

Prostate Cancer Treatments Should be Decided by Patients and Their Physicians

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September is National Prostate Cancer Awareness Month, the most significant time to bring attention to a disease that adversely impacts men all 365 days of the year.

Men's Health Network and many other health organizations recommend routine prostate cancer screening for men over age 50, and at age 40 for African Americans and men with a family history of prostate cancer. At the least, they recommend that men in that age group have a discussion with their health care provider about risk factors and the need for screening.

But what happens if you are diagnosed with prostate cancer and need treatment? Will you receive the treatment you need?

What if a man who is on Medicare has just been told he has prostate cancer and needs treatment immediately. He has a discussion with his physician about which treatment is best. But neither of them can make the final decision about treatment. The decision is already made – by an agency in Washington, D.C.

It gets worse. The decision is not made based on the best treatment for the patient, but instead, priority is given to the most cost effective treatment. It is a policy of Medicare called "least costly alternative" (LCA). LCA dictates that cost is the prime factor in determining treatment and should overrule a doctor recommendation or a patient's wishes in fighting this disease. LCA allows Medicare contractors to deny payment for the additional cost of a more expensive treatment if there is believed to be a comparable treatment that costs less.

LCA was first used on durable medical equipment, such as wheelchairs. They can be largely interchangeable. But drugs are not as easily interchangeable as durable equipment. When a prostate cancer patient and his physician decide on a course of treatment, it is because of efficacy and safety and not because of cost.

Many prostate cancer patients are seniors and thus rely on Medicare to pay for their treatment. They are subject to LCA.

The LCA policy makes a false assumption. For example, the Food and Drug Administration policy is that the six products in one class are therapeutically equivalent or interchangeable. But there has been no such determination. Because of this, prostate cancer patients are forced to take a "comparable" drug or procedure that their physician has not prescribed or pay thousands of dollars out-of-pocket to receive the appropriate treatment. For most, paying out-of-pocket is not an option.

LCA can and does have a devastating effect on the lives of prostate cancer patients. Recently, the journal *Cancer* released a new study that found that from 2003 to 2005, the number of men receiving hormone therapy injections fell by 14 percent while the number of surgical castrations rose by 4 percent. That is because with an increased focus on LCA as a way to achieve savings in Medicare, surgical castration, which is a traumatic and irreversible surgery, increases because it is less expensive than providing the patient with hormonal therapy. Many patients cannot afford hormonal therapy treatment so they are relegated to taking less expensive treatments.

Somehow, LCA has been adopted by the vast majority of local Medicare carriers for application to one and only one class of drugs—a class of prostate cancer hormone treatments. That means men with prostate cancer are singled out as a class. No other cancer group would allow such an outrage. It is not hard to imagine that if a federal policy mandated that an elderly woman with breast cancer could only have access to the least expensive treatment, there would be an enormous public outcry and Congress would waste no time reversing that policy.

There is no public interest in treating prostate cancer patients differently. In fact, there can be no justification whatsoever for singling out prostate cancer patients and denying them their own choice in their treatment.

Congress needs to change this policy by removing LCA now.

I take this matter very personally. As a prostate cancer survivor and advocate for men's health, I have to say that men deserve better. I've dedicated my time to advocating for prostate cancer patients, to ensure they receive the treatment they deserve. I believe every one of the 200,000 men who are diagnosed each year with prostate cancer deserves to have all of the treatment options at their disposal when fighting for their life.

The last worry a prostate cancer patient who is fighting for his life should have is a financial hurdle imposed by the government bureaucrats in Washington, D.C., preventing him from receiving the medicine that his doctor knows is the best treatment option.

For more information, visit www.prostatehealthguide.com

About the Author: James Morning, MSgt (Ret.), State Coordinator for the Men's Health Network, is a prostate cancer survivor who was exposed to Agent Orange.