

COMPARING THE ROLE OF DIFFERENT SPECIALITIES IN THE MANAGEMENT OF PROSTATE CANCER IN FRANCE AND ITALY: INSIGHTS FROM A REAL-WORLD STUDY

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BACKGROUND

- Prostate cancer is the second most common cancer among men with an estimated 1,276,106 newly diagnosed deaths and more than 358,989 expected deaths.¹
- Increased knowledge regarding the heterogeneity of Prostate Cancer (PC) and its variable outcomes has generated controversy over the best clinical approach.²
- Evidence favours the role of multidisciplinary teams (MDTs) in cancer management resulting in better patient outcomes and increased survival³ Moreover management of comorbidities, which is a common occurrence in cancer patients is going to be key to have improved outcomes.⁴
- In a multidisciplinary prostate cancer clinic, newly diagnosed patients can simultaneously meet with urologic, radiation, and medical oncologists specializing in prostate cancer.⁵ The role of these specialists in the management of this cancer can vary across countries and it is not well documented. This study identifies the involvement of different specialties in the overall care management and drug treatment of prostate cancer France and Italy.

METHODS

- A cross-sectional doctor survey was conducted in December 2017 among a large panel of ~4,500 specialists across France (n=854), Germany (n=729), Italy (n=861), Spain (n=867), UK (n=746), and Mexico (n=508). Each country panel was stratified by specialty, using various doctor workforce universe statistics including All Global, PBRIG, Binleys 2016 and IQVIA's proprietary database. The survey included questions around the involvement of specialists in decisions such as diagnosis, cancer treatment and referrals.
- Only France (FR) and Italy (IT) were included in this analysis.

RESULTS AND DISCUSSION

- Of the surveyed panel, physicians with different specialties reported being involved in the treatment of prostate cancer. These included urologists, radiotherapists, oncologists and internal medicine, and least expected specialists such as pulmonologists, gynaecologists, surgeons, gastroenterologists and haematologists emphasising the role of MDTs as part of disease management (Table 1a & 1b).
- Urologists (91%FR, 84%IT), radiotherapists (72%FR, 88%IT) and oncologists (78%FR, 92%IT) are all considered cancer treaters all taking on over 75% prostate cancer (Table 1a & 1b).
- Oncologists predominantly managed late stage patients in France compared to Italy (74% vs 54% respectively). In Italy, radiotherapists managed 39% and urologists 43% of late stage patients while their counterparts in France managed 57% and 51% respectively of late stage cases (Table 2a & 2b).
- Main cancer treaters (oncologists, radiotherapists and urologists) are all seeing over 60% of drug treated cancer patients in both France and Italy.
- In France, the proportion of the urologists' monthly case load was prostate cancer (22%). However only 12% were drug treated. On the other hand, oncologists had 6% of their patient workload represented by drug treated prostate cancer. (Table 3a & 3b)
- In Italy, urologists had a slightly higher portion of their workload being prostate cancer compared to oncologists (11% vs 9%). However they both had a similar proportion of their workload being represented by drug treated patients (7%). (Table 3a & 3b).
- Radiotherapists had the same prostate cancer monthly case load in France and Italy (16%) and this was the same for the proportion of their workload that was drug treated (~10%-11%). This is higher than the proportion of drug treated patients managed by oncologists in both countries (7%). (Table 3a & 3b).

CONCLUSION

As expected drug treatment in late stage prostate cancer patients is managed treated by oncologists in France and Italy. However this study demonstrates that urologists and radiotherapists play a key role in the drug treatment and management of prostate cancer.

While urologists have a less important role in France in regards to their monthly cases of drug treated cancer patients compared oncologists, this study has also demonstrated that urologists and oncologists in Italy present a similar proportion of drug treated cases in a typical month.

Whilst oncologists and urologists have a well-known and established role in the management and drug treatment of prostate cancer patients, the role of radiotherapists as key treaters of this cancer was interestingly demonstrated through this study.

