

Prostate Cancer

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Overview

The prostate cancer condition consists of two sections, part 1 and part 2. **Part 1 (Case ID = 104700)** is built as a chronic condition and addresses issues of follow-up care for any patient who is being treated for prostate cancer or who has a history of prostate cancer. **Part 2 (Case ID = 200800)** is built as a single episodic condition, which identifies new cases of prostate cancer and addresses issues of treatment for new cases. Inclusion in part 1 is a requirement for inclusion in part 2.

Part 1: Prostate Cancer as Chronic Condition Case ID 104700

Care Pattern

9000006

CP-I Patient(s) that had a prostate specific antigen test in last 12 reported months.

After prostate cancer diagnosis and treatment, a patient should be carefully observed to monitor for cancer recurrence or spread of disease. This ongoing surveillance includes a PSA (1,2). The NCCN guidelines recommend a follow up PSA once a year at minimum (1). The American Urology Association has recommended frequent PSA levels to detect meaningful changes (2). Taking into account these recommendations, the consensus opinion of experts was the primary source of our recommendation for a PSA blood test at minimum every 12 months since the frequency of assessment is dependent on the clinical status of the patient and is not clearly defined in the literature.

1. Mohler, James, et al. *NCCN Practice Guidelines in Oncology – v.2.2009. Prostate Cancer*. © 2009 National Comprehensive Cancer Network, Inc. NCCN and NATIONAL COMPREHENSIVE CANCER NETWORK are registered trademarks of National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org> Accessed May 18, 2009. To view the most recent and complete version of the guideline, go online to www.nccn.org
2. American Urological Association. *Prostate-specific antigen (PSA) best practice statement: 2009 update*. Available at <http://www.auanet.org> Accessed May 18, 2009.

9000007

CP-I Patient(s) that had an annual physician visit or evidence of a digital rectal examination.

After prostate cancer diagnosis and treatment, a patient should be carefully observed to monitor for cancer recurrence or spread of disease. This ongoing surveillance includes a PSA and digital rectal exam (DRE) (1). The NCCN recommends a check-up every 3-6 months (1). An American Urology Association (AUA) patient education brochure recommends regular follow-up exams to check for disease recurrence; the brochure states that this usually involves a check-up every 6 months for a PSA test and DRE. Taking into account these recommendations, the consensus opinion of experts was the primary source of our recommendation for an annual evaluation by a provider at minimum every 12 months since the frequency of assessment is dependent on the clinical status of the patient and is not clearly defined in the literature.

1. Mohler, James, et al. *NCCN Practice Guidelines in Oncology – v.2.2009. Prostate Cancer*. © 2009 National Comprehensive Cancer Network, Inc. NCCN and NATIONAL COMPREHENSIVE CANCER NETWORK are registered trademarks of National Comprehensive Cancer Network, Inc. Available at: <http://www.nccn.org> Accessed May 18, 2009. To view the most recent and complete version of the guideline, go online to www.nccn.org
2. American Urological Association. *Prostate cancer awareness for men (2000)*. Available at: http://www.auanet.org/content/guidelines-and-quality-care/clinical-guidelines/patient-guides/prostate_awareness.pdf. Accessed May 18, 2009.

Part 2: Prostate Cancer As New Episode Case ID 200800

9000001

CP-I Patient(s) newly diagnosed with prostate cancer that had medical oncology, radiation oncology or urology consultation in last 6 reported months.

Patients with newly diagnosed prostate cancer should see a medical oncologist, radiation oncologist, or urologist within 6 months of diagnosis, at minimum. When prostate cancer is diagnosed, potential treatment options should be reviewed with the patient. Treatment decisions will depend on the clinical situation. The consensus opinion of experts was the primary source of our recommendation for a medical oncology, radiation oncology, or urology consultation within 6 months at minimum of a new diagnosis of prostate cancer.

This rule will apply to men with a new diagnosis of prostate cancer. A man was identified as having a new diagnosis of prostate cancer when the following criteria were met: 1) a prostate cancer diagnostic procedure, 2) an anterior clear window without a prostate cancer encounter 45-365 days prior to the prostate cancer diagnostic procedure claim (suggesting no previous diagnosis of prostate cancer), and 3) an encounter for prostate cancer during the time period 44 days before the prostate cancer diagnostic procedure through 90 days after this procedure (confirming a diagnosis of prostate cancer after the diagnostic procedure). A potential limitation of this measure is that it may identify a man with recurrent prostate cancer rather than newly diagnosed prostate cancer. In addition, it will miss patients with newly diagnosed prostate cancer if a prostate cancer diagnostic procedure is not performed (e.g. patients presenting with metastatic disease, patients medically unable to tolerate a diagnostic procedure). Given limitations of claims data, it is otherwise difficult to clearly identify men with a new diagnosis of prostate cancer.