

Racial Variations, Cost and Influence of Access to Care for Testicular Cancer

Panel discusses self-exam cost analysis and factors affecting access to care

Orlando, FL, May 17, 2014 — A series of studies evaluating the cost effectiveness, risks and outcomes associated with detecting, diagnosing and treating testicular cancer will be presented to media at a special press conference during the 2014 Annual Scientific Meeting of the American Urological Association (AUA). *Benjamin J. Davies, MD*, associate professor of *urology* at the University of Pittsburgh School of Medicine will moderate the session, which will take place on Saturday, May 17, 2014 at 2:00 p.m. ET, in the Orange County Convention Center.

Testicular cancer is not common; however when found early, it can be treated and typically cured. Although it is the most prevalent cancer in males between the ages 20 and 35, the risk of developing testicular cancer is about 1 in 270, and because it can usually be treated successfully, the risk of dying from this cancer is very low: about 1 in 5,000.

Study Details

Testicular Self-Examinations: A Cost Analysis (#MP10-11): Based on repeated recommendations against testicular self-examinations (TSE) by the United States Preventative Services Task Force, researchers from the University of Kansas set out to perform a TSE cost evaluation to highlight the significant medical morbidity or fiscal cost of treating missed advanced state cancer. Using Medicare reimbursements as an estimate for a national cost standard, the average cost of treatment for a missed advanced state (seminomatous and non-seminomatous) testicular tumor was compared to the average cost of six scenarios (four malignant and two benign) involving the work-up of a testicular mass felt during self-examination.

Results showed:

- The total treatment cost for an advanced stage testicular seminoma is \$48,877 while the total treatment cost for an advanced stage testicular non-seminoma is \$51,592.
- These costs are equal to the following:
 - 313 benign office visits (\$156)
 - 180 office visits with scrotal ultrasound (\$272)
 - 79 office visits with serial scrotal ultrasounds and labs (\$621)
 - 6 office visits resulting in radical inguinal orchiectomy for benign pathology (\$7,686)
 - 3 office visits resulting in detection, treatment and surveillance of an early stage testicular cancer (\$19,438 seminoma; \$26,190 non-seminoma)

Researchers demonstrated a 3:1 cost benefit ratio for early detected testicular cancer versus advanced stage disease, thus concluding TSE as a cost-effective consideration, which and should be promoted not discouraged.

Influence of Race on Outcomes in Testicular Cancer: Analysis of 75,902 Patients in the National Cancer data base (#MP10-05): African American males have an increased risk of being diagnosed with a higher stage testicular cancer or dying of the disease than Caucasian patients, according to researchers from Virginia Mason Medical Center, Seattle, WA; University of Southern California Norris Cancer Center, Los Angeles, CA; Oregon Health and Sciences University, Portland, OR; and British Columbia Cancer Agency, Vancouver, BC, Canada. Utilizing population-based data from the National Cancer Data Base (NCDB), researchers evaluated and aggregated racial/ethnic characteristics and social demographic features of nearly 76,000 men with testicular cancer. Overall survival was available on more than 48,500. Results showed:

- African American males had the lowest overall testicular cancer survival rates when compared to Asian, Caucasian and Hispanic males.
- At presentation, Stage III disease was seen in 15.5 percent of African American males vs. 13.9 percent Asian and 10.9 percent Caucasian males; however Hispanic males presented with the highest rate of Stage III testicular cancer with 17.2 percent.
- African American males are twice as likely to die from testicular cancer as Caucasian males, with similar stage at presentation.

The Influence of Access to Care on Adherence to Clinical Practice Guidelines for Testis Cancer (#MP10-03): Use of the National Comprehensive Cancer Network (NCCN) clinical practice guidelines for testis

cancer by physicians varies based on access-related patient features such as hospital type and geographic location, according to researchers with Vanderbilt University Medical Center, Nashville, TN and University of Chicago Medical Center, Chicago, IL. Measurement of pre-orchietomy serum tumor markers (pSTM) in patients with suspected testis cancer (TC) and use of radiation therapy (RT) for clinical Stage IS (cIS) seminoma are recommended processes of care in the NCCN guidelines; however based on patient data gathered and analyzed from the National Cancer Data Registry, results showed:

- Of the 6,462 patients with orchietomy-proven testicular seminoma and non-seminoma, 75 percent had pSTM drawn. Use of RT for cIS occurred in slightly more than half of patients.
- Physician-use of pSTM in comprehensive or academic cancer facilities and for lower income patients or younger aged males showed a significant increase between 2004 and 2011, while geographic location in the South or Midwest was negatively associated with the use of pSTM.
- For patients diagnosed between 2010 and 2011, utilization of RT for cIS seminoma was less likely to occur than those diagnosed prior to 2006.

“Most testicular cancers can be found at an early stage and many physicians agree self-exams are fundamental to early diagnosis,” said Dr. Davies. “Healthcare access, inherent biological differences and cultural perceptions may be important factors in patient diagnosis, treatment and survival variances; however further research is needed to understand more about the causes of this disease. This improved understanding will lead to even more individualized and effective diagnosis and treatment options.”

NOTE TO REPORTERS: Experts are available to discuss this study outside normal briefing times. To arrange an interview with an expert, please contact the AUA Communications Office at 410-689-3932 or e-mail cfrey@AUAnet.org.

About the American Urological Association: The 109th Annual Meeting of the American Urological Association takes place May 16 - 21 at the Orange County Convention Center in Orlando, FL.

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 20,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy.

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