Do urologists and oncologists experience different barriers and drivers when treating people with prostate cancer that has spread to other parts of the body?

The full title of this abstract is: Differences in barriers and facilitators to first-line treatment intensification in metastatic castration-sensitive prostate cancer between urologists and oncologists: A sub-analysis of the IMPLEMENT study

View abstract

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

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View AUA scientific abstract

Key takeaway

What are the key takeaways from this study?

Urologists and oncologists had different barriers and drivers when treating people with prostate cancer that had spread to other parts of the body.

- **More oncologists than urologists experienced drivers** to use recommended combination treatments that could help people with prostate cancer live longer.
- **More urologists than oncologists faced barriers** to using these treatments.

Phonetics

Find out how to say medical terms used in this summary

Androgen <AN-druh-jen>

Hormone <HOR-mown>

Prostate <PROH-stayt>

Castration <ka-STRAY-shuhn>

Metastatic <meh-tuh-STA-tik>

Testosterone <tes-TOS-tuh-rown>

Chemotherapy <KEE-mo-THER-ruh-pee>

Oncologist <on-KO-luh-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 metastatic, castration-sensitive prostate cancer

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

- The prostate is a part of the body that helps make semen. The prostate 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.
- To treat advanced prostate cancer, people can have surgery to remove the testicles or take medicines to lower androgen levels. This is known as **androgen deprivation therapy** (**ADT**).

For most people with advanced prostate cancer, ADT will temporarily stop or slow down the growth of prostate cancer cells. Prostate cancer that responds to ADT is referred to as **castration-sensitive**.

Cancer that has spread to other parts of the body is referred to as **metastatic**.

What is treatment intensification?

Treatment intensification combines new hormone therapies, chemotherapy, or both with ADT. This way of treating people with metastatic, castration-sensitive prostate 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 treatment for this type of prostate cancer, but many doctors do not use it.

This was part of the IMPLEMENT study

In the IMPLEMENT study, researchers interviewed doctors in the United States virtually. They found several reasons why doctors often did not use treatment intensification for people with metastatic, castration-sensitive prostate cancer, including:

- Doctors worried that they would lose the opportunity to use 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 of treatment and not enough staff.

In this part of the IMPLEMENT study, researchers wanted to find out…

For doctors who treat people with metastatic, castration-sensitive prostate cancer:

- Are there any differences in why urologists and oncologists choose treatment intensification?
- Are there any differences in why urologists and oncologists do not choose treatment intensification?

Study details

What did this study look at?

Researchers virtually interviewed **18 urologists** and **18 oncologists** based in the United States

- A **urologist** is a doctor with special training in the urinary system and reproductive organs, which includes the prostate in males.
- An **oncologist** is a doctor with special training in diagnosing and treating people with cancer.

Researchers identified the doctors' barriers and drivers to using treatment intensification.

Researchers looked at how many urologists and how many oncologists experienced each barrier and driver.

Results

What were the results of this study?

In this part of the IMPLEMENT study, researchers found that, for doctors who treated people with metastatic, castration-sensitive prostate cancer:

- More **oncologists** than urologists experienced **treatment intensification drivers**.
- More **urologists** than oncologists faced **treatment intensification barriers**.

Differences greater than 20% were considered notable ✓
Anything below 20% was a shared barrier/driver

Barriers to treatment intensification		Urologists	Oncologists	Difference between specialties?
Knowledge	Not enough knowledge of treatment intensification data	11 of 18 (61%) urologists	11 of 18 (61%) oncologists	
	Thinking there is not enough treatment intensification data	7 of 18 (39%) urologists	4 of 18 (22%) oncologists	
Social and professional role	Urologists waiting too long to refer patients to an oncologist	1 of 18 (6%) urologists	5 of 18 (28%) oncologists	✓
Decision processes	Tending to start patients on treatment that is not intensified	9 of 18 (50%) urologists	3 of 18 (17%) oncologists	✓
	Waiting until after progression on treatment that is not intensified	9 of 18 (50%) urologists	7 of 18 (39%) oncologists	
	Mostly only intensifying treatment for patients with severe disease	4 of 18 (22%) urologists	5 of 18 (28%) oncologists	
Context and resources	Needing more clinical staffing support for treatment intensification	9 of 18 (50%) urologists	No (0%) oncologists	✓

Drivers for treatment intensification		Urologists	Oncologists	Difference between specialties?
Social and professional role	Urologists and oncologists working well together to make sure the patient gets the best treatment	11 of 18 (61%) urologists	7 of 18 (39%) oncologists	✓
	Referring patients to an oncologist when urologists can't manage treatment intensification	9 of 18 (50%) urologists	No (0%) oncologists	✓
	Believing a urologist should be able to intensify treatment	10 of 18 (56%) urologists	3 of 18 (17%) oncologists	✓
Beliefs about consequences	Not wanting to miss an opportunity to give the patient the best chance of longer survival	5 of 18 (28%) urologists	13 of 18 (72%) oncologists	✓
Decision processes	Not limiting treatment intensification based on health and age, other than in exceptional circumstances	13 of 18 (72%) urologists	17 of 18 (94%) oncologists	✓
Context and resources	Having support that makes treatment intensification easier	7 of 18 (39%) urologists	11 of 18 (61%) oncologists	✓

Conclusions

What did the researchers conclude?

The research team concluded that **urologists** and **oncologists** experience different barriers and drivers that may affect their treatment practice.

Urologists

- Feeling of not having enough clinical support or resources
- Habit of starting patients on treatment that is not intensified
- Working well with oncologists and referring patients when necessary
- Believing in a urologist's role in treatment intensification

Oncologists

- Feeling they had good support from resources and staff
- Tending to not limit treatment intensification based on health or age
- Feeling urologists often wait too long to refer patients to an oncologist
- Worrying about losing the best chance at improving survival

Both specialties experienced these barriers and drivers

- Knowledge gaps
- Tending to intensify later and using intensified treatment only for severe disease
- Confident and comfortable with using intensified treatment first

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:
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