

Prostate cancer radiation: Conflict of interest or better care?

By [Gavin Stern - Multimedia Fellow 2013-2014](#) Oct 25, 2013



Colleen A.F. Lawton, a radiation oncologist and president of the American Society for Therapeutic Radiology and Oncology, introduces the study at a press conference in Washington. SHFWire photo by Gavin Stern.

Prostate cancer patients are more likely to get radiation therapy when it financially benefits their urologist, according to a new study in the *New England Journal of Medicine*. However, several major urology organizations say that the use of radiation is employed because doctors and patients prefer less-invasive treatments than the alternative of a minor surgical procedure, even though radiation is twice as expensive.

But the study, sponsored by the American Society for Radiation Oncology, or ASTRO, suggests that when a physician owns radiation equipment they're more likely to prescribe radiation therapy.

"It's very clear to patients that if they see a surgeon, a surgery is how they make money. But it's not so clear for patients if they see a urologist and they recommend radiation that there's any financial incentive," said Colleen A.F. Lawton, a radiation oncologist who introduced the study at a Thursday press conference. Lawton chairs ASTRO's board of directors.

Regardless of treatment method, more than 99 percent of all prostate cancer patients survive at least five years, according to the National Cancer Institute. The National Cancer Institute estimates that nearly 250,000 men will be diagnosed with prostate cancer this year, making it the most commonly diagnosed cancer in the United States.

For the study, Georgetown University economist Jean M. Mitchell examined the use of Intensity Modulated Radiation Therapy (IMRT) in urology practices before and after they began offering radiation

themselves. Previously, the patient would be referred to an independent oncologist, who would provide the therapy and receive the reimbursement from Medicare or insurance companies. The study also compared urology groups that acquired radiation equipment to other groups in the same market area that did not.

Mitchell found that after a urology group invested in radiation equipment — at a cost of about \$2 million — their patients were more often treated with IMRT. The study said that the increase in “self-referrals” might be due to financial incentives, a pressure to pay off the expensive equipment, or a belief that the radiation therapy is a better treatment.

But urology groups defend the use of IMRT as a cutting edge procedure, which many patients prefer because it is less invasive.



Georgetown University economist Jean M. Mitchell explains her study at a press conference in Washington. Mitchell accused urologists of having a conflict of interest when prescribing radiation treatment for prostate cancer. SHFWire photo by Gavin Stern.

[Deepak A. Kapoor](#), a urologist from Melville, N.Y and president of the Large Urology Group Practice Association, which represents large urology practices across the country, called the Mitchell study “shoddy science.” He said there is a general trend away from more invasive — albeit less expensive — procedures.

“Therapy has evolved,” Kapoor said. “Virtually everybody chooses the less invasive option if the outcome is equivalent.”

The conflict over prostate treatment is a manifestation of growing competition between oncologists and urologists over who gets the patients and the Medicare money that comes with them.

Mitchell's study found that owning radiation equipment did not change the number of patients who were prescribed a watch-and-wait approach, called "active surveillance," in place of treatment, or surgical removal of the prostate.

Rather, IMRT was prescribed in place of a minor surgical procedure called brachytherapy and a hormonal treatment called "androgen deprivation."

In brachytherapy, doctors implant radioactive "seeds" into the prostate, each about the size of a grain of rice. The procedure requires anesthesia but costs half as much as IMRT. The National Comprehensive Cancer Network, which establishes practice guidelines for treating cancer, recommends brachytherapy alone only for low-risk cancers, and hormone therapy not at all.

"Cheaper' is not the criteria we use for cancer therapy," Kapoor said. "It's side effects and outcome."

The study acknowledged that it did not control for the severity of the cancers, because that information is unavailable. That may change the numbers, Kapoor said, because brachytherapy is not recommended for high and intermediate risk cancers, while IMRT is. He also questioned if the urology groups were properly matched to a control group — information that was not publically available.

However, Theodore S. Lawrence, chair of the radiation oncology department at the University of Michigan Medical School, said the introduction of IMRT hasn't changed the mixture of services at his institution, where there is no self-referral benefit.

"We just try to balance the overall cost to society with the best treatment for the patient, and also what the patient desires. How much money our healthcare system makes is not the primary issue," said Lawrence, a former president of ASTRO.

Margaret Moon, a physician on the faculty of the Johns Hopkins Berman Institute of Bioethics, said Mitchell's study warrants further investigation — but it alone doesn't prove the case.

"Good ethics need good facts. This article implies that there's ripe territory for conflict of interest, but it didn't document specific behavior by a urologist. She didn't prove one," Moon said. "All we have are gross numbers — we don't have details."

Reach reporter Gavin Stern at gavin.stern@shns.com or 202-408-2735. SHFWire stories are free to any news organization that gives the reporter a byline and credits the SHFWire.

This story has been updated to reflect the following corrections: Colleen A.F. Lawton was identified as president of ASTRO. She chairs ASTRO's board of directors. ASTRO, which no longer goes by the name American Society for Therapeutic Radiation Oncology, is a professional and advocacy organization. The story has been corrected on our website.