

NBCH action brief

Prostate Cancer

Among American men, prostate cancer is the most common non-skin cancer and the second leading cause of cancer death, exceeded only by lung cancer.¹ In 2010, medical costs associated with prostate cancer were estimated at \$12 billion—the fifth highest cost for any cancer site—with total cancer costs in the United States amounting to nearly \$125 billion.² The significant financial burden of cancer, compounded with the emotional strain of diagnosis and treatment, can create a complex situation for employers. This Action Brief outlines the scope of prostate cancer as well as how health plans are addressing the issues based on data from eValue8™, a resource used by purchasers to track health plan performance. Lastly, the brief highlights actions employers can take to educate its workforce about screening options and improve quality of life while reducing treatment costs for those facing a prostate cancer diagnosis.

WHAT'S THE ISSUE?

APPROXIMATELY 12% OF AN EMPLOYER'S TOTAL MEDICAL SPEND IS ATTRIBUTED TO CANCER RELATED EXPENSES³

WHAT IS CANCER?

- ▶ There are more than 100 different types of cancer.
- ▶ Normal cells grow, divide, and die in an orderly fashion. Cancer is the result of abnormal cell growth and division where cells do not die but rather evolve into a mass of tissue called a tumor.
- ▶ Benign tumors are non-cancerous, can often be removed, do not typically return, and do not spread.
- ▶ Malignant tumors are cancerous and can spread to other parts of the body through the bloodstream or lymph vessels. This process is known as metastasis.⁴

PROSTATE CANCER FACTS & RISK FACTORS

- ▶ Only affecting males, the lifetime probability of developing prostate cancer is one in seven.⁵
- ▶ Approximately six in ten prostate cancer cases are diagnosed in men aged 65 and older.⁶
- ▶ About nine out of ten prostate cancer cases do not metastasize, also known as localized prostate cancer.⁷
- ▶ In 2014, more than 233,000 new cases of prostate cancer will be diagnosed, accounting for 27% of all new cancer cases in men.⁸
- ▶ More than 29,000 American men will die from prostate cancer this year.⁹
- ▶ African-American men have a higher risk of prostate cancer diagnosis than men of other races, and African-American men are more than twice as likely to die of prostate cancer as white men.¹⁰

- ▶ The risk of prostate cancer more than doubles for men whose father or brother has been diagnosed with the disease.¹¹
- ▶ Research has yet to determine the most effective treatment for localized prostate cancer, but options include surgery, radiation therapy, hormone therapy, watchful waiting, or active surveillance for low-risk patients.

THE SCREENING DEBATE

Most men with localized prostate cancer have few or no symptoms. These cancers are typically found during a routine exam or a blood test called PSA (prostate specific antigen). In 2012, the U.S. Preventive Services Task Force recommended against the use of PSA screening for healthy men of all ages, stating that the harms of screening outweigh the benefits. Not only are there frequent complications of biopsy as well as false-positive results, but also, most prostate cancers detected during a PSA test are slow growing and not life threatening.¹² Nonetheless, nearly all men with PSA-detected prostate cancer opt for treatment despite common risks of impotence and incontinence.¹³ In contrast, other physician-led groups maintain that PSA screening should be considered in the context of a man's life expectancy and other medical conditions. Ultimately, decisions about screening should be individualized based on a man's level of risk, overall health, and life expectancy.¹⁴



WHY EMPLOYERS SHOULD CARE

- ▶ Cancer costs employers an estimated \$264 billion a year in medical care and lost productivity.¹⁵
- ▶ Because prostate cancer typically affects older males, the burden on employers is often less than when compared to other cancer sites; however, prostate cancer is attributed to approximately \$3.3 billion of lost productivity due to death from the disease.¹⁶
- ▶ Prostate cancer costs range extensively based on treatment, but annual per patient costs in the United States average \$10,612 in the initial phase after diagnosis, \$2,134 for continuing care, and \$33,691 in the last year of life.¹⁷
- ▶ Men with low-risk prostate cancer are often unnecessarily treated, potentially risking harm for no major benefit. Overtreatment costs are estimated at more than \$15,000 per patient or \$32 million annually.¹⁸
- ▶ Active surveillance is reported to yield the lowest overall costs, including ten years of follow up.¹⁹
- ▶ In 2008, 34% of employees with prostate cancer returned to work.²⁰

SPOTLIGHT ON PERSONALIZED MEDICINE

Cancer is a result of damage to our genes, and the damage can occur for three reasons: an individual may be born with a defective gene; an individual may be exposed to environmental toxins; and lastly, genes simply wear out over time, which in part accounts for the increased cancer rates in older adults.²¹ Personalized medicine is a new and promising strategy doctors use to learn about a patient's genetic makeup and unravel a tumor's biology, and many of the first breakthroughs in personalized medicine have occurred in the study of genomics. Genomic testing of a prostate tumor helps predict the aggressiveness of the cancer thus enabling physicians and their patients to make treatment decisions with greater confidence.

MEASURING UP

JOB OF SUPPORTING THEIR CANCER PATIENT MEMBERS WHEN IT COMES TO NAVIGATION OF TREATMENT OPTIONS.

