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deliver, despite the fact that no one has shown one treatment for early stage prostate cancer to be better than another,” said Thomas L. Jang, MD, MPH, a physician in the Department of Urology, at Memorial Sloan Kettering and co-lead author of the study. “It is very important for patients to receive an unbiased, balanced perspective on the full range of treatments.”

The study, presented at the annual meeting of the American Society of Clinical Oncologists, reviewed the records of 85,088 men aged 65 and older who were diagnosed with prostate cancer between 1994 and 2002 using information from the SEER (Surveillance, Epidemiology, and End Results) Medicare-linked database to determine the type of specialist they saw and the therapy they received. The treatments included radical prostatectomy (surgery to remove the prostate), radiation therapy, primary androgen deprivation (hormone) therapy, and expectant management (watchful waiting).

Among the men in the study, 50 percent were seen exclusively by a urologist; 44 percent by both a radiation oncologist and urologist; 3 percent by both a medical oncologist and urologist; and 3 percent by all three specialists. A high correlation was observed between the specialist patients saw and the treatment they received. This was especially true in the younger men aged 65 to 69 year old where 70 percent of men who saw only a urologist had a radical prostatectomy. However, if men in this group saw a radiation oncologist and a urologist, 78 percent had radiation therapy. If the men saw a medical oncologist and urologist, 53 percent had a prostatectomy and an almost equivalent number had either radiation therapy (17 percent), expectant management (16 percent), or primary androgen deprivation therapy (14 percent).

“Because outcomes for men are similar whether they have surgery or radiation therapy, there are often other factors that a patient considers when deciding their most optimal treatment,” said Justin Bekelman, MD, a physician in the Department of Radiation Oncology at Memorial Sloan Kettering and co-lead author of the study. “When speaking with physicians who have particular expertise in prostate cancer be they urologists, radiation oncologists, or medical oncologists men should seek a balanced perspective on the risks and benefits of all available therapeutic options.”

“The treatments for early stage prostate cancer have different side effects, different recovery profiles, and involve a different commitment of time,” said Deb Schrag, MD, a medical oncologist and health services researcher in Memorial Sloan Kettering Cancer Center’s Department of Epidemiology and Biostatistics and the study’s senior author. “It is imperative that men be advised about the details of all options so that they can make an informed decision that is right for them.”

In 2007, the American Cancer Society predicts that 218,890 men will be diagnosed with prostate cancer. The 5-year relative survival rate for men with localized prostate cancer is nearly 100 percent. Treatment side effects vary. The most common are urinary incontinence and erectile dysfunction for prostatectomy; diarrhea and erectile dysfunction for radiation therapy; loss of libido, hot flashes and breast tenderness for hormone therapy. There are no physical side effects associated with watchful waiting.

Drs. Peter T. Scardino, Michael J. Zelefsky, [Colin B. Begg](#), Peter B. Bach, Elena B. Elkin, Ethan M. Basch, and Yihai Liu of Memorial Sloan Kettering participated in this study. It was funded, in part, by grants from the National Institutes of Health and the [National Cancer Institute](#).

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