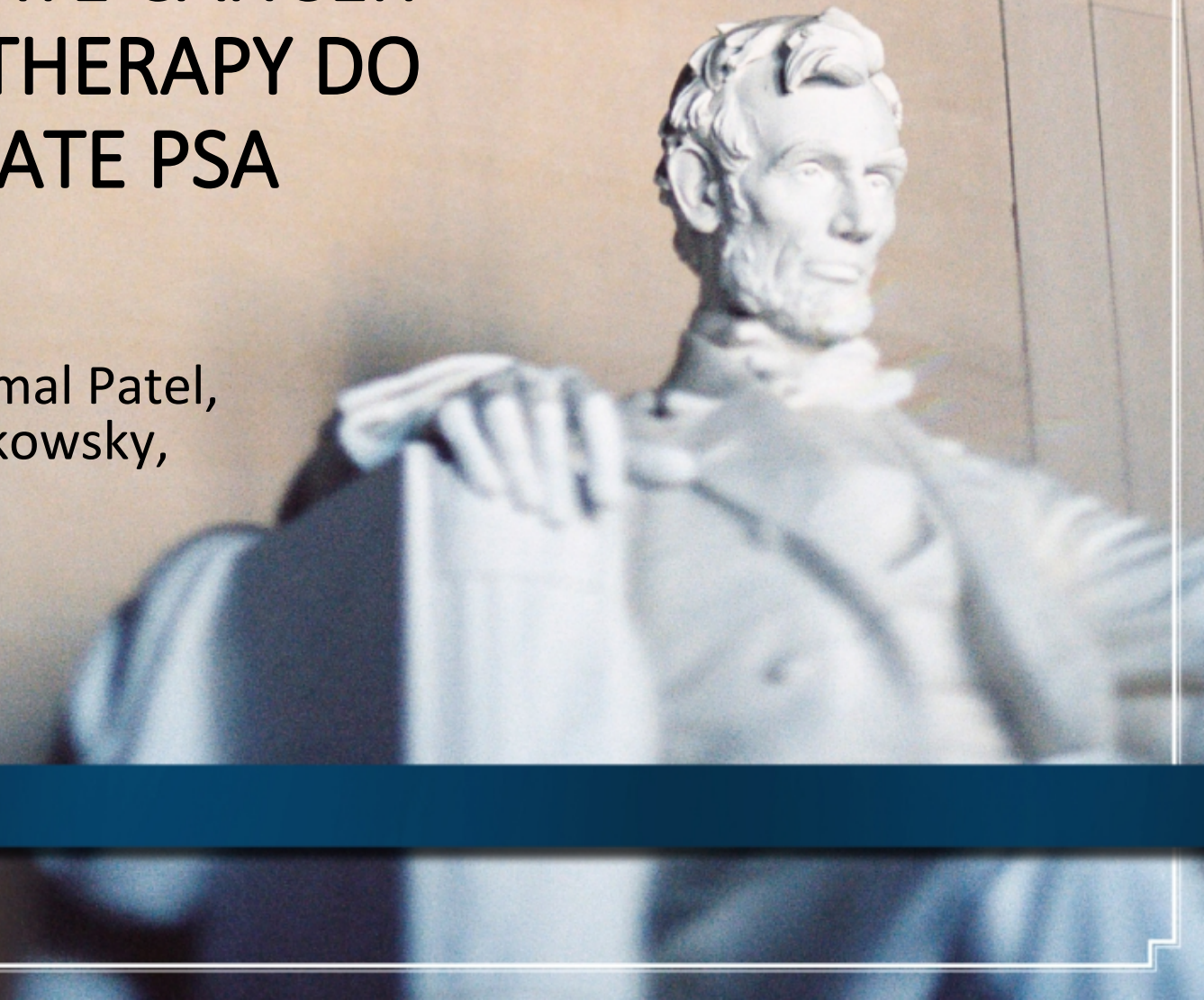


A SIGNIFICANT PROPORTION OF MEN WITH A HISTORY OF PROSTATE CANCER RECEIVING TESTOSTERONE THERAPY DO NOT RECEIVE APPROPRIATE PSA MONITORING

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Introduction

Emerging data suggests that testosterone therapy may be safe in men with treated prostate cancer (PCA). While clinical guidelines suggest standards for follow-up, it remains unclear how often men with a history of PCA receiving testosterone are being monitored.



Objective

To characterize laboratory monitoring patterns of patients with diagnosed PCA receiving testosterone therapy in a North American healthcare system.

