

## JOINT STATEMENT BY MEMBERS OF THE NATIONAL COMPREHENSIVE CANCER NETWORK PROSTATE CANCER GUIDELINES PANEL

We represent 23 of our nation’s leading cancer hospitals on the National Comprehensive Cancer Network® (NCCN®) Prostate Cancer Guidelines Panel and, as the Panel Chair, I speak on behalf of NCCN. We volunteer our time and knowledge to improve the quality, effectiveness, and efficiency of care provided to men with prostate cancer. Therefore, we are concerned unanimously by the prostate cancer treatment patterns identified in today’s article titled, “Urologists Use of Intensity Modulated Radiation Therapy (IMRT) for Prostate Cancer,” published in the *New England Journal of Medicine*. We are disappointed to learn that urologists who self-refer for IMRT services use this expensive technology more than urologists who don’t self-refer and more than the NCCN Member Institutions.

The NCCN Clinical Practice Guidelines on Oncology (NCCN Guidelines®) for Prostate Cancer provides a framework for early detection, evaluation, treatment and follow-up to help urologists, radiation oncologists, and medical oncologists, who partner with men, their primary care physicians and their loved ones, to “right-size” treatment. Use of these Guidelines promotes the delivery of high-quality care. Most men with prostate cancer as classified by NCCN as “very low” risk and many men with “low” risk cancer are best served by careful “active surveillance.” Active Surveillance seeks to deliver treatment only to those men who require it while avoiding the side effects of operation or radiation that was not necessary in the first place. The NCCN Prostate Cancer Guidelines Panel remains committed to providing men and their physicians with the best possible guidance so they can make the best choices for management of this all-too-common cancer.

Today’s study supports 1) the report by the Government Accountability Office on self-referral, which provided evidence of over-treatment of prostate cancer resulting, at least in part, from the Stark Law In-Office Exception, commonly known as the physician self-referral loophole; and 2) the letter in *The Journal of the American Medical Association (JAMA)* published 2 weeks ago that reported that less than 4% of men who underwent radiation for bone metastases had a single session treatment, which is less expensive, more convenient, equally efficacious, and recommended by NCCN, based on the results of 7 clinical trials.

Prostate cancer complexity is evidenced by some simple facts and their implications:

- Approximately 70% of 70-year-old American men have prostate cancer, so most cases are not diagnosed and not threatening to life
- 1 in 6 American men will be diagnosed with prostate cancer, so many men are confronted with decision-making based on imperfect information
- 1 in 40 American men will die of prostate cancer, so earlier detection and treatment have not eliminated prostate cancer mortality
- Aggressive prostate cancer diagnosis and treatment have reduced prostate cancer mortality by about 40%, so treatment, when necessary, is beneficial
- Treatment has side effects of urinary incontinence and impotence, and these side effects occur all too commonly after either operation or radiation
- Many men (best estimates range from 40 to 50%) with prostate cancer do not need treatment because they have low volume, slow growing cancers that are unlikely to cause health problems during their lifetimes

Right-sizing prostate cancer treatment is a tremendous challenge. NCCN recommendations are based on high-level evidence when available, indicate when lesser levels of evidence create uncertainty, and encourage clinical trial participation to enhance knowledge. The use of NCCN Guidelines<sup>®</sup> facilitates the delivery of high quality care and minimizes the risk of over-treatment or under-treatment. Men should be educated and counseled about all appropriate treatment options outlined in evidenced-based guidelines so they can make the choice they feel is best for them. Prostate cancer treatment recommendations should be based on the best available clinical evidence and not influenced by business or personal interests of the care provider.

