

INFORMED DECISION MAKING IN THE MANAGEMENT OF LOCALISED PROSTATE CANCER

A PATIENT-FOCUSED PERSPECTIVE

A POSITION STATEMENT

ABOUT THIS POSITION STATEMENT

This position statement was developed by the Faculty of Radiation Oncology of the Royal Australian and New Zealand College of Radiologists (RANZCR) and outlines the Faculty of Radiation Oncology's position on the provision of advice to men considering curative treatment for localised prostate cancer. It is not designed to be an information brochure, patient decision aid, or to replace information provided to these men. This position statement applies only to men who are approaching a decision around active, potentially curative, treatment and not for those suitable for active surveillance.

The Faculty of Radiation Oncology and RANZCR commits to working with our membership and key partners in urology and general practice to support informed choice for men in the management and treatment of localised prostate cancer. This includes continued provision of high-quality evidence-based information about the benefits of radiation therapy for patients and health professionals through our Targeting Cancer resources

(www.targetingcancer.com.au, www.targetingcancer.co.nz).

DEVELOPMENT

This position statement was developed as one outcome of a prostate cancer decision-making and strategy workshop held at RANZCR in 2017. Attendees included Fellows, staff, and consumer representatives. The statement has undergone several rounds of internal reviews, including by the New Zealand Radiation Oncology Executive (NZROE), Faculty of Radiation Oncology Genitourinary Group (FROGG), and the Faculty of Radiation Oncology Council. In addition, consumers have provided valuable key input throughout.

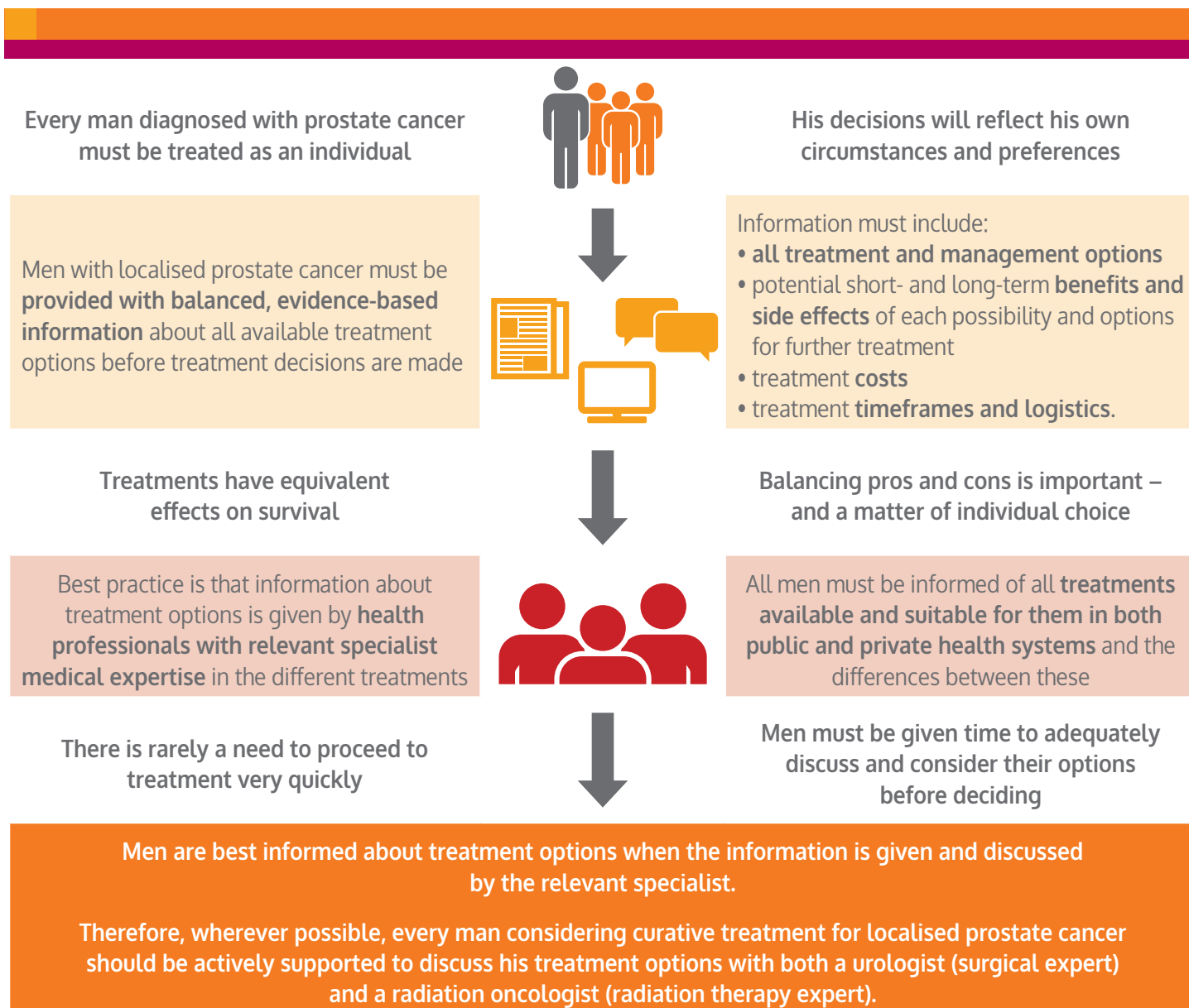
A draft position statement has undergone a consultation period, which included the RANZCR membership, consumer groups (e.g., Prostate Cancer Foundation Australia, Prostate Cancer Foundation New Zealand, CanSPEAK, Cancer Voices, and local prostate cancer support groups), and other key organisations (e.g., Urological Society of ANZ, Cancer Institute NSW, Cancer Council Australia, Royal Australian College of General Practitioners, Royal New Zealand College of General Practitioners, Australian College of Rural and Regional Medicine, Cancer Nurses Society of Australia, Cancer Nurses College (NZ)). Feedback from all responding organisations and individuals has been considered.

