

Local Availability Influences Choice of Radical Treatment for Prostate Cancer

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Abstract : Introduction: Radical prostatectomy and radiotherapy are both viable options for the treatment of localised prostate cancer. Over the years medicine has evolved towards a patient-centred approach. Patient decision-making is not motivated by clinical outcomes alone. Geographical location and ease of access to treating clinician are contributory factors. With the development of robotic surgery, prostatectomy has been centralised into tertiary centres. This has impacted on the distances that patients and their families are expected to travel. Methods: A single centre retrospective study was undertaken over a five-year period. All patients with localised prostate cancer, undergoing radical radiotherapy or prostatectomy were collected pre-centralisation. This was compared to the total number undergoing these treatments post centralisation. Results: Pre-centralisation, both radiotherapy and prostatectomy groups had to travel a median of less than five miles for treatment. Post-centralisation of pelvic surgery, prostatectomy patients had to travel a median of more than 40 miles, whilst travel distance for the radiotherapy group was unchanged. In the post centralisation cohort, there was a 63% decline in the number of patients undergoing radical prostatectomy per month from a mean of 5.1 to 1.9. The radical radiotherapy group had a concurrent 41% increase in patient numbers with a mean increase from 13.3 to 18.8 patients per month. Conclusion: Choice of radical treatment in localised prostate cancer is based on multiple factors. This study infers that local availability can influence choice of radical treatment. It is imperative that efforts are made to maintain accessibility to all viable options for prostate cancer patients, so that patient choice is not compromised.

Keywords : prostate, prostatectomy, radiotherapy, centralisation

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