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Urologists discredit flawed, misleading GAO cancer treatment utilization study

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CHICAGO, IL USA (Press Release) - August 1, 2013 - The American Association of Clinical Urologists (AACU), the American Urological Association (AUA) and the Large Urology Group Practice Association (LUGPA), today jointly refuted the U.S. Government Accountability Office's (GAO) flawed and misleading study on the use of intensity-modulated radiation therapy (IMRT) for the treatment of prostate cancer.

Importantly, the GAO did not recommend closing the In-Office Ancillary Services Exception (IOASE), nor did it recommend limiting the ability of urologists to provide comprehensive and integrated cancer care. Although, the report suggests that financial incentives for self-referring providers – specifically those in limited specialty groups – are a major factor driving the utilization of IMRT to treat prostate cancer, the GAO provided no evidence that patients were being provided radiation therapy inappropriately by integrated urology practices that had acquired IMRT. Significantly, the GAO's own data shows overall utilization of IMRT to treat prostate cancer to be virtually unchanged since 2008. In its cost analysis, the GAO failed to acknowledge that any efforts to prevent physician practices from delivering integrated services, such as IMRT, will only shift the site of service of the exact same treatment to the hospital setting where it will be reimbursed at higher levels, thus increasing costs and decreasing patient access to care.

Coming soon to UroToday - a topical interview and exclusive comments from **Deepak A. Kapoor, MD** and president of LUGPA

"LUGPA firmly believes that cancer care is most optimally delivered in a comprehensive, integrated fashion, in which shared decision making is enhanced

by patient exposure to providers of differing disciplines who can provide viewpoints based on their clinical expertise and experience," said Dr. Deepak A. Kapoor, President of LUGPA and Chairman and CEO of Integrated Medical Professionals, PLLC. "Changes in treatment patterns are due to evolving clinical standards for treatments and the patient's ability to make more informed decisions after evaluating a variety of medical opinions with their physician, and are not driven by equipment ownership."

Critically, the GAO failed to properly account for the fact that the increase in the overall number of IMRT treatments performed by urology groups is directly related to the number of urologists in group practices that now incorporate radiation therapy as part of their comprehensive, integrated strategy to treat prostate cancer. Furthermore, the GAO completely disregarded peer reviewed literature that demonstrates that IMRT has become the clinical standard of care for prostate cancer patients and that patient understanding of their treatment options is substantially enhanced when there is shared decision making in a comprehensive, integrated cancer care setting – which results in patients choosing equally effective, less-invasive forms of cancer therapy.

Dr. David Penson, Chair of the American Urological Association's Health Policy Council, as well as Director of the Center for Surgical Quality and Outcomes Research, Professor of Urologic Surgery and Paul V. Hamilton, M.D. and Virginia E. Howard Chair in Urologic Oncology of Vanderbilt University Medical Center noted, "That the GAO distorted the findings of a study published in the journal *Cancer* in 2006^[1] that I co-authored is very disturbing." He went on to say, "In fact, there is enormous literature that supports the notion that patient choice is enhanced when there is multidisciplinary cancer care." Urologists nationwide also agree that the GAO report is both incomplete and misleading. "That three years of effort produced such a narrowly focused report is difficult to understand," continued Dr. Kapoor. "For example, from 2007-2011, IMRT use to treat prostate cancer increased by only 2.2 percent, while IMRT use for other cancers during the same interval increased by 51.2

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percent. As such, the GAO report provides a skewed and incomplete picture of radiation utilization and expenditures and is of virtually no utility to health policy makers.”

The AACU, AUA and LUGPA support transparency in disclosing financial interests in all practice settings; in fact, many urology practices already have such policies in place. Urologists nationwide are committed to the rights of all patients stricken with cancer and support disclosure obligations that apply equally to providers with ownership interests in single-specialty or multi-specialty practices, freestanding radiation centers and hospital-owned facilities.

About AACU

The American Association of Clinical Urologists (AACU) is the only national organization to serve urology with the sole purpose of promoting and preserving the professional autonomy and financial viability of each of its members. AACU's resources are dedicated to inform members of the issues affecting their practice and profession, and then to work directly to influence the resolutions of these issues. Forty-five percent of all urologists nationwide are members of the AACU. For more information, visit aacuweb.org.

About AUA

Founded in 1902 and headquartered near Baltimore, Maryland, the American Urological Association is a leading advocate for the specialty of urology, and has more than 20,000 members throughout the world. The AUA is a premier urologic association, providing invaluable support to the urologic community as it pursues its mission of fostering the highest standards of urologic care through education, research and the formulation of health policy. For more information, visit auanet.org.

About LUGPA

LUGPA represents 121 large urology group practices in the United States, with more than 2,000 physicians who make up more than 20 percent of the nation's practicing urologists. LUGPA and its member practices are committed to best practices, research, data collection and benchmarking to promote quality clinical outcomes. For more information, visit lugpa.org.

1. Zeliadt SB, Ramsey SD, Penson DF, *et al.* Why do men choose one treatment over another?: a review of patient decision making for localized prostate cancer. *Cancer*. 2006 May 1;106(9):1865-74.

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Created by David F. Penson, MD, MPH
Professor of Urologic Surgery
Director, Center for Surgical Quality
and Outcomes Research
Vanderbilt University Medical Center
Nashville, TN USA

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