Hypothesis

In men receiving testosterone, those with PCA are more likely to have their prostate specific antigen (PSA) checked within a year than those without PCA.



Methods

Insurance claims database study (**n=15,503**) using Ontario Drug Benefit database and Canadian Institute for Health Information

Inclusion criteria:

- Men aged 66 years or older
- Newly treated with testosterone therapy between 2008-2015

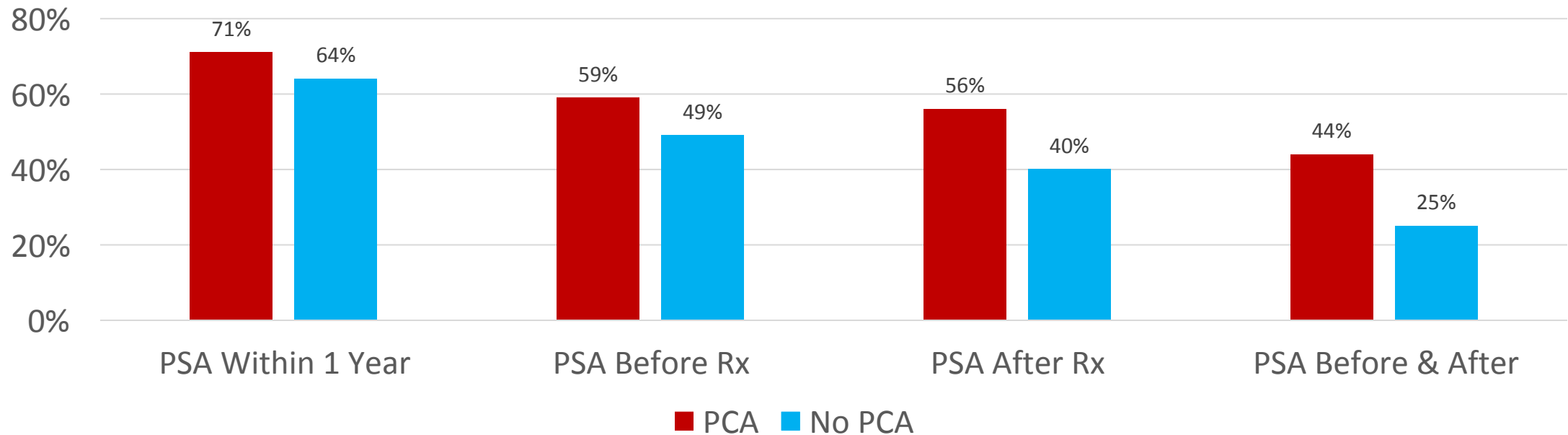
Examined demographics, prescription and practitioner type, laboratory values, timing of laboratory testing, etc.



Demographics	PCA	No PCA
Age	66-70 – 39% 71-74 – 19% 75+ – 42%	66-70 – 61% 71-74 – 16% 75+ – 22%
Testosterone therapy route	Oral – 22% Injection – 19% Gel – 57% Patch – 1%	Oral – 27% Injection – 23% Gel – 48% Patch – 2%
Specialty of prescribing practitioner	Urology – 37% GP/FP – 56% Endocrine – 7%	Urology – 17% GP/FP – 77% Endocrine – 6%
Average time since PCA diagnosis	7.9 years	-
Proportion of men with undetectable PSA (%)	6	-



