

Administrative Closure
Delay in Treatment for Prostate Cancer
Phoenix VA Health Care System, Phoenix, Arizona
MCI # 2013-00902-HI-0352

The VA Office of Inspector General Office of Healthcare Inspections assessed the merit of allegations made by a complainant regarding a delay in treatment for prostate cancer due to a lack of communication and poor consult management at the Phoenix VA Health Care System (facility).

The facility is part of Veterans Integrated Service Network 18. The facility provides acute medical, surgical, and psychiatric inpatient care, as well as rehabilitation medicine and neurological care. Outpatient services are provided in a variety of settings, including Community Based Outpatient Clinics. The facility serves approximately 80,000 veterans in central Arizona.

We reviewed information provided by the complainant, the patient's VA and private hospital electronic health record, facility management documents and policies, Veterans Health Administration (VHA) policies, and other pertinent documents.

Case Review - The patient, a man in his sixties, had an elevated prostate-specific antigen¹ (PSA) identified at his [REDACTED] primary care clinic visit. At that time, the patient's primary care physician submitted a request for consultation with a urologist. When he was seen by a urologist on [REDACTED], the patient agreed to a biopsy.²

The prostate biopsy was completed on [REDACTED] and the positive results, indicating prostate cancer, were shared with the patient's urologist on [REDACTED]. The urologist notified the patient of the biopsy results eight days following the procedure. The patient underwent staging studies³ beginning 16 days after the biopsy. At the following urology appointment, on [REDACTED], the patient elected to undergo a robotic radical prostatectomy⁴, for which the urologist submitted a consult request to the VA Palo Alto Health Care System (VA Palo Alto). VA Palo Alto cancelled the consult on [REDACTED] with the recommendation that the consult be resubmitted once the patient's diabetes was better managed. Laboratory testing revealed a hemoglobin A1C (HbA1C) of 9.2 percent⁵ on [REDACTED]. The next lab tests were obtained on [REDACTED], with an HbA1C result of 6.7 percent.

¹ Prostate-specific antigen, or PSA, is a protein produced by cells of the prostate gland. The PSA level in a man's blood can be measured – the higher a man's PSA level, the more likely it is that he has prostate cancer. However, there are other non-cancerous reasons a man might have an elevated PSA level, and some men who have prostate cancer do not have an elevated PSA.

² The removal and examination of tissue from the living body; performed to establish a precise diagnosis.

³ Various scans and other tests to evaluate whether or not the cancer has spread to any other part of the body.

⁴ An operation to remove the prostate gland and some of the tissue around it, typically performed in order to remove prostate cancer.

⁵ A blood test used to determine how high an individual's blood sugar has been over the previous 2-3 months. A level of 6.5 percent or higher on 2 separate tests indicates diabetes. For most people with diabetes, a level of 7 percent or less is a treatment target.

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Acknowledgement of the VA Palo Alto cancellation and recommendation was noted in a [b)(3);38 U.S.C. 5701(b)(6)] urology note, and a discussion with the patient was documented in a primary care visit note on [b)(3);38 U.S.C. 5701(b)(6)]. During the [b)(3);38 U.S.C. 5701(b)(6)] appointment, the primary care physician identified that the patient's diabetes was under better control, and the provider indicated that he would notify the urologist that the patient was stable and able to be scheduled for the [b)(3);38 U.S.C. 5701(b)(6)] prostatectomy. The urologist revisited the patient's diabetes management at an [b)(3);38 U.S.C. 5701(b)(6)] urology appointment and again submitted a consult for the prostatectomy to VA Palo Alto. On the same day, VA Palo Alto informed the urologist that there were no longer any appointments available throughout the remainder of [b)(3);38 U.S.C. 5701(b)(6)] and that there were only limited appointments available in [b)(3);38 U.S.C. 5701(b)(6)].

Because the prostatectomy could not be performed at VA Palo Alto, the urologist submitted a fee-basis consultation request to the Mayo Clinic in Scottsdale, Arizona, on [b)(3);38 U.S.C. 5701(b)(6)] and this request was approved on [b)(3);38 U.S.C. 5701(b)(6)]. The approval for fee-basis care was valid for 30 days. The patient was notified that the referral had been approved on [b)(3);38 U.S.C. 5701(b)(6)], but at that time there were no appointments available at the Mayo Clinic until after the expiration of the fee-basis approval consult. The fee-basis consult was resubmitted on [b)(3);38 U.S.C. 5701(b)(6)] and the patient was informed of approval on [b)(3);38 U.S.C. 5701(b)(6)]. The patient underwent robotic radical prostatectomy on [b)(3);38 U.S.C. 5701(b)(6)].

Currently, the urologist is following the patient every three months with a PSA taken prior to each visit. The patient's PSA on [b)(3);38 U.S.C. 5701(b)(6)] was within the normal range.

Inspection Results - We substantiated that there was a delay in performing the patient's prostate biopsy. The biopsy was performed on [b)(3);38 U.S.C. 5701(b)(6)], 11 weeks after his initial urology appointment. Over the next 9 weeks, the patient underwent imaging studies for staging. On [b)(3);38 U.S.C. 5701(b)(6)] he had a follow-up urology appointment and elected to undergo robotic radical prostatectomy. At that time, the urologist submitted a consult request to VA Palo Alto.

A fee basis consult to the Mayo Clinic was approved on [b)(3);38 U.S.C. 5701(b)(6)] with an expiration in 30 days. However, the facility did not notify the patient until [b)(3);38 U.S.C. 5701(b)(6)] and at that time there were no appointments available until after the consult approval had expired. The patient underwent robotic radical prostatectomy at the Mayo Clinic on [b)(3);38 U.S.C. 5701(b)(6)] 13 months after the initial elevated PSA.

Conclusion - Delay in performing the patient's prostate biopsy and notifying him that a fee basis consultation was approved extended the patient's wait for prostatectomy. However, the delays were not clearly attributable to the facility and did not significantly impact the clinical course of disease.


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