



Optimal Care for Urology

Evidence driven~Better outcomes~Lower cost

PROSTATE CANCER SCREENING

- ✓ Over 80% of men ages 70-79 have occult, insignificant prostate cancer at autopsy.
- ✓ Only one of three trials, European Randomized Study of Screening for Prostate Cancer (ERSPC) showed a screening benefit.
- ✓ In the ERSPC Trial, 781 men were screened, and 27 men were treated for prostate cancer in order to save one prostate cancer life 13 years after screening.¹
- ✓ PSA screening should stop at age 69.

PROSTATE CANCER TREATMENT

- ✓ The disease specific survival of Gleason 6 prostate cancer using active surveillance at 10 years is 98%.²
- ✓ 63% of patients started on active surveillance will not need treatment over at least 10 years.²
- ✓ For localized prostate cancer, survival advantage of surgery over observation was only 4% at 20 year follow up.³
- ✓ Urologist ownership of radiation therapy centers may influence decision to use radiation therapy for treatment.⁴
- ✓ Five years out from surgery, the impotence rate is over 75% and bladder leakage rate is over 25%.⁵
- ✓ Five years out from radiation therapy, the impotence rate is over 70% and rectal urgency rate is over 30%.⁵

In summary:

- ◆ Understand the large risks and small benefits to screening.
- ◆ Shared decision making is essential.
- ◆ If your patient is diagnosed with prostate cancer, do not assume optimal care will be utilized so consider the following:



OVERACTIVE BLADDER (OAB) TREATMENT

- ✓ Optimally managed with behavioral modification (bladder training, pelvic floor exercises, eliminate bladder irritants).
- ✓ Drugs for OAB are only modestly effective with a high rate of side effects.
- ✓ Brand name drugs cost \$4,000 to \$6,000 yearly and patients self-discontinue over 70% of the time within one year.⁶

OPTIMAL RENAL STONE MANAGEMENT

- ✓ Management is through PCP or urgent outpatient urology evaluation.
- ✓ The emergency room is infrequently necessary.
- ✓ Tamsulosin is of no benefit for stones <5mm in diameter.
- ✓ 67% of stones <5mm will spontaneously pass in four weeks.
- ✓ Oral potassium citrate reduces recurrent calcium stone formation by up to 75%.

1. *The Lancet*, 2014;384(9959):2027-2035. doi:10.1016/S0140-6736(14)60525-0
2. *Journal of Clinical Oncology*. 2015;33(3):272-277. doi:10.1200/JCO.2014.55.1192
3. *European Urology*. 2020;77(6):713-724. doi: 10.1016/j.eururo.2020.02.009
4. *New England Journal of Medicine*. 2013;369(17):1629-1637. doi:10.1056/NEJMsa1201141
5. *New England Journal of Medicine*. 2013;368(5):436-445. doi:10.1056/NEJMoa1209978
6. GoodRx, Inc (2018) Retrieved from GoodRx Web site: <https://www.goodrx.com/>