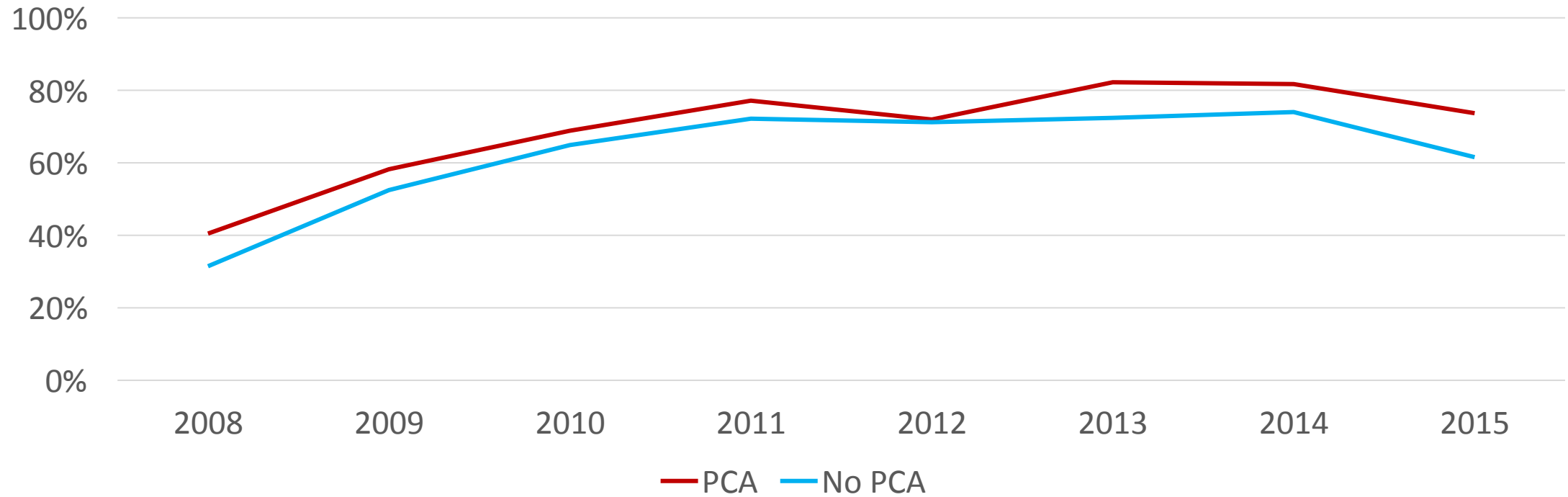
- **Results:** A greater proportion of men with PCA on testosterone therapy had their PSA checked than the general population ($p < 0.001$)



These rates are inadequately low



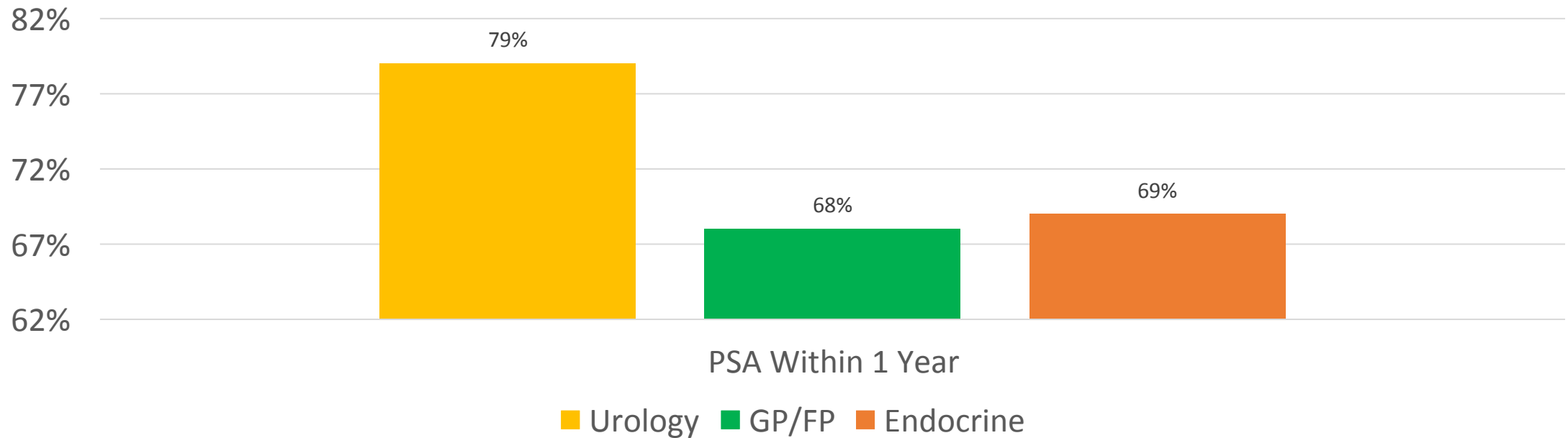
- **Results:** PSA monitoring among practitioners over time



These rates are inadequately low



- **Results:** PSA monitoring in men with prostate cancer differed among practitioner type ($p=0.03$)



These rates are inadequately low



Strengths

Large sample size

Robust reporting of prescription and laboratory data

Weaknesses

Incomplete information on treatment modality, clinical staging,
disease reoccurrence status

Patient goals of care?



Conclusions

- Only 71% of men with history of PCA receiving testosterone have PSA checked within one year
- Urologists are more likely to monitor these higher-risk patients
- Appropriate education on laboratory testing is critical

