

Prostate cancer patients told to consider radiation as well as surgery

The tension between urologists and radiation oncologists is not edifying for patients.

by **Jill Margo** in AFR on 24 July 2018

Prostate cancer patients are at the centre of a dispute between two groups of medical specialists.

These men have potentially curable cancer and the dispute is about how they can best get information about the two curative treatment options, surgery and radiation.

Both the urological surgeons and the radiation oncologists want patients to be fully informed so when they make a choice, they can feel confident about it.

Men want this too, but the irony is that the dispute is putting them under more pressure and is likely to erode confidence.

“We know that less than half the men who would benefit from chatting to a radiation oncologist, do chat to one,” says Associate Professor Sandra Turner. Patients don't want to be fought over, particularly if the fight is about treating a sensitive area of the body, deeply tied to their masculinity.

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Traditionally, if a man is suspected of having prostate cancer, his GP will refer him to a urologist who then investigates his case and discusses his options.

Urologists control the gateway to treatment and say they tell their patients about surgery and radiation. They may or may not then refer the patient onto a radiation oncologist.

The radiation oncologists say urologists are not in a position to give optimum information about radiation as it is not their speciality.

They say patients can be influenced by what surgeons say and should rather be referred onto a radiation oncologist for comprehensive information about the treatment.

As a decision is rarely urgent, men can take time to consult, become informed, think and make a considered decision.

They want dual consultation to become routine.

According to the medical literature, surgery and radiation for localised prostate cancer produce equivalent cancer control with differences in logistics and side effects.

To make an informed choice, men need to know the pros and cons of both and which differences are personally preferable.

Push for dual consultation

As the political struggle plays out at the top, so many urologists and radiation oncologists continue to collaborate harmoniously at the clinical and hospital level. More than 18,000 Australian men will be diagnosed with prostate cancer this year. Most will have early disease and it is not known how often or how well, urologists inform men about radiation or how often they refer them on.

Sometimes they don't, leaving men to find their own way to a radiation oncologist.

While [tension between the two](#) groups is longstanding, it was kept largely within the professional domain until 2015 when it flared [in public](#). Last month, the radiation oncologists, opened the issue again with a call to action, saying many men suitable for radiation therapy were not receiving accurate up-to-date information about it.

To be aware of their options, men need to consult the relevant specialists before making a decision, says Professor David Currow.

A [position statement](#), issued by Royal Australian and New Zealand College of Radiologists (RANZCR), asserted that to be fully informed, all men seeking curative treatment must talk to both specialities.

"We know that less than half the men who would benefit from chatting to a radiation oncologist, do chat to one," says Associate Professor Sandra Turner, radiation oncologist.

"We also know that in the urology training curriculum, there is no requirement for any practical exposure to patients having radiation therapy."

As an elected councillor of the college's Faculty of Radiation Oncology Council, she is leading the campaign for dual consultation.

“Urologists are highly trained and experienced to provide counsel in the management of prostate diseases, “says adjunct Professor Peter Heathcote
"Over some years, we tried to work together with urologists to make a statement about the optimal care pathway - about seeing both specialists – but that never came about."

"There seemed to be a lack of willingness so we decided it was best to draw a line in the sand to say this is what believe is best for patients."

"If we state our position very clearly, we have a place to start from, to work out how to change things."

50 per cent are missing out

On available data, she says it is "best practice" for men to have a discussion with both specialists. This occurs in many leading centres abroad.

When she tells international colleagues about the situation in Australia, she says they are shocked.

She says this dispute is not about getting more patients for radiation oncologists. "Most of us work in the public system and are always flat out."

Rather, she believes many men are getting "a raw deal" by not having dual consultations and is raising this in public as a last resort.

Will Medicare rebates for MRI alter the pathway of care for prostate cancer?
While it might have short term negatives for patients, she's hoping for long term positives.

As treatment for curative prostate cancer is rarely urgent, she says men have time to consult, become fully informed and think about the options.

The college's statement had support from some cancer organisations and local prostate cancer support groups.

Professor David Currow, chief cancer officer and CEO of Cancer Institute NSW, said to be aware of the options, they need to consult the relevant specialists before making a decision.

The Royal Australian College of General Practitioners said men would be denied vital information if they only saw a urologist and that going ahead without complete information could lead later to decisional regret, anxiety and stress.

But, while seeing both specialists would be ideal, Dr Evan Ackermann chair of college's quality care committee said this may not be realistic given the constraints of the Australian health system.

Cancer Voices Australia, an independent volunteer voice of Australians affected by the disease, hoped the position statement would be a catalyst for conversations on how to improve existing processes.

When a draft of the position statement was sent to stakeholders earlier this year, asking for support, the Prostate Cancer Foundation of Australia declined to endorse it fully.

Its CEO, Jane Endacott, told the *Financial Review* that while it agrees men diagnosed with prostate cancer should know all their options in order to make an informed decision, practically or economically it may not be possible for patients to consult both.

"We absolutely advocate that whoever they consult should ensure that all treatment options are discussed," she said.

Unsurprisingly, the Urological Society of Australia and New Zealand (USANZ), didn't support the position statement.

It recommends its members encourage patients to see a radiation oncologist but is against this becoming mandatory.

Urologists disagree

With five times more urologists managing prostate cancer than radiation oncologists, and with some regions of Australia having no radiation oncologists, it believes major delays would occur if dual consultations were mandatory.

The society released a statement saying there is no evidence that dual consultation is "best practice".

It says "best practice" is to provide personal counselling, present the case to a multidisciplinary team (which includes radiation oncologists), give patients good written information and then advise them.

"Urologists are highly trained and experienced to provide counsel in the management of prostate diseases, "says the society's president, adjunct Professor Peter Heathcote.

While acknowledging there may be a minority of men who may have been inadequately informed, he said the majority felt fully informed after a thorough consultation with their urologist.

Those who wanted more information or clarification were recommended where possible to consult other urologists, radiation and/or medical oncologists.

Although delays in treatment decision rarely lead to harm, he said additional opinions are potentially costly, may add to patient inconvenience especially in regional and rural areas and may be unwanted by the patient.

While the political struggle continues at the top, at a clinical and hospital level most working members of both specialties continue to collaborate harmoniously.

They do this as the management of prostate cancer continually evolves.

Today, many men with localised cancer avoid or delay active treatment, opting instead for "active surveillance", a program on which they are carefully monitored in case their cancer should become aggressive.

This dispute is not about patients opting for active surveillance, it's about those moving forward into treatment.

Another evolutionary step was taken this month when a Medicare rebate became available for men to have a MRI scan to rule out and monitor prostate cancer.

This will not only spare many painful biopsies, it will likely reduce over-treatment and could influence the pathway of care.

Radiation oncologists have recommended that at the bottom of the MRI report, there be a statement saying best practice is for patients seeking treatment to consult both a urologist and a radiation oncologist.

As the MRIs are performed by members of the same college, this recommendation has a favourable chance of being taken up.

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