Methods

- **RESULTS**
  
  - **INTRODUCTION**
    - However, optimal timing of ADT has not been established1 and the survival benefits of
      androgen-deprivation therapy (ADT) as first-line therapy for men with metastatic prostate
      cancer (mPC) have not been clearly established.
      
    - Adjustments were made for clinical and demographic variables.
      
    - NCCN guidelines recommend docetaxel-based chemotherapy (CT) for men with symptomatic
      metastatic prostate cancer.
      
    - Time from diagnosis to initiation of ADT.
      
    - Percentage advancing to CT.
      
    - In patients who received ADT, the following outcomes were evaluated:
      - Patients >65 years of age with PC with either metastatic disease at diagnosis or progression
        with ADT after metastatic diagnosis.
      - Based on Medicare claims, treatment was assigned as:
        - Cabazitaxel, epirubicin.
      - Poorly differentiated
      - Patients not enrolled in both Medicare Part A and B.
      
    - **Statistical Analysis**
      - To describe the patterns and timing (including geographic variation) of ADT use and initiation
        of CT use among men with mPC.
      - To monitor changes over time in the use and timing of ADT and CT.
      - To examine community practice patterns in men with mPC.
      - Regional variation in time to CT from metastatic diagnosis was also substantial and,
        Probability of progression to CT averaged 19%, but ranged from 5% to 29% between regions.
      - The remaining analysis focused on the 8123 patients who initiated guideline-based treatment
        with ADT after metastatic diagnosis.
      
    - **Conclusions**
      - Some men may not be receiving recommended treatment for their disease.
      - There is a need for a more uniform, evidence-based approach to initiating CT across different
        hospital service areas and benefits of ADT.
      
    - **REFERENCES**
      - 1. NCCN Clinical Practice Guidelines in Oncology™ Prostate Cancer (Version 4.2011). ©National
      - 2. Tannock IF, de Wit R, Berry WR, et al. Docetaxel plus prednisone or mitoxantrone plus
        Urol. 2006;49(4):440-446.