Patterns of Management and Multidisciplinary Care in High/Very High and Intermediate Risk Prostate Cancer: A Population-Based Study in Ontario, Canada

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KEY TAKEAWAYS

- Despite guideline recommendations, **multidisciplinary** care remains inconsistently delivered in localized prostate cancer, particularly among **high-risk** patients.
- Improving coordinated, team-based care is essential to optimize treatment decisions and outcomes.

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CONCLUSIONS

- Despite the importance of multidisciplinary management, significant gaps exist in the coordination of care for prostate cancer patients, especially among high-risk groups.
- Strengthening collaborative approaches is crucial to enhance treatment decision-making and improve clinical outcomes.
- Future efforts should focus on optimizing multidisciplinary pathways to ensure comprehensive, patient-centered care, particularly in the context of emerging data for systemic treatment intensification for these patients.

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INTRODUCTION

- Prostate cancer (PCa) is a heterogeneous disease with prognosis determined by clinical risk stratification.
- Patients with high- or very high-risk (H/vHR) disease face substantially higher risks of recurrence, metastasis, and prostate cancer–specific mortality compared with those with intermediate-risk (IR) disease.[1,2]
- Optimal management requires coordinated multidisciplinary care involving urology, radiation oncology, and medical oncology.
- This study aims to characterize current management practices and multidisciplinary care patterns among patients with high/very high-risk and intermediate-risk prostate cancer in Ontario, Canada.
- The focus is on evaluating consultation rates, treatment approaches, and coordination of care during the initial diagnosis and the first-year post-diagnosis.

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METHODS

- A retrospective, population-based cohort study was conducted using province-wide linked administrative data from Ontario.
- The cohort included patients diagnosed with H/vHR PCa and 16,650 with IR disease between 2010 and 2021.
- Descriptive analyses summarized consultation patterns with urology, radiation oncology, and medical oncology, both prior to treatment and within the first year after diagnosis.
- Comparisons between groups were performed using standardized differences and p-values.

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RESULTS

- Between 2010 and 2021, 12,939 patients diagnosed with H/vHR PCa and 16,650 with IR disease were identified. Most patients in both groups visited a urologist (H/vHR: 97.8%; IR: 94%; p<0.001) (**Table 1**).
- However, fewer high-risk patients had radiation oncology consultations before treatment (H/vHR: 41.2%; IR: 62.5%; p<0.001).
- Among those undergoing radical prostatectomy, about 40% had prior radiation oncologist consultations, with no significant difference across risk groups.
- Medical oncology consultations were rare (~2%) in both groups.
- Within the first year, approximately one-third of patients met only with a urologist, but over 65% met with both urologists and radiation oncologists.
- Notably, only 40% of high-risk and 32% of IR patients received coordinated multidisciplinary care involving urology, radiation, and medical oncology.

Limitations

Due to the administrative data sources used, only formal consultations were identified. Informal multi-specialty consultation would not have been noted and thus these data may under-estimate multi-disciplinary care.

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RESULTS

TABLE 1: Physician Management among Patients who Received Treatment after PCa Diagnosis, by Localized Prostate Cancer (LPC) Risk

	Total	Intermediate Risk	High and very high risk	P value	Standardized Difference
Urologist visits between index and first treatment among patients with PCa specific treatments	28,438 (96.1%)	16,278 (97.8%)	12,160 (94.0%)	<.0001	0.191
Radiation oncologist visits between index and first treatment among patients with PCa specific treatments	15,741 (53.2%)	10,412 (62.5%)	5,329 (41.2%)	<.0001	0.437
Medical oncologist visits between index and first treatment among patients with PCa specific treatments	639 (2.2%)	343-347*	292-296*	0.2401	0.014
Urologists only visit in the first year after index among all patients	8,895 (30.06%)	5,424 (32.58%)	3,471 (26.83%)	<.0001	0.126
Medical Oncologist visits between first treatment and castration resistance among patients who received PC specific treatments and developed castration-resistant prostate cancer (CRPC)	340 (27.3%)	70 (24.6%)	270 (28.1%)	0.2357	0.081
Multi-D (Urologist + Radiation Oncologist + Medical Oncologist) visits care between index and death (limit to patients who died during study period)	2,397 (36.75%)	905 (32.30%)	1,492 (40.10%)	<.0001	0.163

*Exact numbers suppressed to preserve patient anonymity based on ICES privacy regulations.

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DISCLOSURES:

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