The changing casemix of prostate cancer patients and prostatectomies in the South West

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Background

In England, prostate cancer is the most commonly diagnosed cancer in men and the second most common cause of cancer death. The incidence of prostate cancer abruptly increased by approximately 30% after the year 2000. This increase has been attributed to the spread of PSA testing and consequent diagnosis of many asymptomatic men.

The side effects of radical treatment of prostate cancer are well known1. Long term studies2 of the risks of conservative management of prostate cancer are only available for patients diagnosed in the pre-PSA era. In the hypothetical situation of complete screening3 for prostate cancer a recent modelling study suggests that the risk of mortality due to conservative management of prostate cancer are lower.

Method

Registry data from the South West Cancer Intelligence Service4 was combined with that from the Hospital Episode Statistics5 (HES) system and that from the database of the British Association of Urological Surgeons6 (BAUS). Records were combined on a patient-by-patient basis by linking the NHS-number, postcode, and Date-of-birth fields.

Conclusions

The number of men with asymptomatic prostate cancer detected via PSA testing has increased between 2000 and 2004. However the number of men diagnosed with Gleason scores below six dropped sharply. This indicates that men who would have been diagnosed with a Gleason score below six in 2000 were by 2004 being diagnosed with a score of six.

However rates of radical surgery adjusted for age and Gleason score have not changed greatly between 2000 and 2004. There is therefore a danger that due to this stage migration men are having treatments appropriate to a higher Gleason score than they actually have.

References

(2) Albertsen P et al. 20 year outcomes following conservative management of clinically localized prostate cancer, JAMA 2005 293:2095-2101

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