INFORMED DECISION MAKING

IN THE MANAGEMENT OF LOCALISED PROSTATE CANCER - A PATIENT-FOCUSED PERSPECTIVE

SUMMARY OF POSITION

- Men considering curative treatment for localised prostate cancer must be actively supported to make informed decisions about management and treatment based on the clinical features of their cancer and their individual preferences and priorities.
- Every man must have the opportunity to discuss all available treatment options before treatment decisions are made. Information needs to include potential short- and long-term benefits and side effects, possibility and options for further treatment, logistics, and costs of treatment.
- Information should, if at all possible, be given by relevant specialists: best practice is that a man considering curative treatment for prostate cancer sees a urologist and a radiation oncologist to discuss his treatment options.



* Localised prostate cancer is defined here as non-metastatic cancer with no clinical evidence of spread beyond the prostate and tissues immediately surrounding the prostate gland. The principle of informed choice is relevant for all stages of prostate cancer.

CALLS TO ACTION

RANZCR is calling for:	How the Australian and New Zealand health community can support this
Health professionals managing the care of men with localised prostate cancer to be informed about current and emerging evidence relating to prostate cancer treatment options	<p>1. Promotion to prostate cancer specialist audiences 1. of current evidence-based best practice care models for localised prostate cancer. In addition, professionals need training in effective methods of communicating information to patients.</p> <p>2. Development of effective education methods for updating general practitioners about all treatment options for prostate cancer and advances in each area.</p>
Men with localised prostate cancer to be given balanced, evidence-based information about all available treatment options as part of shared patient-centred decision making and before any treatment is undertaken	<p>3. Where possible, all men with localised prostate cancer who are considering curative treatment should be referred to both to a urologist and a radiation oncologist and strongly encouraged to see both specialists for discussion of treatment options. Referral to a radiation oncologist should be via the urologist or general practitioner.</p> <p>Provision of written evidence-based information about all options for management and treatment, including potential short- and long-term benefits and side effects, possibility and options for further treatment (salvage treatment), costs of treatment (including availability in public hospitals), and treatment timeframes. Supportive care professionals, including prostate cancer nurses, where available, are also key in advising men during the decision-making process and beyond.</p> <p>4. Continuation of research into the factors influencing decision making for men with localised prostate cancer and translation of outcomes into clinical practice, for example, the benefits of decision aids or other tools that may support informed choice.</p>
Health services and organisations to actively monitor whether men are being provided with referrals to all relevant specialists to make informed choices about treatment of prostate cancer, and review their practice accordingly	<p>5. Collection and reporting of data from the Prostate Cancer Outcomes Registry - Australia and New Zealand (PCOR-ANZ)⁽¹⁾ to monitor current treatment practices for the management of prostate cancer against nationally endorsed pathways and best-practice guidelines.</p> <p>6. Systematic review of data collected by health services and registries of the proportion of men with prostate cancer who see both a urologist and a radiation oncologist before commencement of treatment.</p>
Emerging evidence about the benefits and side effects of treatments for localised prostate cancer to be monitored and reviewed regularly to support best practice in Australia and New Zealand	<p>7. Use of validated and consistent methods to examine the immediate and longer-term effects of treatment for prostate cancer as well as interventions to manage these. Evaluation should include patient-reported outcome measures of physical and psychosocial function.</p>
Health policy to improve access to the provision of information to patients from both urologists and radiation oncologists	<p>8. Reimbursement models should be reviewed to enable all men to be seen by both a urologist and a radiation oncologist and to access curative surgery and radiation therapy options in a timely fashion.</p>

