Title: Brachytherapy for the Treatment of Prostate Cancer - November 2000

Agency:Medicare Services Advisory Committee (MSAC) Commonwealth Department of Health and Ageing GPO Box 9848 Canberra ACT 2601 Australia [**http://www.msac.gov.au**](http://www.msac.gov.au/)

Reference: **MSAC application 1029. Assessment report ISSN 1443-7120**

Aim:To assess the safety and effectiveness of the service and under what circumstances this service should be supported with public funding.

# Conclusions and results:

SafetyBrachytherapy may offer less risk of impotence and urinary

incontinence than other major treatment options for localised prostate cancer.

EffectivenessThere has not been a successful randomised controlled trial of the use of brachytherapy. The relative advantage of brachytherapy derives from perceived scope for potency preservation and the single session outpatient nature of the treatment.

Cost-effectivenessBrachytherapy has slightly higher direct budgetary costs than

alternatives, but may involve less indirect costs associated with reduced hospitalisation and time off work.

# Recommendations:

Interim public funding should be supported at approved sites for patients with prostate cancer at clinical stages T1, T2a or T2b, with Gleason Scores =6, prostate specific antigen =10

ng/ml, a gland volume <40cc and with a life expectancy of more than 10 years, subject to a

review within three years.

# Method:

MSAC conducted a systematic review of the biomedical literature from 1990 to March 2000 using biomedical electronic databases, the Internet and international health technology

agency websites to identify relevant studies. Prepared by the Centre for Clinical Effectiveness, Australia