

PROSTATE CANCER

Urologic complication rates increase after prostate biopsy

Prostate biopsy carries a significant short-term risk of hospitalization for serious complications, found urologists from Johns Hopkins University, Baltimore, Maryland. In a random sample study of 17,472 Medicare recipients who underwent prostate biopsy between 1991 and 2007, the procedure was associated with a 6.9% hospitalization rate within 30 days after the biopsy compared with only a 2.9% hospitalization rate for 134,977 controls who did not have a prostate biopsy. Participants in the biopsy group were at higher risk than controls for hospitalizations for urinary or prostatic infection (0.4% versus 0.2%) and for noninfectious complications such as hematuria or urinary retention (0.30% versus 0.04%). Men hospitalized with biopsy-related infections had a 12-fold higher risk of death compared with men who did not have a biopsy. Researchers speculate that the steady increase in antimicrobial resistance rates in the United States may contribute to the increase in infections observed.

revascularization was no different between the two groups. At discharge after an MI, 5,855 patients were randomly assigned to full prescription coverage or usual coverage for statins, beta blockers, angiotensin-converting enzyme inhibitors, and angiotensin-receptor blockers. Rates of adherence to each of the medications were 44% to 6.2% higher in the group assigned to full prescription coverage, and their odds of full adherence were increased by 31% to 41%. Fewer than half of patients in the full coverage group were fully adherent to prescribed medications, however. The rates of fatal or nonfatal vascular events or revascularization were 18.8 per 100 person-years in the full-coverage group and 17.6 per 100 person-years in the usual coverage group, a nonsignificant difference. The mean total health spending was a nonsignificant \$5,770 lower in the full coverage group.

Arterial bypass surgery does not appear to reduce risk of subsequent stroke

Patients suffering transient ischemic attack who underwent extracranial-intracranial (EC-IC) arterial bypass surgery had no reduction in the rate of stroke after 2 years compared with patients who received medical therapy alone. The Carotid Occlusion Surgery Study randomly assigned patients into surgical and nonsurgical groups and measured stroke recurrence through 30 days after

surgery and within 2 years. The trial was terminated early when it was determined that no benefit would accrue from surgery. At 30 days, the rates of ipsilateral ischemic stroke were 14.4% in the surgical group and 2% in the nonsurgical group. The 2-year rates for stroke were 21% for the surgical group and 22.7% for the nonsurgical group. In an accompanying editorial, the authors write, "The review process of the Food and Drug Administration and Centers for Medicare & Medicaid Services must be harmonized and should require higher standards of evidence for clinical efficacy prior to clearance or approval of devices for stroke and subsequent reimbursement."

Physicians who receive payment for ordering cardiac tests order more of them

Physicians who are paid for ordering nuclear stress testing and echocardiograms prescribe these tests more often following coronary revascularization than physicians who did not bill for these tests, found researchers from Duke University, Durham, North Carolina. They assessed the use of these tests in 17,847 patients using data from a national health insurance carrier.

Among physicians who billed for professional and technical fees, 12.6% ordered a nuclear stress test, compared with 5% among physicians who were not paid for the testing. Similar results applied to ordering stress echocardiograms; 2.8% of patients had these tests ordered by physicians who billed for both professional and technical services compared with 0.4% who billed for neither.

Higher serum cholesterol level associated with lower mortality in older adults

Higher levels of total cholesterol were associated with lower levels of noncardiovascular mortality in older age groups, found investigators in the Netherlands. Adults aged 55 to 99 years (n=5,750) were evaluated for total cholesterol and followed for mortality for a median of 13.9 years. Age- and sex-adjusted analyses showed that each 1-mmol/L increase in total cholesterol was associated with an approximately 12% lower risk of noncardiovascular mortality. Age group-specific analyses showed that this association reached significance after the age of 65 and increased in magnitude across each subsequent decade. The association was driven largely by non-high-density lipoprotein cholesterol and was partly attributable to cancer mortality. Conversely, high-density lipoprotein cholesterol was not significantly associated with noncardiovascular mortality. These associations varied across the late-life span and were stronger in older age groups.