same time period.

Table 3 – Top Principal Procedures for Inpatients with Prostate Cancer by Age
ICD-9 principal diagnosis code 185 (Excludes MDCs 14 &15)

ICD-9 Principal Procedure	Under 55	55 to 64	65 to 74	75 to 84	85 and Over
605 Radical Prostatectomy	32 (94.1%)	153 (92.7%)	118 (72.8%)	5 (14.3%)	0 (0.0%)
6029 Transurethral Prostatectomy Not Elsewhere Classified	2 (5.9%)	2 (1.2%)	16 (9.9%)	16 (45.7%)	10 (47.6%)
9227 Radioactive Element Implant	0 (0.0%)	1 (1.2%)	9 (5.5%)	3 (8.6%)	1 (4.8%)
All Other	0 (0.0%)	9 (5.4%)	19 (11.7%)	11 (31.4%)	10 (47.6%)
Total	34 (100%)	165 (100%)	162 (100%)	35 (100%)	21 (100%)

Table 4 – Top Principal Procedures for Outpatients with Prostate Cancer by Age
ICD-9 principal diagnosis code 185

ICD-9 Principal Procedure	Under 55	55 to 64	65 to 74	75 to 84	85 and Over
600 Incision Of Prostate	1 (33.3%)	3 (15.0%)	9 (37.5%)	4 (16.0%)	0 (0.0%)
5739 Bladder Diagnostic Procedures Not Elsewhere Classified	0 (0.0%)	5 (25.0%)	3 (12.5%)	4 (16.0%)	0 (0.0%)
6241 Removal Both Testes	0 (0.0%)	2 (10.0%)	2 (8.3%)	4 (16.0%)	1 (16.7%)
All Other	2 (66.7%)	10 (50.0%)	10 (41.7%)	13 (52.0%)	5 (83.3%)
Total	3 (100%)	20 (100%)	24 (100%)	25 (100%)	6 (100%)

Tables 3 and 4 examine the most common procedures performed on inpatients and outpatients with a principal diagnosis of prostate cancer. The following points illustrate a few facts about the trends and patterns illustrated in the tables.

- In Table 3 there is a clear trend away from radical prostatectomy procedures as a patient ages. By contrast, the number of transurethral prostatectomy procedures increases with patient age. This is due to the fact that the transurethral prostatectomy is less invasive and less risky for older patients.

Table 5 – Patients with Prostate Cancer

2004 Inpatient Discharges - (Excludes MDCs 14 &15)
ICD-9 diagnosis code for Prostate Cancer 185.00
ICD-9 diagnosis codes for All Cancers: 140-2089, 230-2349

Table 5 – Part I		Prostate Cancer	All Cancers
Admission and Discharge Patterns		Total N = 417 (%)	Total N = 3,544 (%)
Admission Source	Emergency Room	4.3	18.2
	Hospital Transfer	0.5	1.2
	Physician Referral	94.5	77.8
	Other	0.7	2.8
Admission Type	Emergency	4.6	15.2
	Urgent	17.3	26.8
	Elective	78.2	57.8
	Other	0.0	0.2
Discharge Status	Routine to Home	95.4	73.0
	To Skilled Nursing	1.9	7.1
	To Home Health	0.5	5.5
	Expired	1.4	7.2
	Other	0.8	7.2
Hospital Location	Other Urban	61.6	51.9
	Rural	38.4	48.1

Table 5 – Part II Patient Characteristics		Prostate Cancer	All Cancers
		Total N = 417 (%)	Total N = 3,544 (%)
Gender	Female	0.0	49.0
	Male	100.0	51.0
Primary Payer	Medicare	39.6	49.5
	Commercial Ins	33.2	24.0
	Miscellaneous	11.5	3.6
	Medicaid	0.5	12.1
	Other	11.4	10.8
Age	Under 65 Years	47.7	41.3
	65 to 84 Years	47.3	52.1
	85 Years and over	5.0	6.6
	Average Age	66.1	66.5
Avg Length of Stay	2.9	5.5	
Avg Total Charge	\$11,033	\$17,905	

Table 5 (Parts I and II) provides statistics that explore in more detail the characteristics of those patients who were discharged in 2004 and had prostate cancer as a principal diagnosis and those who had any cancer as a principal diagnosis. As a principal diagnosis in Montana hospitals, there were 417 prostate cancer patients and 3,544 patients with any cancer as a principal diagnosis. Some additional highlights found in Table 5 are:

- Prostate cancer patients tend to have shorter, less expensive hospital stays when compared to all cancers.
- Prostate cancer patients most often return home after a hospital stay (95.4%).
- Compared to all cancers, prostate cancer patients enter the hospital through physician referral more often, 94.5% to 77.8%. Prostate cancer patients are admitted through the emergency room only 4.6% of the time, compared to 15.2% for all cancers.
- Reflecting the relative young age of prostate cancer inpatients, more than half, 33.2%, were covered by commercial insurance.