#### **NCCN Prostate Cancer Panel Members**

<b><i>Panel Member Name</i></b>	<b><i>Specialty</i></b>	<b><i>Institutional Affiliation</i></b>
James L. Mohler, MD/Chair	Urology	Roswell Park Cancer Institute
Philip W. Kantoff, MD/Vice-Chair	Medical Oncology	Dana-Farber/Brigham and Women's Cancer Center   Massachusetts General Hospital Cancer Center

Andrew J. Armstrong, MD, ScM	Medical Oncology	Duke Cancer Institute
Robert R. Bahnson, MD	Urology	The Ohio State University Comprehensive Cancer Center - James Cancer Hospital and Solove Research Institute
Michael Cohen, MD	Cytopathology, Pathology	Huntsman Cancer Institute at the University of Utah
Anthony Victor D'Amico, MD, PhD	Radiotherapy/Radiation Oncology	Dana-Farber/Brigham and Women's Cancer Center   Massachusetts General Hospital Cancer Center
James A. Eastham, MD	Urology	Memorial Sloan-Kettering Cancer Center
Charles A. Enke, MD	Radiotherapy/Radiation Oncology	Fred & Pamela Buffett Cancer Center at The Nebraska Medical Center
Thomas A. Farrington, BSEE	Patient Advocate	Prostate Health Education Network (PHEN)
Celestia S. Higano, MD, FACP	Urology, Medical Oncology	Fred Hutchinson Cancer Research Center/ Seattle Cancer Care Alliance
Eric Mark Horwitz, MD	Radiotherapy/Radiation Oncology	Fox Chase Cancer Center
Christopher J. Kane, MD, FACS	Urology	UC San Diego Moores Cancer Center

Mark H. Kawachi, MD	Urology	City of Hope Comprehensive Cancer Center
Michael Kuettel, MD, MBA, PhD	Radiotherapy/Radiation Oncology	Roswell Park Cancer Institute
Richard J. Lee, MD, PhD	Medical Oncology	Dana-Farber/Brigham and Women's Cancer Center   Massachusetts General Hospital Cancer Center
Arnold W. Malcolm, MD, FACR	Radiotherapy/Radiation Oncology	Vanderbilt-Ingram Cancer Center
David Miller, MD, MPH	Urology	University of Michigan Comprehensive Cancer Center
Elizabeth R. Plimack, MD, MS	Medical Oncology	Fox Chase Cancer Center
Julio M. Pow-Sang, MD	Urology	Moffitt Cancer Center
Sylvia Richey, MD	Medical Oncology	St. Jude Children's Research Hospital/University of Tennessee Health Science Center
Mack Roach, III, MD	Radiotherapy/Radiation Oncology	UCSF Helen Diller Family Comprehensive Cancer Center
Eric Rohren, MD, PhD	Diagnostic/Interventional Radiology	The University of Texas MD Anderson Cancer Center
Stan Rosenfeld	Patient Services Committee Chair/ Patient Advocate	University of California San Francisco

Eric J. Small, MD	Medical Oncology, Urology	UCSF Helen Diller Family Comprehensive Cancer Center
Guru Sonpavde, MD	Medical Oncology	University of Alabama at Birmingham Comprehensive Cancer Center
Sandy Srinivas, MD	Medical Oncology	Stanford Cancer Institute
Cy Stein, MD, PhD	Medical Oncology	City of Hope Comprehensive Cancer Center
Seth A. Strope, MD, MPH	Urology	Siteman Cancer Center at Barnes- Jewish Hospital and Washington University School of Medicine
Jonathan Tward, MD, PhD	Radiotherapy/Radiation Oncology	Huntsman Cancer Institute at the University of Utah
Patrick C. Walsh, MD	Urology	The Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins

The National Comprehensive Cancer Network® (NCCN®), a not-for-profit alliance of 23 of the world’s leading cancer centers, is dedicated to improving the quality, effectiveness, and efficiency of care provided to patients with cancer. Through the leadership and expertise of clinical professionals at NCCN Member Institutions, NCCN develops resources that present valuable information to the numerous stakeholders in the health care delivery system. As the arbiter of high-quality cancer care, NCCN promotes the importance of continuous quality improvement and recognizes the significance of creating clinical practice guidelines appropriate for use by patients, clinicians, and other health care decision-makers. The primary goal of all NCCN initiatives is to improve the quality, effectiveness, and efficiency of oncology practice so patients can live better lives. Visit [NCCN.org](https://www.nccn.org) for more information.