VA Cooperative Studies Program Epidemiology Analytics Resource (CSPEAR)

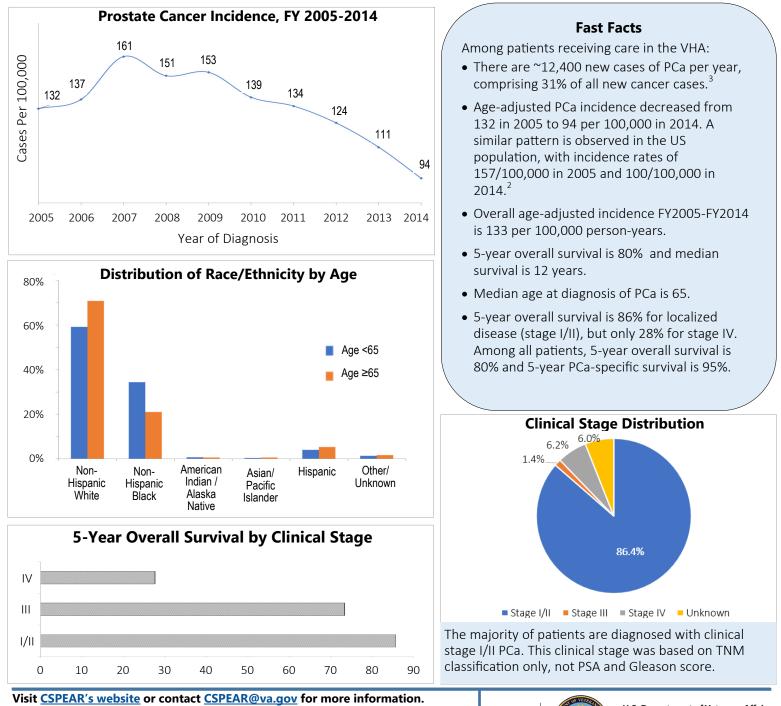
Prostate Cancer

May 2019

Fact Sheet: Data on Veterans Using VA Health Care

CSPEAR provides timely epidemiologic information on VA health care users. This fact sheet presents summary data to inform a broad community of VA leaders, investigators, and clinicians as they consider how best to address the needs of Veterans.

Introduction: Prostate Cancer (PCa) is the most common cancer and the second leading cause of cancer death in men in the US. In the US, an estimated 174,650 new cases and 31,620 deaths are expected to occur in 2019.¹

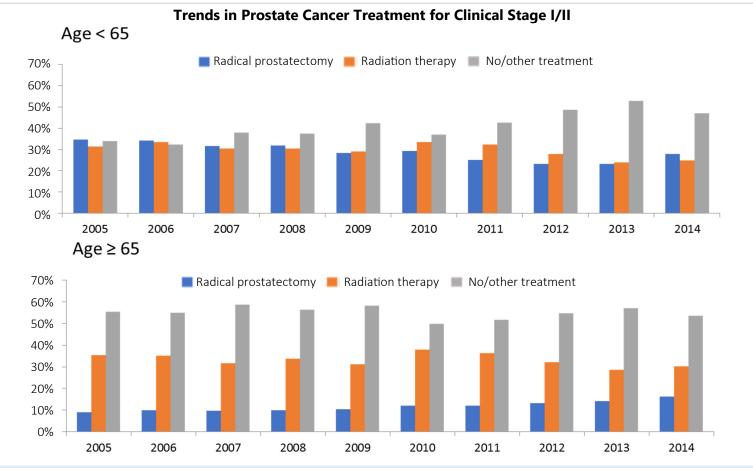


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U.S. Department of Veterans Affairs

Veterans Health Administration Cooperative Studies Program

Gleason Score Categories				
Gleason score category	All years %	2005-2009 %	2010-2014 %	Gleason score is the grading system used to evaluate the aggressiveness of PCa based on
2-6	39	43	34	biopsy, with lower scores representing less aggressive PCa. Among biopsied patients, 39% of had Gleason scores 2-6 and 20% in the highest Gleason score category.
7	41	39	43	
8-10	20	18	22	



Among biopsied patients with clinical stage I/II PCa, treatment rates for those <65 ranged from 35% to 28% for radical prostatectomy, 31% to 25% for radiation therapy, and 34% to 47% for no/other treatment between 2005-2014. Corresponding treatment rates among patients \geq 65 are 9% to 16% for radical prostatectomy, 35% to 30% for radiation therapy, and 56% to 54% for no/other treatment. This represents treatment received within 1 year of diagnosis, and does not consider non-VA care particularly for patients \geq 65.

Summary of Data Sources and Analysis

Data were obtained from the VA Central Cancer Registry (VACCR), which contains demographic, tumor and treatment characteristics for VA patients.³ Prostate cancer defined as ICD-O-3 C619, SEER site recode 28010. Vital status was obtained from the VA Corporate Data Warehouse. Overall survival was estimated using the Kaplan-Meier method. The age-adjusted incidence rate was calculated based on U.S. 2010 adult population estimates and VA user population. The number of VA users in FY05-15 was obtained from the VA National Center for Veterans Analysis and Statistics.⁴ **Notes:** This work was conducted under the Epidemiology of Cancer among Veterans (EpiCAN) protocol (IRB: #2009). This material is the result of work supported with resources and the use of facilities at the VA Cooperative Studies Program Epidemiology Center in Durham, NC. The contents do not represent the views of VA or the US Government.

References

- 1. American Cancer Society. Cancer Facts & Figures 2019. American Cancer Society. Atlanta, GA. 2019.
- 2.Siegel R.L., Miller K. D., Jemal A. Cancer statistics, 2018. CA Cancer J Clin. 2018 Jan; 68(1):7-30.
- 3.Zulling, L.L., et. Al. Cancer Incidence Among Patients of the U.S. Veterans Affairs Health Care System: 2010 Update. Military Medicine. 2017; 182(7), e1883-e1891.
- 4. Office of Enterprise Integration (OEI). Data Governance and Analytics. U.S. Department of Veterans Affairs. Accessed January 2019 at <u>https://www.va.gov/oei/about/</u> data-governance-analytics.asp.