

# Prostate Cancer Surgery Better At Teaching Hospitals

Prostate cancer patients who undergo radical prostatectomy get better results at teaching hospitals than at non-academic medical institutions, according to the findings of an international study led by researchers at Henry Ford Hospital. "While our findings do not imply that teaching hospitals always provide better care than others, it is obvious that teaching hospitals have certain intrinsic characteristics that would explain the better results," says Quoc-Dien Trinh, M.D., a Fellow at Henry Ford Hospital's Vattikuti Urology Institute and lead author of the study.

Radical prostatectomy, or RP, is the surgical removal of the entire cancerous prostate gland and some surrounding tissue. RP and radiation therapy are the most common treatments for curing prostate cancer. The study, the first of its kind, appears in the current issue of the *Journal of Urology*.

Drawing on data from the U.S. Department of Health & Human Services' Health Care Utilization Project, the Henry Ford researchers concentrated on nearly 90,000 RPs performed from 2001 to 2007. Of those, nearly 60 percent were performed at teaching hospitals. Compared to those patients who had RP surgery at non-academic institutions, the study found that they had fewer complications after surgery, needed fewer blood transfusions and had shorter hospital stays. Additionally, hospitals with heavy caseloads saw similar results for complications, blood transfusions and length of stay. Even after adjusting findings for such hospitals, they found that teaching institutions enjoyed better RP results than others.

The researchers suggested that the very nature and characteristics of teaching hospitals might be the reasons for better RP results. Most of them offer more subspecialties and, at teaching hospitals, every level of clinical decision-making is subjected to peer review, which may translate into better selection of candidates for RP surgery, and of virtually all medical care directly or indirectly related to RP. These may include initial diagnostic testing, other tests before and after surgery, and related care during and after surgery.

Prior studies have linked more favorable outcomes with such factors as high surgeon and institutional patient volume and younger patient age. "From a practical perspective our results indicate that, on average, a more favorable post-operative complication profile, shorter length of stay and lower transfusion rate should be expected at academic institutions. However, the choice of an academic institution by itself does not guarantee better outcomes," says Dr. Trinh.

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Published on Surgical Products (<http://www.surgicalproductsmag.com>)

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