Translated from ***Rev Prescrire*** **November 2010; 30 (325): 853**

Treatment choices: specialist bias?

● **Patients need access to balanced information.**

There are no sound comparative trials on which to base the choice between the three main options for patients with localised prostate cancer: radical prostatectomy, radiotherapy, and watchful waiting (1). So how is this choice made in practice?

Specialists tend to recommend the therapy they deliver. In 2000, 501 American urologists and 559 radiation oncologists were asked which treatment they considered most effective for localised prostate cancer in patients with a life expectancy of at least 10 years. Nine out of 10 urologists recommended prostatectomy, while 7 out of 10 radiation oncologists considered that radiotherapy and prostatectomy were equally effective (2).

Another US study, published in 2010, analysed 85 088 patients with localised prostate cancer (3). In this retrospective study, 70% of the 12 248 patients aged 65 to 69 years who only consulted a urologist underwent radical prostatectomy, while 78% of the 10 064 patients of the same age who consulted both a urologist and a radiation oncologist received radiotherapy. A slight majority (53%) of the 2329 patients who saw both a urologist and a medical oncologist underwent radical prostatectomy (3), while 70% of the 2910 patients who saw all three types of specialists received radiotherapy (3).

Among the 14 599 patients who consulted a general practitioner after seeing a urologist, nearly 58% decided on watchful waiting, versus about 7% (on average) of patients who did not consult a general practitioner (3).

Sharing information with patients. A retrospective study of this type cannot formally demonstrate that the choice of a particular treatment is solely determined by the type of specialist the patient has consulted: it is conceivable that the patients were particularly well informed and chose their specialist accordingly.

However, this study does show that a urologist's decision to refer a patient to a radiation oncologist depends more on factors such as proximity to radiotherapy facilities or the urologist's personal viewpoint than on the patient's clinical condition (3).

It seems unlikely that the patients had access to the balanced information needed to make an informed choice between available treatment options.

©Prescrire

Selected references from Prescrire's literature search.

1- Prescrire Rédaction "1-5. Patients ayant un cancer de la prostate" *Rev Prescrire* 2010; **30** (326 suppl. interactions médicamenteuses).

2- Fowler FJ et al. "Comparison of recommendations by urologists and radiation oncologists for treatment of clinically localized prostate cancer" *JAMA* 2000; **283** (24): 3217-3222.

3- Jang TL et al. "Physician visits prior to treatment for clinically localized prostate cancer" *Arch Int Med* 2010; **170** (5): 440-450.



Downloaded from english.prescrire.org on 30/10/2026
Copyright(c)Prescrire. For personal use only.