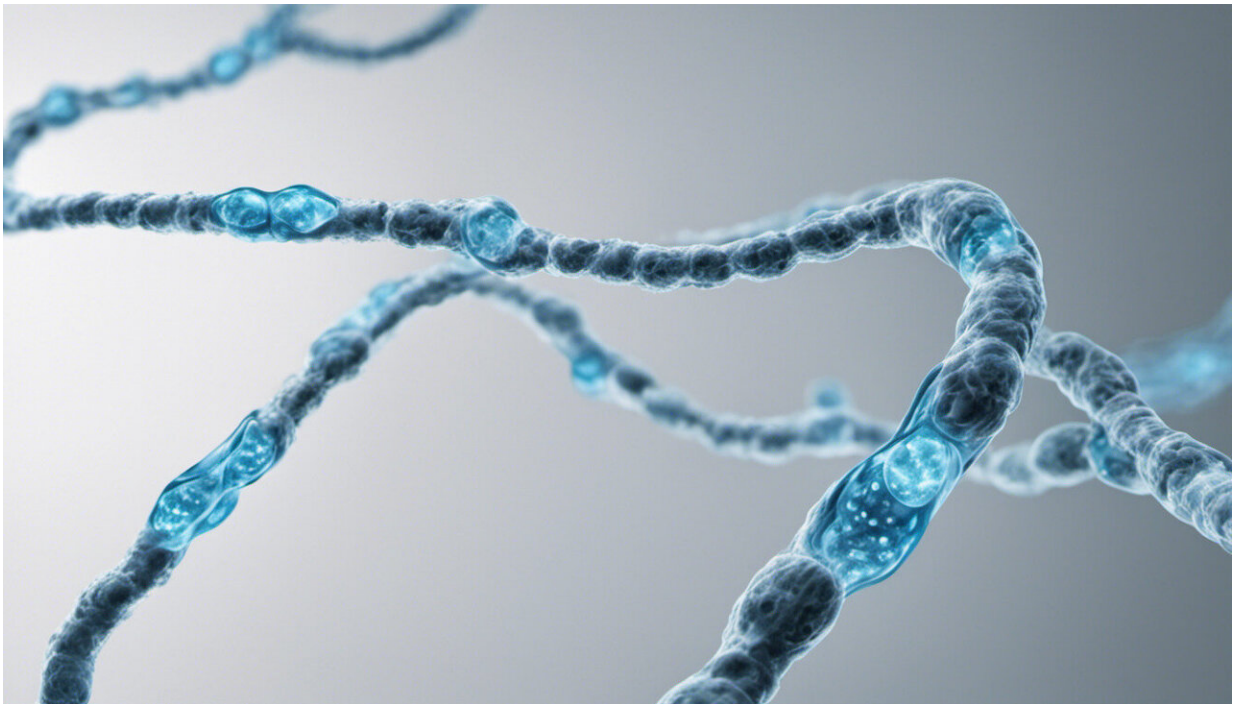


Prostate cancer patients believe robotic surgery is superior – despite limited evidence

February 22 2019, by Isabelle Dubach



Credit: AI-generated image ([disclaimer](#))

Robotic surgery for prostate cancer – an increasingly popular treatment option – is not proven as more effective, yet many patients believe that it is, a new UNSW and Ingham Institute study shows.

An Australian-first study by a team at UNSW Medicine, the Ingham

Institute and South Western Sydney Local Health District has shown that [prostate cancer patients](#) mistakenly believe that [robotic surgery](#) provides a more definitive cure for prostate cancer than other treatments.

The research – published this week in Patient Education and Counselling – also found that patients often did not consider the different side effects of their treatment options – rather, they followed clinicians' recommendations.

The study authors say Australian men need to be better informed about all their treatment options before making a decision with significant consequences for their quality of life.

"There is ongoing debate over the best way to manage men with localised prostate cancer," says Dr. Ben Smith, Co-Deputy Director of UNSW's Centre for Oncology Education and Research Translation (CONCERT) at the Ingham Institute, who led the study.

Men diagnosed with localised prostate cancer have several treatment options available to them. Much of the research to date has focused on the choice between open [radical prostatectomy](#), radiotherapy and active surveillance, with little research specifically focused on considerations regarding robotic-assisted radical [prostatectomy](#).

"This is the first piece of research that specifically explores decision making in Australian men with localised prostate cancer considering robotic prostatectomy," Dr. Smith says.

Robotic-assisted radical prostatectomy has been touted as a way of minimising side effects and has become increasingly popular.

"Robotic prostatectomy is fast becoming the treatment of choice for many men, despite potentially high costs, and limited evidence

supporting its superiority over other treatments," Dr. Smith says.

That's why the researchers wanted to understand why so many men diagnosed with prostate cancer were choosing to have robotic prostatectomy – and how to support men in deciding which treatment option best suited their needs when robotic prostatectomy and radiotherapy were equally appropriate to offer them.

In the study, 25 men recently diagnosed with localised prostate cancer completed semi-structured interviews asking about information and decision-making needs before and/or after attending a clinic in which they consulted a urologist and a radiation oncologist for treatment options.

The study revealed that most men preferred robotic prostatectomy over radiation therapy pre-clinic and chose it afterwards. Concerningly, they believed that robotic surgery provided a more definitive cure than radiotherapy, and they gave limited consideration to the differing side effects of robotic prostatectomy and radiotherapy.

"We found that men made decisions largely based on clinicians' recommendations – they trusted in clinicians and the information they provide to men is of course critical for treatment choice," Dr. Smith says.

"However, our study shows that men with localised prostate [cancer](#) need more balanced and complete information about robotic prostatectomy and radiotherapy, and they need it earlier in the process – so that they can participate in shared decision making, as recommended by guidelines."

To facilitate provision of balanced information, the team will advocate for referral to a radiation oncologist or combined clinic (in which men

see both a urologist and a radiation oncologist), as was established at Liverpool Hospital as part of the study, shortly after diagnosis.

"We are also trialing a Question Prompt List outlining possible questions about all available [treatment options](#) as a way of satisfying men's desire to get information directly from trusted clinicians, while accommodating varied preferences regarding information content and detail," Dr. Smith says.

The researchers say that it's important to note that this research was a small qualitative study conducted at a single Australian centre – Liverpool Hospital – so the findings may not generalise to other settings.

"We only included men with localised [prostate cancer](#) wanting the option of having robotic prostatectomy as curative treatment via the public health system. The perspectives of men who preferred other [treatment](#) approaches, or decided to pay for a robotic prostatectomy in the private system, are not represented," Dr. Smith concludes.

Provided by University of New South Wales

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