

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
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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:

- Safety* Brachytherapy may offer less risk of impotence and urinary incontinence than other major treatment options for localised prostate cancer.
- Effectiveness* There 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-effectiveness* Brachytherapy 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.