

Prostate cancer in Lima-Peru (2010-2012); Opportunistic screening, primary and secondary prevention strategy - Importance of the Clinical Stadiums.

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INTRODUCTION: Pow-Sang M and Huamán M. (1) mention: "The early detection of prostate cancer in Peru is very low, since patients usually arrive with locally advanced or advanced disease." It is imperative to generate prevention programs for early diagnosis of prostate cancer through the digital examination of the rectum of the prostate and the measurement of the prostate-specific antigen (PSA) in the blood."



Table 1. Effects of "Opportunistic Screening" on the Structure of Clinical Stadiums and Total Costs

WITHOUT SCREENING						
Clinical Stadium	% Clinical Stadium M.Pow-Sang (1) Study	Number of cases distributed by Clinical Stadium. RCLMC 2010-2012 (2) Study	Cost per Clinical Stadium. M.Pow-Sang (1) Study	Average exchange rate. 2010 SBS-SUNAT-PERU	Cost per Clinical Stadium. In American dollars	Total costs per clinical stadium. Without detection program
I, II	21	1246	5357	2.83	1893	2359257
III	42	2493	10300	2.83	3640	9072371
IV	37	2196	32500	2.83	11484	25218507
	100	5935				36650135
WITH SCREENING						
Clinical Stadium	% Clinical Stadium A. Barceló-Obrador (5) Study	Number of cases distributed by Clinical Stadium. RCLMC 2010-2012 (2) Study	Cost per Clinical Stadium. M.Pow-Sang (1) Study	Average exchange rate. 2010 SBS-SUNAT-PERU	Cost per Clinical Stadium. In American dollars	Total costs per clinical stadium. With detection program
I, II	74.56	4439	5357	2.83	1893	8402048
III	16.67	992	10300	2.83	3640	3611066
IV	8.77	522	32500	2.83	11484	5996916
	100.00	5953				18010030

METHODOLOGY: Consequently, the association of the average annual cost of treatment per clinical stage would represent an evaluation indicator for opportunistic detection, taking into account that: "most, if not all, leading urological societies have concluded that, Currently, evaluation of large populations of prostate cancer is not convenient, whereas early detection (opportunistic detection) should be offered to well-informed patients "(3). Taking into account these fiscal costs for each clinical stage, established in the study of M. Pow-Sang (1). The state would have spent on the treatment of prostate cancer for the period 2010-2012, only in Metropolitan Lima and Callao, a little more than 36 million dollars a year, of which 25 million dollars would be for metastatic cases, those with very little chance of survival. Beyond four to five years (Table 1, without screening).

RESULTS: The opportunistic evaluation achieves higher percentage structures in the early stages I and II. This could change the epidemiological profile of prostate cancer in Metropolitan Lima and Callao. In the United States, it is estimated that 91% of new cases of prostate cancer were diagnosed in local or regional stages, in which the relative survival at 5 years was close to 100% (4). The Spanish study of Barceló Obrador. (5), showed a significant percentage distribution of the initial stages, which we should achieve if we want to achieve a significant change in the epidemiological profile of prostate cancer in Lima, capital of Peru. This information helped us create our second moment, with detection (Table 1).

CONCLUSIONS: Finally, if a percentage structure of the clinical stages is achieved, such as that experienced in the Spanish study Barceló Obrador (5), the benefits would be important, both economically and socially. With the information collected, it would clearly save 18 million dollars a year, half of what was spent in those years and the association of the variables of the average cost of treatment per clinical stage will add value to the impact of opportunistic evaluation.