

## Prostate Cancer Screening in Hospitalized Patients: Results from the Nationwide Inpatient Sample

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### ABSTRACT

#### OBJECTIVE

The aim of the study was to determine the nationwide prevalence, trends, and predictors of inpatient PCa screening in average risk patients using the National Inpatient Sample (NIS) database.

#### METHODS

NIS records from 2006 to 2014 were used to evaluate inpatient PCa screening encounters across United States (US) hospitals. All male patients between the ages of 45 and 69 at average risk for PCa were included. The outcome was whether a patient had an encounter for PCa as noted on their discharge record. Variables analyzed included demographic factors, hospital characteristics, and other concomitant diagnoses for prostatic or urologic problems.

#### RESULTS

The prevalence of inpatient PCa screening was 2.57 per 100,000 hospital discharges. In a multivariate setting, the following were significant factors associated with greater odds of inpatient screening: Medicare (AOR: 3.07; P = 0.0016), self-pay or uninsured patients (AOR: 1.74; P = 0.0371), rural (AOR: 11.9; P = <0.0001) or urban nonteaching hospitals (AOR: 5.26; P =

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<0.0001), Midwest hospitals (AOR: 4.90; P = <0.0001), urinary tract infection (P = 0.0367), genitourinary symptoms (P <0.0001), prostatic hyperplasia (P = 0.0006), or other male genital disorder diagnoses (P <0.0001).

### **CONCLUSION**

In light of unequal access to healthcare, disparities exist in uninsured and rural populations regarding cancer screening. PSA is a minimally invasive test that can help screen individuals at increased risk for the development of prostate cancer, allowing for early detection, prevention, improved rates of cure and ultimately, decreased rates of mortality.

### **KEYWORDS**

Prostate cancer; Screening; Prevention; National inpatient sample