

Characteristics at presentation among prostate cancer patients diagnosed in regional Victoria

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Optimal care pathway for men with prostate cancer



Background:

The Loddon Mallee region (LMR) covers 26% of Victoria yet is home to only 5% of the state's population (Figure 1). Prostate cancer is the most common non-cutaneous tumour type diagnosed across the region. Clinical practice guidelines have been developed to guide prostate-specific antigen (PSA) testing in Australia across three risk categories: age 50-69 years, age 70+ years, and family history. There is little published information on the presenting characteristics of LMR men with prostate cancer, with a particular gap existing for characteristics by localised versus advanced disease. This study aimed to describe the characteristics of men presenting with localised and advanced prostate cancer in the LMR.

Method:

The Victorian Cancer Registry (VCR) was used to ascertain all patients diagnosed with prostate cancer (International Classification of Diseases and Related Health Problems [ICD]-10 diagnosis code C61) in 2016 across six public and private LMR hospitals. An audit of presenting characteristics was conducted in hospital systems. Categorical variables were presented as percentages while continuous variables were summarised in terms of the median (lower quartile [Q1]-upper quartile [Q3]), with stratification by localised versus advanced disease.

Results:

There were 167 prostate cancer patients (localised: 146; advanced: 21) with a median age of 70 years (localised: 70 years; advanced: 75 years) [Figure 2]. The most common residential local government area (LGA) was City of Greater Bendigo (Figure 3). The median PSA levels in those with localised and advanced disease were 7.01 and 37, respectively (Figure 4). Further patient characteristics are shown in Table 1. At presentation, 40% of localised cases were symptomatic whereas 57% of advanced cases were symptomatic. The proportions of patients with private and public health insurance were 71% (localised: 74%; advanced: 48%) and 29% (localised: 26%, advanced: 52%), respectively. Family history was evident in 8% of localised cases and no advanced cases.

Figure 1: LMR with Victoria



Figure 3: No. of patients audited (n)/no. of patients Dx (N) in LMR LGAs



Conclusion:

The median age of LMR prostate cancer patients was 70 years and 71% had private health insurance. Private health insurance was more commonly observed in those with localised disease than those with advanced disease. Compared with localised cases, advanced cases had no family history and higher PSA levels.

Figure 2: Median (Q1-Q3) age in years at diagnosis (localised, advanced, and overall)

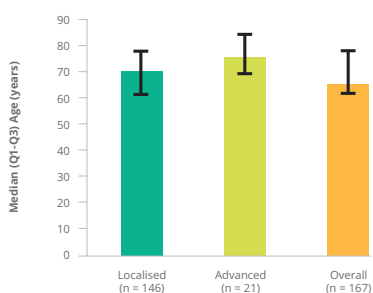
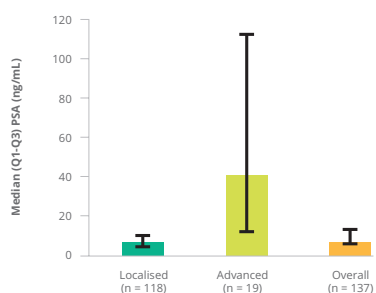


Figure 4: Median (Q1-Q3) PSA in years at diagnosis (localised, advanced, and overall)



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Table 1: Characteristics for prostate cancer patients (localised, advanced, and overall)

Characteristics	Number of Patients (%)		
	Localised (n = 146)*	Advanced (n = 21)	Overall (n = 167)#
Health insurance			
Private	100 (74%)	10 (48%)	110 (71%)
Public	35 (26%)	11 (52%)	46 (29%)
Family history	11 (8%)	0 (0%)	11 (7%)
Symptomatic	58 (40%)	12 (57%)	70 (42%)
≥5 comorbidities	54 (37%)	10 (48%)	64 (38%)

* Except health insurance (n = 135), # Except health insurance (n = 156)

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