

Urology-owned radiation oncology self-referral can increase patients' travel distance for treatment

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Men with prostate cancer in Texas may be driving more than three times farther than needed to obtain radiation oncology treatments for their cancer when treated at a urology-owned radiation oncology practice versus other facilities, according to a study to be published online August 15, 2012, and in the September 1, 2012, print issue of the *International Journal of Radiation Oncology*Biography*Physics (Red Journal)*, the official scientific journal of the American Society for Radiation Oncology (ASTRO).

This study reviewed 229 urology practices in Texas and found that 5 percent (12 centers) offered radiation oncology services, and 53 percent of the state's population lives within 10 miles of these centers. The 12 urology-owned practices were found to have multiple urologic clinics, but each practice has only one radiation oncology [treatment center](#) focused on [prostate cancer treatment](#). This often resulted in extended [travel times](#) because radiation therapy is not available at the same physical location as the urologic clinic where the patient was initially diagnosed. The mean patient travel distance was found to be 19.7 miles (26.11 minutes) to the urology-owned center versus 5.88 miles (9.15 minutes) to the nearest radiation oncology center.

The patient benefits of this practice model, known as physician self-referral, have been questioned particularly with regard to its impact on increasing [health care costs](#). Self-referral is being investigated by the U.S. [Government Accountability Office](#) and others due to concern that [financial incentives](#) could steer patients to more costly, unnecessary and/or less effective procedures. This article reinforces concern about the increase in urology-owned radiation oncology practices across the country, and further notes that 28 percent of Texas urologists now work in practices that self-refer for

radiation oncology services. According to a national Urology Times survey, published on December 1, 2011, 19 percent of urology groups report owning linear accelerators to provide radiation oncology treatments, and these medical groups refer patients for treatment within their own radiation oncology center.

"Integrated urology-radiation oncology practices are increasingly common in Texas and have the potential to impact patient care. For example, our study illustrates that patients diagnosed by a urologist whose practice owns a radiation treatment facility will, on average, drive three times farther to reach the radiation treatment facility owned by their urologist than they would have to drive to reach the nearest independent radiation treatment facility," said Benjamin D. Smith, MD, a radiation oncologist at the University of Texas MD Anderson Cancer Center in Houston and one of the study's authors.

Study authors affirm that their findings are limited to their research area of the state of Texas and recommend additional analysis of how urology-owned self-referral practices affect patient care, quality of treatment and patient satisfaction and outcomes, not just patient travel time.

"Travel time to cancer care centers is crucial, especially for older men with advanced disease, because external radiation therapy often requires daily treatment for six to eight weeks. These patients often need to lean on friends and relatives to help them get to and from these multiple appointments. We must be judicious when proposing treatment options to our patients and appreciate the time and travel investment, including significant transportation and fuel costs, they make when choosing [radiation therapy](#)," said Colleen Lawton, MD, FASTRO, and president-elect of ASTRO. Dr. Lawton is a [prostate cancer](#) specialist

and professor and vice-chairman of the department of [radiation oncology](#) at the Froedtert and Medical College Clinical Cancer Center in Milwaukee.

Provided by American Society for Radiation Oncology

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