



- Title** Brachytherapy for the Treatment of Prostate Cancer, November 2000
- Agency** MSAC, Medical Services Advisory Committee
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Aim

To assess the safety and effectiveness of the service and under what circumstances this service should be supported with public funding.

Conclusions and results

Safety: Brachytherapy may offer less risk of impotence and urinary incontinence than other major treatment options for localized prostate cancer.

Effectiveness: There has not been a successful randomized controlled trial of the use of brachytherapy. The relative advantage of brachytherapy derives from perceived scope for potency preservation and the single session outpatient nature of the treatment.

Cost-effectiveness: Brachytherapy has slightly higher direct budgetary costs than other alternatives, but may involve less indirect costs associated with reduced hospitalization and time off work.

Recommendations

Interim public funding should be supported at approved sites for patients with prostate cancer at clinical stages T1, T2a, or T2b, with Gleason Scores ≤ 6 , prostate specific antigen ≤ 10 ng/ml, a gland volume < 40 cc, and with a life expectancy of more than 10 years, subject to a review within 3 years.

Method

MSAC conducted a systematic review of the biomedical literature from 1990 to March 2000 using biomedical electronic databases, the Internet, and international health technology agency websites to identify relevant studies.