- ▶ Plans reported an average rate of radical prostatectomy, the most common surgical treatment for prostate cancer, of 2.24 of 1,000 male members 45-65 years old.
- ▶ 97% of surveyed plans provide some form of cancer treatment option support for their members, including benefits and risk assessment; patient narratives and testimonials; information tailored to the progression of a member's condition; provider information; treatment cost calculators; and an estimate of potential out of pocket costs.
- ▶ Most of the surveyed plans (91%) offer disease management programs for their members with cancer—36% reported that the management services are available plan-wide to all members with cancer, while 45% specified that they manage cancer as a comorbidity to another condition.
- ▶ Nearly all surveyed plans (100% of HMOs and 97% of PPOs) use genomic testing to assess appropriateness or effectiveness of specialty drugs used for cancer treatment.
- ▶ Approximately 70% of the surveyed plans reported monitoring both volume as well as paid claims for tracking utilization of preference sensitive procedures like prostate surgeries among their plan members.
- ▶ Most of the surveyed plans (91%) also provide free health and wellness newsletters/articles to their members, specifically focusing on content about preventive screenings for cancers and other diseases as part of their standard benefit for fully insured or self-insured lives.

TAKE ACTION

Action Item #1: Empower your workforce to make informed decisions about screening and treatment

- ▶ Promote shared decision making, an evidence-based approach used between clinicians and patients when making decisions about screening and treatment
 - Encourage employees to discuss with their clinician the risks and benefits of screening, scientific recommendations, health, prostate cancer risk, and personal preferences. For many men, possible harms may outweigh benefits from screening.²²
 - Promote conversations between those diagnosed with prostate cancer and their health care professional about what treatment options (including no treatment) may be right for them, considering age, cancer stage and

tumor grade, symptoms, general health, and personal preferences. For example, watchful waiting may be the most appropriate treatment decision for one patient, whereas genomic testing may point to the need for more aggressive treatment for another.

- ▶ Provide employees with resources about screening, such as the [Choosing Wisely](#) article on prostate cancer screening, [healthfinder.gov](#) patient questions for the doctor, and the [U.S. Preventive Services Task Force's](#) consumer fact sheet.
- ▶ The [National Cancer Institute](#) and [Centers for Disease Control and Prevention](#) provide a wealth of consumer information and resources about screening, testing, and treatment for prostate cancer.

TAKE ACTION (CONTINUED)

Action Item #2: Engage your health plan and vendors to support strategies for employees with cancer

- ▶ Work with your service providers to ensure they offer robust reporting tools to drill down into the clinical as well as economic data across medical and pharmacy benefits.
- ▶ In addition to screenings, ensure coverage for appropriate diagnostic follow-up as well as treatment.
- ▶ Consider requiring appropriate evidenced-based genomic testing prior to initiating surgery or radiation for prostate cancer.
- ▶ Identify plans and/or hospitals that provide patient navigation programs, which provide personal guidance to cancer patients, including treatment options and resources available.
- ▶ Talk with your plan about cancer support programs, and enlist your specialty pharmacy/PBM vendor to support adherence programs.

- ▶ Due to the high price of many cancer drugs, (see [Specialty Pharmacy Action Brief](#)) ensure that there are reasonable out-of-pocket caps in place.
- ▶ Implement effective and flexible job accommodations and return-to-work programs that support the worker as they transition back into the workplace.

Action Item #3: Become a leader in your community

- ▶ [Employer-based health coalitions](#) serve as vehicles for improving workforce and community health at the local level and achieving the most value for health care expenditures. These collaborations leverage the voice and power of their employer purchaser members, often through public-private partnerships, in improving health and health care.

Endnotes

- 1 <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>
- 2 <http://www.cancer.gov/newscenter/newsfromnci/2011/CostCancer2020>
- 3 Miller S. "Employers Focus on Cancer Prevention and Care." *Society for Human Resource Management*. November 2013.
- 4 "Defining Cancer." National Cancer Institute. National Institutes of Health.
- 5 <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>
- 6 Ibid.
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- 8 <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-key-statistics>
- 9 Ibid.
- 10 <http://www.cancer.org/cancer/prostatecancer/detailedguide/prostate-cancer-risk-factors>
- 11 Ibid.
- 12 Prostate Cancer Screening Recommendation: What are the benefits and harms of prostate cancer screening? U.S. Preventive Services Task Force. May 2012.
- 13 Ibid.
- 14 http://www.pcf.org/site/c.leJRIROrEpH/b.5802071/k.C620/PSA_DRE_Screening.htm
- 15 Cuomo, M. "The Truth About Health Care Costs." *Huffington Post*. Trust for America's Health. September 2012.
- 16 Bradley CJ, Yabroff KR, Dahman B, et al. Productivity costs of cancer mortality in the United States 2000-2020. *J Natl Cancer Inst*. 2008;100:1763-1770.
- 17 <http://www.ncbi.nlm.nih.gov/pubmed/21884356>
- 18 <http://www.medscape.com/viewarticle/779223>
- 19 Keegan KA, Dall'Era MA, Durbin-Johnson B, et al. Active surveillance for prostate cancer compared with immediate treatment: an economic analysis. *Cancer*. 2012 Jul 15; 118 (14): 3512-8.
- 20 [Cancer, pregnancy lead causes of Unum's disability claims: related education and outreach offer support for individuals and employers \[press release\]](#). Chattanooga,TN: Unum. May 3, 2010.
- 21 Salwitz, J. "The Future is Now: Personalized Medicine." *American Cancer Society*. April 2012.
- 22 Moyer VA on behalf of U.S. Preventive Services Task Force. "Screening for Prostate Cancer: U.S. Preventive Services Task Force Recommendation Statement." *Annals of Internal Medicine*. 2012;157:120-134.