



## Optimal Care: Urology



### Benign Prostatic Hyperplasia (BPH)

Alpha blockers and 5-Alpha Reductase inhibitors are each about 45% effective and the effects are additive

### 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-\$6,000 yearly and patients self-discontinue 70% of the time within one year<sup>1</sup>

### Prostate Cancer Screening and Treatment

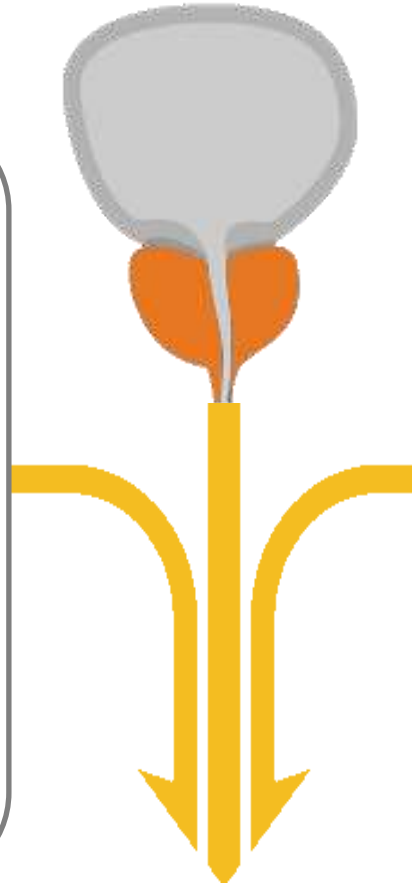
#### Screening

Over 80% of men ages 70-79 have occult prostate cancer at autopsy

Only one of three trials, European Randomized Study of Screening for Prostate Cancer (ERSPC) showed a screening benefit

In the ESPRC 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<sup>2</sup>

PSA screening should stop at age 69



#### Treatment

The disease specific survival of Gleason 6 prostate cancer using active surveillance at 10 years is 98%<sup>3</sup>

For localized prostate cancer, survival advantage of surgery over observation was only 4% at 20 year follow up<sup>4</sup>

Urologist ownership of radiation therapy centers may influence decision to use radiation therapy for treatment<sup>5</sup>

Five years out from surgery, the impotence rate is over 75% and bladder leakage rate is over 25%<sup>6</sup>

Five years out from radiation therapy, the impotence rate is over 70% and rectal urgency rate is over 30%<sup>6</sup>

### 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 4 weeks
- ✓ Oral potassium citrate reduces recurrent calcium stone formation by up to 75%

<sup>1</sup> GoodRx, Inc. (2018). *GoodRx*. Retrieved from GoodRx Web site: <https://www.goodrx.com/>

<sup>2</sup> Schroder, F. H., Hugosson, J., Roobol, M. J., Tammela, T. L., Zappa, M., Nelen, V., . . . Lujan, M. (2014). Screening and prostate cancer mortality: Results of the European Randomised Study of Screening for Prostate Cancer (ERSPC) at 13 years of follow-up. *The Lancet*, 384 (9959), 2027-2035. doi:10.1016/S0140-6736(14)60525-0

<sup>3</sup> <https://www.cancer.net/cancer-types/prostate-cancer/statistics>

<sup>4</sup> Wilt, T. J., Jones, K. M., Barry, M. J., Andriole, G. L., Cullkin, D., Wheeler, T., . . . Brawer, M. K. (2017). Follow-up of prostatectomy versus observation for early prostate cancer. *The New England Journal of Medicine*, 377, 132-142. doi:10.1056/NEJMoa1615869

<sup>5</sup> Mitchell, J. M. (2013). Urologists' use of intensity-modulated radiation therapy for prostate cancer. *The New England Journal of Medicine*, 369, 1629-1637. doi:10.1056/NEJMsa1201141

<sup>6</sup> Resnick, M. J., Koyama, T., Fan, K.-H., Albertson, P. C., Goodman, M., Hamilton, A. S., . . . Penson, D. F. (2013). Long-term functional outcomes after treatment for localized prostate cancer. *The New England Journal of Medicine*, 368, 436-445. doi:10.1056/NEJMoa1209978