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Local availability influences choice of radical treatment for prostate cancer

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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 clinicians are contributory factors. With the development of robotic surgery, prostatectomy has been centralised into tertiary centres. This has impacted 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 distance of fewer than five miles for treatment. Post-centralisation of pelvic surgery, prostatectomy patients had to travel a median distance of more than 40 miles; whilst the 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 patients. 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: The choice of radical treatment in localised prostate cancer is based on multiple factors. This study infers that local availability can influence the choice of radical treatment. It is imperative, that efforts are made to maintain accessibility to all viable options, for prostate cancer patients; to ensure that patient choice is not compromised.

Recent Publications

1. Aggarwal A, Han L, Tree A, Lewis D, Roques T, Sangar V, van der Meulen J. Impact of centralization of prostate cancer services on the choice of radical treatment. *BJU Int.* 2022 Jun 20.
2. Parry, M., Sujenthiran, A., Cowling, T., Nossiter, J., Cathcart, P., Clarke, N., Payne, H., Aggarwal, A. and Meulen, J., 2019. Impact of cancer service centralisation on the radical treatment of men with high-risk and locally advanced prostate cancer: A national cross-sectional analysis in England. *International Journal of Cancer*, 145(1), pp.40-48.
3. Pessoa, R., Maroni, P., Kukreja, J. and Kim, S., 2021. Comparative effectiveness of robotic and open radical prostatectomy. *Translational Andrology and Urology*, 10(5), pp.2158-2170.

Biography

Jemini Vyas is currently working at Northampton General Hospital as a clinical urology research fellow. She completed her MRCS and studied at Imperial College London and graduated in the year 2015.

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