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MEDIA RELEASE

PROSTATE CANCER TREATMENT: MORE RADICAL TREATMENT IN PRIVATE HEALTH SERVICES

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MEN seeking prostate cancer treatment within the private health system were more likely to opt for more radical treatment than men in the public system, according to research published online today by the *Medical Journal of Australia*.

Dr Luc te Marvelde, a Research Fellow at Cancer Council Victoria, and colleagues analysed Victorian Cancer Registry data linked to population-based administrative health datasets for 29 325 Victorian men diagnosed with prostate cancer during 2011–2017, looking for the proportions of men in private and public health services receiving radical prostatectomy (with or without curative radiation therapy) or curative external beam radiation therapy alone within 12 months of diagnosis.

They found that even after adjusting for age, tumour classification and comorbidity, men diagnosed in private health services received radical treatment more frequently than men diagnosed in public health services (odds ratio [OR], 1.40); the proportion of private patients who underwent radical prostatectomy was larger than that for public patients (44% v 28%) and the proportion of private patients who received curative external beam radiation therapy alone (excluding brachytherapy) was smaller (9% v 19%).

“Men diagnosed in private health services more frequently underwent radical prostatectomy (OR, 2.28),” te Marvelde and colleagues wrote.

“Radical prostatectomy was more frequent for men diagnosed in private health services for each International Society of Urological Pathology (ISUP) grade subset and socio-economic quintile.

“The difference was greater for men diagnosed after the age of 70 years (private v public: OR, 3.45) than for younger men (OR, 1.96).”

Although the authors offered no hypotheses for why the difference may exist, they acknowledged the need for further research.

“Treatment of people with cancer should be consistent, safe, of high quality and evidence-based, as described in the Cancer Council optimal care pathway for men with prostate cancer,” the authors concluded.

“Our findings indicate a notable difference between the Victorian public and private health service sectors in the treatment chosen by men with localised prostate cancer.

“Men with prostate cancer who have no comorbid conditions, live in areas of higher socio-economic status, and have less aggressive disease more frequently receive their biopsy diagnoses at private health services. Further, after adjusting for the influence of these factors on their subsequent treatment, differences between choices in the private and public systems remained evident, suggesting that other factors have a strong influence on whether men undergo surgery or receive radiation therapy.”

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