

[Cost of dealing with incontinence after prostate operation averages €210 per year](#)

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**Madrid, 23 March:** Incontinence is a common side-effect in men after treatment for prostate cancer. Now a new study not only confirms the high rates of post-operation incontinence, but also for the first time details some of the significant economic costs facing men – on average €210 per year after surgery, in some cases rising to as much as €283 in the first year. This work is presented at the European Association of Urology conference in Madrid.

Prostate cancer is the most common cancer in men, with around 360,000 new cases every year in Europe – making it about as common as breast cancer is in women<sup>1</sup>. Often the cancer can be removed by surgery, which takes out the whole prostate. But there are very common side effects, notable erectile dysfunction (impotence) and urinary incontinence. This is because the nerves which surround the prostate are often damaged during the operation, and these nerves control the ability to have an erection and to control incontinence

Now a team of doctors from the University of Nijmegen (Netherlands), in collaboration with researchers from a Dutch insurance company, have used health insurance data to reveal the extent of post-operative incontinence, and the costs of dealing with it. The team reviewed data from the Achmea Health Insurance Database, which contains information on 17% of Dutch men. With this database, they were able to review data for 2834 men who had been treated for prostate cancer. They were able to correlate the surgical procedure with post-operative incontinence, and also with the resultant insurance costs which the men claimed for incontinence material (incontinence pads/diapers).

The researchers found that on average each incontinent man spent €210 in absorbent pads, every year, with a range of €112 to €283. In the second year, the mean cost of continuing incontinence remained high, at €219 per person.

They also found that the percentage of men suffering from incontinence in the first year after a urology procedure or follow-up varied from 8% of those undergoing conservative treatment ('watchful waiting/active surveillance') to 80% for those undergoing laproscopic surgery (removal of the prostate via keyhole surgery). The overall mean incontinence rate was 22.6%. In the second year after treatment, incontinence still persisted in 40% of those who had undergone a laproscopic prostatectomy.

As lead researcher Dr Maarten de Rooij said:

*“It can be very distressing to suffer from incontinence, and erectile dysfunction, after a cancer operation. Our work shows that, on top of this, it can have real economic costs as well – an average of €210 per person in our study in the first year. These are continuing costs for many men whose incontinence doesn’t improve over time. In the Netherlands for example, this side-effect of prostate cancer treatment could cost up to €800,000 per year, for only the newly treated men, and we would guess that other countries would have similar costs in proportion to their population.*

*The work also confirms the extent of the problem of incontinence after prostate cancer treatment. Given the size of the problem, we need to attach increasing importance to making sure that patients are not treated unnecessarily, while at the same time missing as few real cancers as possible”.*

Commenting for the EAU, Professor James N'Dow (University of Aberdeen), Chair of the Guidelines Office Board at the EAU said:

*“The cost of incontinence after prostate cancer surgery is a neglected topic and therefore this study is important and timely as it brings back into the public domain the critical issue of the wider costs of treating prostate cancer. The cost for incontinence quoted in this study however is an underestimate of the true cost to the patient, his family and society at large. The MAPS study published in the Lancet confirmed that the 20 year additional cost of incontinence for a man after prostate surgery is closer to Euro € 50,000 each. This has to change and we must do better. The EAU is ideally placed to lead the way in doing something about this costly problem through unrivalled science, innovation and advocacy”<sup>2, 3</sup>.*

**ENDS**

### **Notes for Editors**

**PLEASE MENTION THE EUROPEAN ASSOCIATION OF UROLOGY CONGRESS IN ANY STORY  
RESULTING FROM THIS PRESS RELEASE**

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The 15<sup>th</sup> European Association of Urology conference takes place in Madrid from 20-24<sup>th</sup> March. This is the largest and most important urology congress in Europe, with up to 13,000 expected to attend. Conference website <http://eaumadrid2015.uroweb.org/>

### **References**

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#### **Abstract Nr: 630**

#### **The high economic burden of urinary incontinence after prostate cancer treatment**

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**Introduction & Objectives** Because there is ongoing uncertainty about the optimal management of localized PCa, decision making is increasingly influenced by post-treatment quality of life and adverse effects. Urinary incontinence (UI) is a common adverse effect of PCa treatment. Reported proportions of men who experience post-treatment UI vary amongst different treatment options, pre-treatment characteristics, and definitions being used. Besides psychological distress, adverse effects contribute to the enormous economic burden of PCa. Last decades, the health care expenditures for PCa dramatically increased due to improved survival, longer life expectancy, and increased detection. So far, UI rates are studied in follow up studies, but a population based assessment with accompanied societal costs is still lacking. Our objective was to assess UI rates and costs from a health insurance database with representative information of approximately 17% of the Dutch population.

**Material & Methods** We used longitudinal health insurance data of the Achmea Health Database (AHD), which offered the unique possibility to extract treatment pathways and UI rates with corresponding reimbursement costs. Within the database we selected men who underwent a PSA test in 2007. All men with a PSA test or a treatment for PCa in 2006 were excluded to select men at the beginning of their PCa pathway. Men who were not insured during the complete inclusion period (2007 through 2011), and men under the age of 30 were also excluded. Six different treatment pathways were identified by their corresponding health insurance codes: 1) men with a suspicion of PCa; 2) follow-up (active surveillance/watchful waiting); 3) radical prostatectomy (open/laparoscopic); 4) radiotherapy; 5) prostatectomy and radiotherapy (open/laparoscopic); 6) palliative treatment. Data of all men were analyzed to assess the proportion of men with treatment related UI and the associated health insurance reimbursements.

**Results** We identified 2834 men who underwent treatment or follow-up for PCa. UI rates in the first year after treatment varied from 8.8% in the conservative treatment group to 80.4% in men who underwent laparoscopic prostatectomy (mean 22.6%). Costs per patient were €112 – €283 (mean €210). In the second year after treatment or follow-up, UI rates varied from 9.2% in the conservative treatment group to 40.0% in men who underwent laparoscopic prostatectomy (mean 14.6%). Costs varied from €164 – €292 per patient (mean €219). In both years prostatectomy was associated with the highest UI rates.

**Conclusions** The high rates and costs of UI found in the current study, particularly after prostatectomy, show the importance of the UI burden. This burden is likely to increase in the future, unless new strategies are adopted to improve over-diagnosis and over-treatment of PCa.

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