



## **PROSTATECTOMY TWICE AS LIKELY AS RADIOTHERAPY FOR PROSTATE CANCER**

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HEALTH policies regarding the treatment of prostate cancer should be re-examined to provide greater patient choice after a study found men in New South Wales aged 45 years or more with prostate cancer were twice as likely to undergo radical prostatectomy as external beam radiotherapy, and few had consulted radiation oncologists prior to surgery.

Published in the *Medical Journal of Australia*, the study analysed data from 4003 NSW men aged 45 years or more enrolled in the population-based *45 and Up Study* and in whom prostate cancer was first diagnosed during 2006–2013.

Surgery and radiation therapy are treatment options for low risk prostate cancer and both result in excellent survival rates but different side effects.

“In total, 1619 of 4003 patients underwent radical prostatectomy (40%) as their first treatment, 893 external beam radiotherapy (EBRT) (22%), 183 brachytherapy (5%), 87 chemotherapy (2%), 373 androgen deprivation therapy alone (9%), and 848 no active treatment (21%),” wrote the researchers, led by Dr Mei Ling Yap, a radiation oncologist from the Collaboration for Cancer Outcomes Research and Evaluation at the Ingham Institute, University of NSW.

Only 205 of 1628 patients who had radical prostatectomies (13%) had radiation oncology consultations prior to surgery yet both treatments are acceptable options.

Yap and colleagues found that radical prostatectomy was more likely for patients aged 45–59 years, with regional stage disease, living 100 km or more from the nearest radiotherapy centre, having partners, or having private health insurance, while lower physical functioning, obesity, and living in areas of greater socio-economic disadvantage reduced the likelihood. EBRT was more likely for patients aged 70–79 years, with non-localised or unknown stage disease, living less than 100 km from the nearest radiotherapy centre, or not having private health insurance, while being aged 45–59 years or greater than 80 years, or having several comorbid conditions reduced the likelihood.

“Men with prostate cancer were twice as likely to have radical prostatectomy as to receive EBRT, and fewer than one in seven had consulted radiation oncologists prior to prostatectomy,” Yap and colleagues wrote.

“Our findings suggest that patients do not typically consult both urologists and radiation oncologists about treatment choices; several uro-oncology specialist clinics have been established in Australia to help overcome this problem.



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"We need education programs to ensure that patients, their partners and caregivers, and their physicians are fully informed about all treatment options.

"Finally, associations between socio-economic factors and treatment received suggest the need for policy makers to review policies that affect access to the different treatment options for men with prostate cancer in Australia," Yap and colleagues concluded.

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