Reasons why doctors are not using treatment intensification as the first therapy for people with castration-sensitive prostate cancer that has spread to other parts of the body

The full title of this abstract is: Barriers and facilitators to first-line treatment intensification in metastatic castration-sensitive prostate cancer (mCSPC): the IMPLEMENT study

View abstract

Please note: This summary uses only information from the scientific abstract.

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Key takeaway

What are the key takeaways from this study?

Researchers interviewed doctors in the United States virtually. They found several reasons why doctors often did not use treatment intensification for people with castration-sensitive prostate cancer that had spread to other parts of the body, including:

- Doctors worried that they would lose later treatment options.
- Doctors did not know the latest research.
- Doctors were in the habit of not using treatment intensification, or used it only in special cases.
- Cost and not enough staff.

Care could be improved by:

- Making the latest research data more readily available.
- Encouraging certain behavior changes in treating doctors.

Phonetics

Find out how to say medical terms used in this summary

Androgen
<AN-droh-jen>

Hormone
<HOR-mown>

Prostate
<PROH-stayt>

Castration
<ka-STRAY-shuhn>

Metastatic
<meh-tuh-STA-tik>

Testosterone
<test-OST-uh-rown>

Chemotherapy
<KEM-oh-THER-uh-pee>

Oncologist
<on-KOL-uh-jist>

Urologist
<you-ROH-luh-jist>

Introduction

Researchers talked to urologists and oncologists in the United States to understand the difficulties they face with using treatment intensification for people with castration-sensitive prostate cancer that has spread to other parts of the body

Prostate cancer is one of the most common cancers in the United States.

- The prostate is part of the male body that helps make semen. It is in the pelvis, between the penis and the bladder.
- Cancer is a disease where abnormal cells grow to form a tumor.

Most prostate cancers need male sex hormones to grow.

- Male sex hormones, such as testosterone, are called androgens.
- One treatment for prostate cancer is taking medicines to lower androgen levels. This is known as androgen deprivation therapy (ADT).

For most people with prostate cancer, ADT will stop or slow down the growth of prostate cancer cells for a period of time. This is known as **castration-sensitive** prostate cancer, sometimes called hormone-sensitive prostate cancer.

Metastatic means that the cancer has spread to other parts of the body.

What is treatment intensification?

Treatment intensification combines new hormone therapies, chemotherapy, or both, with ADT. This way of treating people with cancer may help them live longer.

- **Hormone therapy** works by either lowering the levels of male sex hormones or by blocking their effects on prostate cancer cells. This stops prostate cancer from growing and can lead to better outcomes.
- **Chemotherapy** is a type of treatment that uses medicines to kill fast-growing cells, like cancer cells.

Current guidelines recommend treatment intensification as the first-line treatment, but many doctors do not use it. This study looked at reasons for this.

Researchers wanted to find out...

Why do doctors not use treatment intensification more often in people with castration-sensitive prostate cancer that has spread to other parts of the body?

What are the best ways to encourage doctors to use treatment intensification?

Study details

Who was included in this study?

Results

What were the results of this study?

Researchers found 5 areas that affected how often the doctors used treatment intensification. These were:

- **Knowledge**. For example, a doctor may not know the latest research data.
- **Beliefs about consequences**. For example, a doctor may think that if they use treatment intensification early, they will not have other options later.
- **Decision processes**. For example, a doctor may use certain treatment out of habit.
- **Social and/or professional role**. For example, a doctor may speak less with other doctors and may not learn from them.
- **Environmental**. For example, a doctor may not want to use a treatment if they do not have the staff that can support them with that.

Researchers found different reasons why doctors may not ("barriers") or may ("drivers") use treatment intensification. They found some methods of behavior change that could help address these challenges and modify the behaviors of these doctors.

Reasons why the interviewed doctors may not ("barriers") or may ("drivers") use treatment intensification

	Barriers	Drivers
Knowledge	Doctors do not know research studies and treatment options well	Doctors know research studies well
Beliefs about consequences	Doctors worry that they will not have treatment options later	Doctors worry that they will not give their patient the best chance of living longer
Decision processes	Doctors use treatment intensification only when the cancer has spread a lot or become worse Doctors are in the habit of not using treatment intensification	Doctors have experience with treatment intensification as a first treatment option
Social or professional role	Urologists do not refer to other specialists, such as oncologists	Doctors from different specialties working well together
Environmental	High treatment cost, not enough staff	Staff to help with billing, payments, and other processes

How to help doctors intensify treatment more

Knowledge	Provide convincing information from study findings and other doctors' experiences
Beliefs about consequences	Show how intensifying treatment helps patients, and why doctors may regret not doing it
Decision processes	Treating doctors can practice self-monitoring Exchanging feedback Set up prompts and cues to use intensification
Social or professional role	Give encouragement
Environmental	Provide resources that make it easier to use treatment intensification

Conclusions

What did the researchers conclude?

The researchers found several reasons why doctors often did not use treatment intensification:

- Doctors did not know treatment options well.
- Doctors had a habit of not using treatment intensification.
- Doctors worried they would not have any options later.
- Doctors did not have enough staff or resources.

Using strategies for each barrier may help doctors overcome challenges and improve the care of people with castration-sensitive prostate cancer that has spread to other parts of the body.
Future research should also include talking to patients.

More information

Who sponsored this study?

This study was sponsored by Astellas Pharma Inc. and Pfizer Inc.

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Where can I find more information?

For more information on this study, please visit:
https://meetings.asco.org/abstracts-presentations/230101

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