

# QUALITY INDICATORS OF PROSTATE CANCER CARE IN CANTON TICINO: NUMBER OF DIAGNOSTIC NEEDLE BIOPSIES AND THERAPEUTICAL APPROACH ACCORDING TO THE PROGRESSION AND RECURRENCE RISK CLASSIFICATION. THE QC<sub>3</sub> STUDY.

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## Introduction and Objectives

According to the European guidelines the diagnosis of prostate cancer (PC) has to be confirmed, where possible, by needle biopsy. The choice of the treatment of PC should take into account the stage of the disease, prostate-specific antigen (PSA), Gleason score, as well as the patient life expectancy and co-morbidities. The purpose of this study is to calculate the number of samples taken and to figure out which treatments are offered in Ticino for the CP.

## Materials and Methods

All PC diagnosed in Canton Ticino in 2011-2012 whose information is available are selected. The number of needle biopsies is analyzed.

The localized PC (N0, M0) are stratified into three risk categories (D'Amico's classification): low, intermediate and high risk. The treatment modalities considered are: active surveillance (AS), radical prostatectomy (RP) ± pelvic lymphadenectomy, radiotherapy (RT), hormonal therapy (HT) and combined treatment RT + HT.

## Results

458 new PC are diagnosed in the considered period. For 373 patients, the diagnosis is based on needle biopsy and for 246 at least 8 samples are carried out.

Of the 295 localized PC, 29 are low-risk, 141 intermediate-risk and 125 high risk. The most frequently used treatments are the following: RP and AS for low-risk PC (38.0% and 34.5%, respectively), RP for intermediate-risk PC (63.8 %), RT + HT for high-risk PC (33.6 %).

## Discussion and Conclusions

The present *population-based* study on quality indicators of PC care shows positive and encouraging results: although improvements for the number of samples are possible, the results indicate that the diagnostic and therapeutic approach in the southern Switzerland reflects the European guidelines. Comparisons with other international studies are proposed.

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