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Appropriate indications for surgery of benign prostatic hyperplasia.

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Abstract

Objective: To determine appropriate indications for prostatectomy of Benign Prostatic Hyperplasia (BPH) using a method previously developed by RAND (The RAND/UCLA appropriateness method) for rating the appropriateness of medical procedures.

Methods: The method is based on a synthesis of the evidence and a two-round expert panel using a modified Delphi process. The panel was composed of nine nationally recognized urologists. In the first round, panel members were sent a synthesis of the evidence, based on a literature review of BPH epidemiology, methods of treatment, and outcomes of prostatectomy, together with a list of 1,344 indications for BPH developed by project researchers. The indications were divided into seven chapters (acute retention, chronic retention, haematuria, urinary infection, bladder stones, diverticula, and symptomatology), each of which was subdivided by type and level of symptoms, level of comorbidity and fertility (defined as the desire to have children). Panelists individually rated the appropriateness of prostatectomy for each indication on a 9-point scale, using their best clinical judgment and considering an average patient aged 55 or older, presenting in 1994 to an average Spanish surgeon who performed the procedure. "Appropriate" was defined to mean that the expected health benefit exceeded the expected negative consequences by a sufficiently wide margin that the procedure was worth doing, regardless of cost. Extremely appropriate indications were rated 9, uncertain indications (neither clearly appropriate nor clearly inappropriate) were rated 5, and extremely inappropriate indications were rated 1. After completing and returning the questionnaire, panelists attended a structured meeting (second round), at which they were presented with a summary of the first round responses to the questionnaire. The panelists discussed each indication and were given the opportunity to reconsider their previous responses, and to collapse or expand the indications. This final rating was used in the analysis. The appropriateness rating was defined by the median and level of agreement among the nine panelists. An indication was rated "with agreement" when no more than two of the panelists' ratings were outside the three-point region (1-3, 4-6, or 7-9) containing the median, "with disagreement" when three or more panelists' rating were in the 1-3 region and three or more in the 7-9 region, and "indeterminate" in all other cases.

Results: The number of indications was reduced from 1,344 to 588, mainly because the panel believed that physician treatment decisions were not influenced by the fertility status of patients in this age group. Using the given definitions, the level of agreement increased after the meeting (second round) from 42% to 66%. In the final ratings, 32% of the indications were considered "appropriate" (median of 7-9 without disagreement), 42% were "inappropriate" (a median rating of 1-3 without disagreement), and 26% were "uncertain" (median of 4-6 or rated with disagreement).

Conclusions: This is the first time the appropriateness method has been applied in Spain. Important potential applications of the ratings thus obtained include determination of the proportion of prostatectomies for BPH performed for inappropriate reasons, the identification of unmet needs for this kind of surgery, and the development of rules for clinical practice guidelines.

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