

ABSTRACT

Introduction and Objectives

Prostate cancer is a high-profile disease due to its high incidence and large number of men dying yearly from the disease. Every aspect of this disease has been subjected to various controversies and debate. Options of management for optimal results are advancing rapidly.

This study is a retrospective analysis of cases of carcinoma of prostate. The objective of study is to analyze the epidemiology, presentation, prognostic variables and the treatment offered in one oncology unit in National Cancer Institute Maharagama. Further to get an insight into possible further development in improving quality of care in future.

Patients and Methods

Between January 2000 to December 2002, all (103) patients with prostate cancer presented to one oncology unit at National Cancer Institute Maharagama was analyzed retrospectively. Patient population was identified through search into patients clinical records maintained at the medical records room National Cancer Institute Maharagama. Data was entered in Microsoft Excel 2002 version data sheet.

Data analysis was carried out using Microsoft Excel Data Analysis Tool Pack. Statistical analysis for test of significance was done by regression analysis, chi-square test and two sample t-test assuming equal variance as an when appropriate.

Results

Median number of cases per year was 34; average age was 71.4 years; 67% cases were from Western province ; Commonest presenting symptom was dysurea and frequency; No statistically significant difference of incidence of prostate cancer in different ethnic groups in Sri Lanka ($p=0.01$);

48% cases had associated other comorbidities; average presenting PSA value was 97.4ng/ml; Majority of patients(56%) had a Gleason score between 7-10; 36% cases presented as localized disease and 34% cases as metastatic disease, and metastatic status was not assessed in 30% of cases, out of these 77.4% had PSA more than 20ng/ml.

No correlation between age and PSA ($p=0.5$), age and Gleason score($p=0.65$) or PSA and Gleason score ($P=0.23$). In contrast there was significant relationship between increasing presenting PSA and presence of metastases ($p<0.001$) and Gleason score and presence of metastases ($p<0.001$).

Radical treatment was offered for 38% cases; 56% cases were offered palliative treatment; Radical radiotherapy was the mode of radical therapy in 92.5% of cases; 96.5% of palliative treatment was orchiectomy; Non surgical androgen deprivation therapy was uses in 5% of radically treated cases and 10% of palliatively treated cases only.

Subgroup analysis of radically treated cases showed no statistically significant correlation between increasing PSA and recurrence rate ($p=0.34$) or increase in Gleason score and recurrence rate ($p=0.81$).