Optum Health Education™

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OptimalCare 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. Consider the following:
  - Visit with patients after urologist
  - Know active surveillance urologist rates
  - Review real work toxicities
  - Get second opinion if treatment is too aggressive

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%.

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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/*

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