

COST EXPENDITURES FOR ACTIVE SURVEILLANCE VERSUS ACTIVE TREATMENTS FOR LOCALIZED PROSTATE CANCER

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INTRODUCTION AND OBJECTIVES: Active surveillance (AS) versus definitive treatments for localized prostate cancer is underutilized. We sought to estimate Medicare cost expenditures for several published AS protocols versus treatment in order to discern whether there is a cost benefit associated with AS.

METHODS: We reviewed the Klotz, Patel, and Carter et al AS protocols and the National Comprehensive Cancer Network (NCCN) guidelines Medicare reimbursement fees were derived from the 2010 Current Procedural Terminology (CPT) codes assigned to each of the follow up criteria defined in the AS protocols and NCCN guidelines. The follow up criteria were outlined for each protocol. The published literature included estimated cost expenditures from the CaPSURE database (1995-2004), SEER Medicare database (1991-1999), and Health Care Financial Administration public use files (1993-1996).

RESULTS: The Medicare cost expenditure for AS protocols were estimated to range from \$105 to \$1,781 at one year and \$3042 to \$24,362 at fifteen years after diagnosis. For the 6 month period after diagnosis/treatment, the cost expenditure for radical prostatectomy ranged from \$12,184-\$19,019. The cost expenditure for external beam radiation ranged from \$10,996-\$24,204, whereas brachytherapy ranged from \$7,588-\$15,301.

CONCLUSIONS: Active surveillance is an underutilized management option for patients with low-risk, localized prostate cancer. The cost expenditure for AS protocols varies drastically based on frequency of screening ultrasound needle guided biopsy.