- Globocan 2018 : <https://gco.iarc.fr/today/data/factsheets/cancers/27-Prostate-fact-sheet.pdf>
- A multidisciplinary group for prostate cancer management : A single institution experience. ONCOLOGY LETTERS 15: 1823-1828, 2018
- Improving prostate cancer care collaboratively- a multidisciplinary, formal, consensus- based approach, The Canadian Journal of Urology: 24(1), 8646- 8650, 2018
- Consideration of comorbidity in treatment decision making in multidisciplinary cancer team meetings: a systemic review. Annals of Oncology 26 : 1325-1332, 2015
- Multidisciplinary management of Prostate Cancer: how and why , Am. J. Clin. Exp. Urol, 2013; 1(1): 12-17, 2013

Table 1a: Full Panel vs. number of physicians treating Prostate Cancer (France)

France	Full panel (N)	#Physicians treating Prostate cancer ^(CT)	%
Urologists	78	71	91%
Oncologist	110	86	78%
Radiotherapist	36	26	72%
Internist	36	10	28%
Other specialists: Surgeons, Haematologists, Pulmonologists, Gynaecologists, Gastroenterologists and GPs	481	22	5%

Table 1b: Full Panel vs. number of physicians treating Prostate Cancer (Italy)

Italy	Full panel (N)	#Physicians treating Prostate cancer ^(CT)	%
Oncologist	115	106	92%
Radiotherapist	50	44	88%
Urologists	81	68	84%
Internist	36	10	28%
General Practitioners	136	19	14%
Other Specialists: Haematologists, Surgeons, Gastroenterologists & Pulmonologists	250	14	6%

Table 2a: Proportion of Prostate Cancer patients managed by cancer treaters (France)

Stage	% Early stage pts	% Late stage pts
	3,401	4,407
France (all specialties) ^{CT} (215)	41%	59%
Oncologist ^{CT} (86)	26%	74%
Radiotherapist ^{CT} (26)	43%	57%
Urologists ^{CT} (71)	49%	51%
Drug vs non-drug treated	% Drug treated pts	% Non drug treated pts
	5,146	2,302
France (all specialties) ^{CT} (215)	69%	31%
Oncologist ^{CT} (86)	88%	12%
Radiotherapist ^{CT} (26)	67%	33%
Urologists ^{CT} (71)	58%	42%

Table 2b: Proportion of Prostate Cancer patients managed by cancer treaters (Italy)

Stage	% Early stage pts	% Late Stage pts
	3,703	3,301
Italy (all specialties) ^{CT} (261)	47%	53%
Oncologist ^{CT} (106)	46%	54%
Radiotherapist ^{CT} (44)	61%	39%
Urologists ^{CT} (68)	57%	43%
Drug vs non-drug treated	% Drug treated pts	% Non drug treated pts
	4,894	2,110
Italy (all specialties) ^{CT} (261)	70%	30%
Oncologist ^{CT} (106)	76%	24%
Radiotherapist ^{CT} (44)	61%	39%
Urologists ^{CT} (68)	64%	36%

Table 3a: Proportion of patient workload for cancer treating physicians (France)

France	% of patient workload that is Prostate Cancer from cancer treating physicians	% of patient workload that is Drug treated Prostate Cancer from cancer treating physicians
Urologists ^{CT} (71)	22%	12%
Radiotherapist ^{CT} (26)	16%	11%
Oncologist ^{CT} (86)	7%	6%

Table 3b: Proportion of patient workload for cancer treating physicians (Italy)

Italy	% of patient workload that is Prostate Cancer from cancer treating physicians	% of patient workload that is Drug treated Prostate Cancer from cancer treating physicians
Urologists ^{CT} (68)	11%	7%
Radiotherapist ^{CT} (44)	16%	10%
Oncologist ^{CT} (106)	9%	7%

- Cancer treaters (CT) - Include in analysis only physicians considered frequent treaters of cancer, so that their typical monthly patient case load is over 10% treating cancer patients
- Drug treated - patients treated with either chemotherapy, targeted therapy, hormonal therapy or immunotherapy (can be in combination with surgery/radiotherapy)
- Late stage - patients with advanced or metastatic disease
- Early stage - patients with all other stages