MONTANA STATISTICS FROM COMPdata

All of the Montana patient statistics were derived from MHA's COMPdata. We encourage you to use COMPdata to examine your hospital community area(s) regarding prostate cancer so that you might better understand the impact of these patients on the care and treatment of your patient population and the resources needed to diagnose, treat, and manage prostate cancer.

The COMPdata graphing feature can be utilized to examine in a pictorial fashion trends in your state and hospital community area(s) regarding prostate cancer. Click here to obtain a pie chart that illustrates the distribution of primary payer for prostate cancer inpatients versus all cancer patients:

<http://www.compdatainfo.com/news/monitor/montana/prostategraph.pdf> (not active).

ADDITIONAL INFORMATION

If you would like to develop the COMPdata reports that will provide similar statistics for your hospital or community, a training tool is available to guide you through the process. The training tool may be requested by e-mailing compdata@ihastaff.org. For additional assistance on using the COMPdata system, contact the COMPdata Hotline at compdata@ihastaff.org.

For questions and suggestions regarding the *COMPdata Monthly Monitor*, contact: Tim Shaver, Health Information Analyst at tshaver@ihastaff.org.

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APPENDIX

Prostate Cancer

The prostate, found only in men, is a walnut-sized gland located in the front of the rectum and underneath the urinary bladder. Over 99% of prostate cancers develop from the glandular cells that make the seminal fluid that is secreted by the prostate. Treatment options available for prostate cancer include radical prostatectomy, external-beam radiation therapy, brachytherapy, and surveillance.⁴

Prostate Cancer Patients

- An estimated 234,460 new cases of prostate cancer will be diagnosed in 2006; an estimated 27,350 deaths attributed to prostate cancer will occur this year.⁵
- Nearly 100% of men diagnosed with prostate cancer will survive at least five years after diagnosis. 77% will survive at least 15 years.⁴
- Approximately 15% of men with a diagnosis of prostate cancer will be found to have a first-degree male relative with prostate cancer, compared to 8% of the U.S. population.⁶
- Prostate cancer accounts for about 9% of cancer-related deaths in men.⁴
- About 1.8 million men in the U.S. are survivors of prostate cancer.⁴

SOURCES FOR ADDITIONAL INFORMATION

For Hospitals

The Cleveland Clinic Health Information Center has a glossary of terms related to prostate cancer and other diseases. The prostate cancer glossary is located at <http://www.clevelandclinic.org/health/health-info/docs/2000/2006.asp?index=8629>.

Up-to-date research information is just one of the features at the web site for the Prostate Cancer Foundation. Information on risk factors and the latest treatment options can also be found at <http://www.prostatecancerfoundation.org>.

The Center for Disease Control's National Center for Health Statistics is a warehouse of the latest data on many diseases, including prostate cancer. It can be found at <http://www.cdc.gov/nchs/fastats/prostate.htm>.

The National Library of Medicine provides information on the latest clinical trials in prostate cancer at <http://clinicaltrials.gov/ct/gui/action/FindCondition?ui=D011471&recruiting=true>.

For Patients and the Community

Prostate cancer patients have a variety of options for information regarding treatment options. One of them is located at the National Kidney and Urological Diseases Information Clearinghouse-

<http://kidney.niddk.nih.gov/kudiseases/pubs/medtestprostate>. This site is a service of the National Institutes of health and provides prostate cancer treatment information in both .html and .pdf formats.

A quick way to assess an individual's risk of prostate cancer is to go to <http://www.yourdiseaserisk.harvard.edu/hccpquiz.pl?lang=english&func=home&quiz=prostate> and take a 2-3 minute quiz about your health, lifestyle, and personal background. The site also recommends steps a patient can take to reduce his risk of prostate cancer in the future.

The Cleveland Clinic web site offers support for prostate cancer patients with answers to common questions posed by men who have been diagnosed with prostate cancer. The site is located at <http://www.clevelandclinic.org/health/health-info/docs/2200/2216.asp?index=9105>.

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