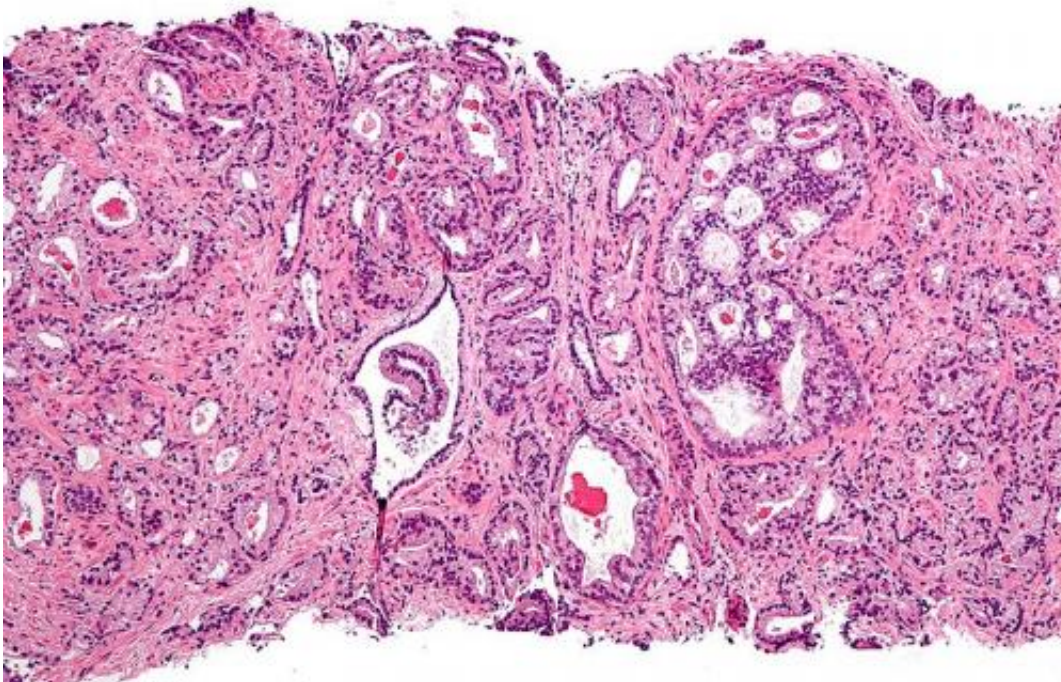


Care in a multidisciplinary prostate cancer clinic increases discussion about treatment options, adherence to guidelines

November 19 2019



Micrograph showing prostatic acinar adenocarcinoma (the most common form of prostate cancer) Credit: Wikipedia, [CC BY-SA 3.0](#)

Newly diagnosed prostate cancer patients have multiple standard-of-care treatment options available, but many are not fully informed of their choices. A study led by researchers at The University of Texas MD Anderson Cancer Center found men who seek treatment at a

multidisciplinary (MultiD) prostate cancer clinic are more likely to be advised about treatment choices and to receive care that complies with evidence-based treatment guidelines. African American men who visited the MultiD clinic also were more likely to receive definitive, or curative, therapy, compared with national trends.

The findings, published in *Cancer*, are based on the largest and longest analysis of a MultiD clinic database. The study evaluated treatment choice at MD Anderson's Multidisciplinary Prostate Cancer Clinic in comparison to U.S. national trends assessed by reviewing the Surveillance, Epidemiology, and End Results (SEER) database.

According to the American Cancer Society, 174,650 new cases of [prostate](#) cancer will be diagnosed this year, making it the most common non-skin cancer in men. Previous studies have shown [mortality rates](#) are similar for those who opt for [active surveillance](#) versus treatment, yet many men continue to experience preventable treatment side effects.

"Men who visit a MultiD prostate clinic have the opportunity to see a radiation oncologist and a urologist in the same visit, giving them the chance to discuss treatments options and potential side effects in order to make an informed treatment decision," said Chad Tang, M.D., assistant professor of Radiation Oncology and study author. "Patients and their families appreciate the opportunity to hear all treatment options and receive assistance with decision-making."

The study analyzed 4,451 men with prostate cancer treated at the MultiD clinic from 2004-2016. To compare nationwide trends, 392,710 men with prostate cancer diagnosed from 2004-2015 were selected from the SEER database.

Men with low-risk disease were more likely to choose active surveillance in the MultiD clinic than the SEER group. In 2015, the rate of active

surveillance among men with low-risk disease in the MultiD clinic was 74% compared with 54% in the SEER group. The tendency toward active surveillance for patients with low-risk prostate cancer is supported by the current National Comprehensive Cancer Network (NCCN) guidelines and national trends.

At the high risk end of the spectrum, significantly more men were offered aggressive treatment in the MultiD clinic group as compared to SEER patients. Nearly 20% of men with high-risk disease chose non-definitive treatment in the SEER group whereas all men with high-risk disease received definitive treatment in the MultiD clinic group. NCCN guidelines recommend men with high-risk prostate cancer receive definitive treatment.

In the MultiD clinic, African American men over 70 with low-risk disease were more likely to choose active surveillance than older white men. In all other age and risk groups, African Americans were more likely to receive definitive treatment. In the SEER cohort, the opposite was found where African Americans in all risk groups were more likely to receive definitive treatment across age groups.

Previous studies have shown increased use of definitive therapy among white patients compared with African American patients. Among MultiD clinic patients an opposite trend was found for high-risk, intermediate-risk and young low-risk patients, with African American patients having higher rates of definitive therapy.

"These results suggest that when offered treatment options by a multidisciplinary team, African American men may choose a more definitive treatment choice," Tang said. "The outcomes of this study offer an important motivation to provide multidisciplinary clinical care on the national level."

MD Anderson has implemented multidisciplinary prostate [cancer](#) clinics across the MD Anderson Cancer Network. MD Anderson Cancer Network collaborates with community hospitals and health care systems to provide higher quality and advanced care to patients in the communities in which they live.

The authors note several limitations to the study. Those included the current SEER database contains data through 2015, where the MultiD clinic database has information through 2016. The SEER database also lacks significant details regarding complete therapy and does not have data on whether patients were treated with active surveillance, watchful waiting, hormones alone or "benign neglect." Finally, there is inherent patient referral preference to this single center MultiD clinic.

Follow-up studies will look at other aspects of treatment choice. A current study evaluates financial effects of patients who choose external beam radiotherapy, brachytherapy and prostatectomy and the availability of choice across the country using the SEER database.

More information: Chad Tang et al. Contemporary prostate cancer treatment choices in multidisciplinary clinics referenced to national trends, *Cancer* (2019). [DOI: 10.1002/cncr.32570](https://doi.org/10.1002/cncr.32570)

Provided by University of Texas M. D. Anderson Cancer Center

Citation: Care in a multidisciplinary prostate cancer clinic increases discussion about treatment options, adherence to guidelines (2019, November 19) retrieved 3 May 2024 from <https://medicalxpress.com/news/2019-11-multidisciplinary-prostate-cancer-clinic-discussion.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is

provided for information purposes only.