KEY FACTS

STATISTICS	<p>Prostate cancer is the most common cancer in Australian & New Zealand men:</p> <ul style="list-style-type: none"> • 16,665 men were diagnosed in Australia in 2017⁽²⁾ • around 3000 men are diagnosed each year in New Zealand⁽³⁾ • almost 192,000 men living in Australia have been diagnosed with prostate cancer.⁽²⁾ 	<p>Prostate cancer is usually managed or treated successfully:</p> <ul style="list-style-type: none"> • 95% of men with prostate cancer are alive after 5 years; survival is highest for men with localised disease[†] • many men actively treated for prostate cancer have no clinical evidence of cancer for the rest of their lives.
MANAGEMENT & TREATMENT	<p>Management and treatment options for localised prostate cancer depend on the extent of disease, other risk factors, and individual patient factors.^(4, 5)</p>	
	<p>For men with slow-growing prostate cancer, side effects of treatment may outweigh the potential benefit.</p> <p>Active surveillance may be recommended to monitor disease progression.</p>	<p>Options when curative treatment is warranted:</p> <p>surgery (radical prostatectomy) OR radiation therapy (also called radiotherapy, incl. brachytherapy) OR surgery AND radiation therapy</p> <p>In higher risk prostate cancer, androgen deprivation therapy (ADT) is usually used with radiation therapy to improve cancer control.</p>
COMPARING TREATMENTS	<p>Treatment options for localised prostate cancer have equivalent survival benefits.⁽⁶⁾</p> <p>Treatments are very different, given over different timeframes and have different side effects.⁽⁷⁾ They also vary in cost to the individual and to health services.^(8, 9)</p>	<p>Given the equivalent survival outcomes for available treatment options, the potential impact on quality of life for men and their families is a critical factor in the decision-making process.</p>
	<p>Treatments and technologies are continuously evolving. Information provided to men and their families needs to reflect the latest evidence, including transparency about areas of controversy and areas in which evidence is still emerging.</p>	
VARIATIONS IN USE OF TREATMENTS	<p>National and international prostate cancer guidelines and information emphasise the equivalent survival outcomes and importance of informed choice.^(2, 5, 10-12) In New Zealand, the importance of informed choice is codified.⁽¹³⁾</p> <p>In Australia and New Zealand, fewer men receive radiation therapy as their primary treatment compared with radical prostatectomy.^(14, 15)</p>	<p>Factors that may contribute to the more widespread use of radical prostatectomy include the number and mix of clinicians consulted,⁽¹⁶⁾ clinician bias,⁽¹⁷⁾ absence of dedicated true multidisciplinary treatment services for prostate cancer decision making,⁽¹⁸⁾ and misconceptions about benefits and risks of radiation therapy.</p>
INFORMED CHOICE	<p>In the absence of complete information about options, men do not have the opportunity to exercise their right to informed decision making and may have treatment they would not have chosen if all options had been discussed with the relevant specialists.</p> <p>This may result in stress and anxiety,⁽¹⁹⁾ or decisional regret.⁽²⁰⁻²²⁾</p> <p>RANZCR's position is to ensure that every man is adequately informed of his options and has time to consider these before making the decision that feels right for him.</p>	

[†]Localised prostate cancer is defined here as non-metastatic cancer with no clinical evidence of spread beyond the prostate and tissues immediately surrounding the prostate gland

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