



cancer care
ontario

| action cancer
ontario

Prostate Surgery Educational Slide Deck

Better cancer services every step of the way

What is the purpose of this slide deck?

- Highlight the Prostate guideline surgical recommendations
- Provide data on positive margin rates and multidisciplinary care
- One forum by which to disseminate information to urologists and pathologists in your region

Prostate Surgery and Pathology Guideline

- Guideline developed through a systematic review of the available evidence and on consensus from the Expert Panel
- Feedback from a CoP conference held in October 2007 was used to provide input into the development of the guideline
- The guideline is currently posted on the CCO website at:
<http://www.cancercare.on.ca/english/home/toolbox/qualityguidelines/clin-program/surgery-ebs/>
- Guideline submitted for publication

Guideline Surgical Recommendations

- 1) Ensure that radical prostatectomy is offered as a treatment option to the appropriate patients
 - Low-risk and intermediate-risk patients for whom surgery is the preferred option
 - The decision to offer surgery to high-risk patients should be made with careful consideration
 - High-risk patients should be offered a referral for radiation consultation or review at a Multidisciplinary Cancer Conference (MCC)

Guideline Surgical Recommendations

- 3) Ensure the preservation of urinary and erectile function whenever possible
 - Neurovascular bundle sparing should be considered the “standard approach” except in high-risk patients
- 4) Ensure all patients receive excellent surgery
 - Positive margin rates of **<25% for pT2 disease** should be achievable
 - Rates for mortality, rectal injury, and blood transfusion (in non-anemic patients) should be **<1%, <1%, and <10%**, respectively
- 5) Standard Pelvic Lymph Node Dissection (PLND) should be mandatory in high-risk patients and is recommended for the intermediate group; PLND is optional for low-risk patients

Key Initiatives in Implementing the Guideline

- 1) Optimize surgical outcome
 - Ensure all patients receive high quality surgery
- 2) Standardize pathology practice and reporting
 - Ensure the radical prostatectomy specimen is handled, assessed, and reported optimally
- 3) Optimize patient selection
 - Ensure that radical prostatectomy is offered as a treatment option to the appropriate patients

What is CCO doing to improve Prostate cancer surgery?

- CCO held a Prostate Champion workshop
 - Urology surgery and pathology champions from each LHIN were brought together to discuss implementation strategies and quality improvement issues
 - The Champions have been asked to promote the implementation of the prostate guideline in their respective LHINs
 - The suggestions and guidance received from the workshop will inform CCO's planning for effective future quality initiatives in prostate surgery and pathology

What is CCO doing to improve Prostate cancer surgery?

- Project led by Drs. Andy Evans and John Srigley examines factors that contribute to inter-observer variability between pathologists in assessing RP specimens
- Other groups in CCO are also undertaking initiatives in prostate:
 - Disease Pathway Management - 2010?
 - Urology DSG
 - MCC implementation

Prostate Margin Rate Audit: Methodology

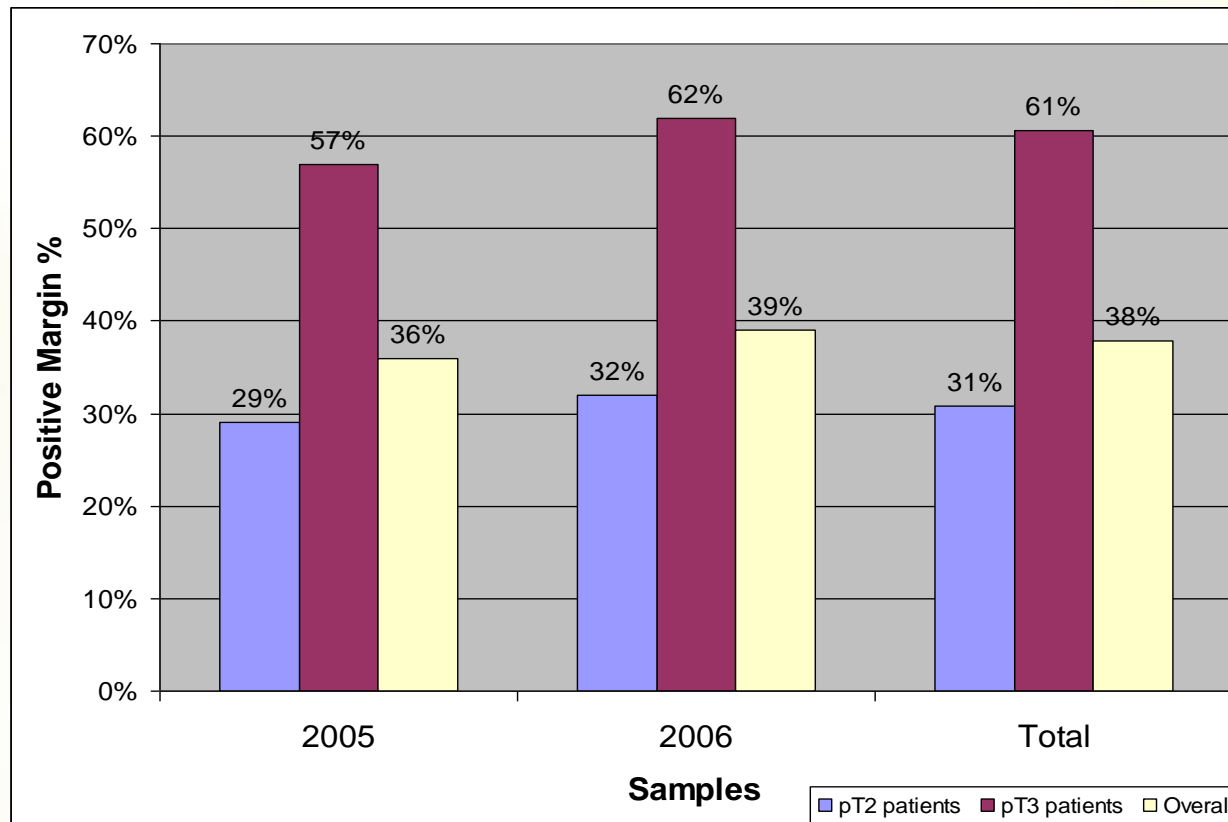
- Performed as part of the pathology completeness project
- Pathology reports submitted by individual hospitals
- Expert panel, consisting of pathologists and urologists, determined definitions a priori
- Expert panel interpreted ambiguous reports

Prostate Margin Rate Audit

- Pathology report audit to assess radical prostatectomy positive margin rates in Ontario
- Data collected for:
 - Fiscal Year 2005/06 (2 months sampled); Total sample size: **728**
 - Fiscal Year 2006/07 (cases sampled from 12 months); Total sample size: **1344** (approx. 50% of RPs performed)
- Ontario data:
 - Overall positive margin rates
 - pT2, pT3 positive margin rates

Prostate Margin Rate Audit

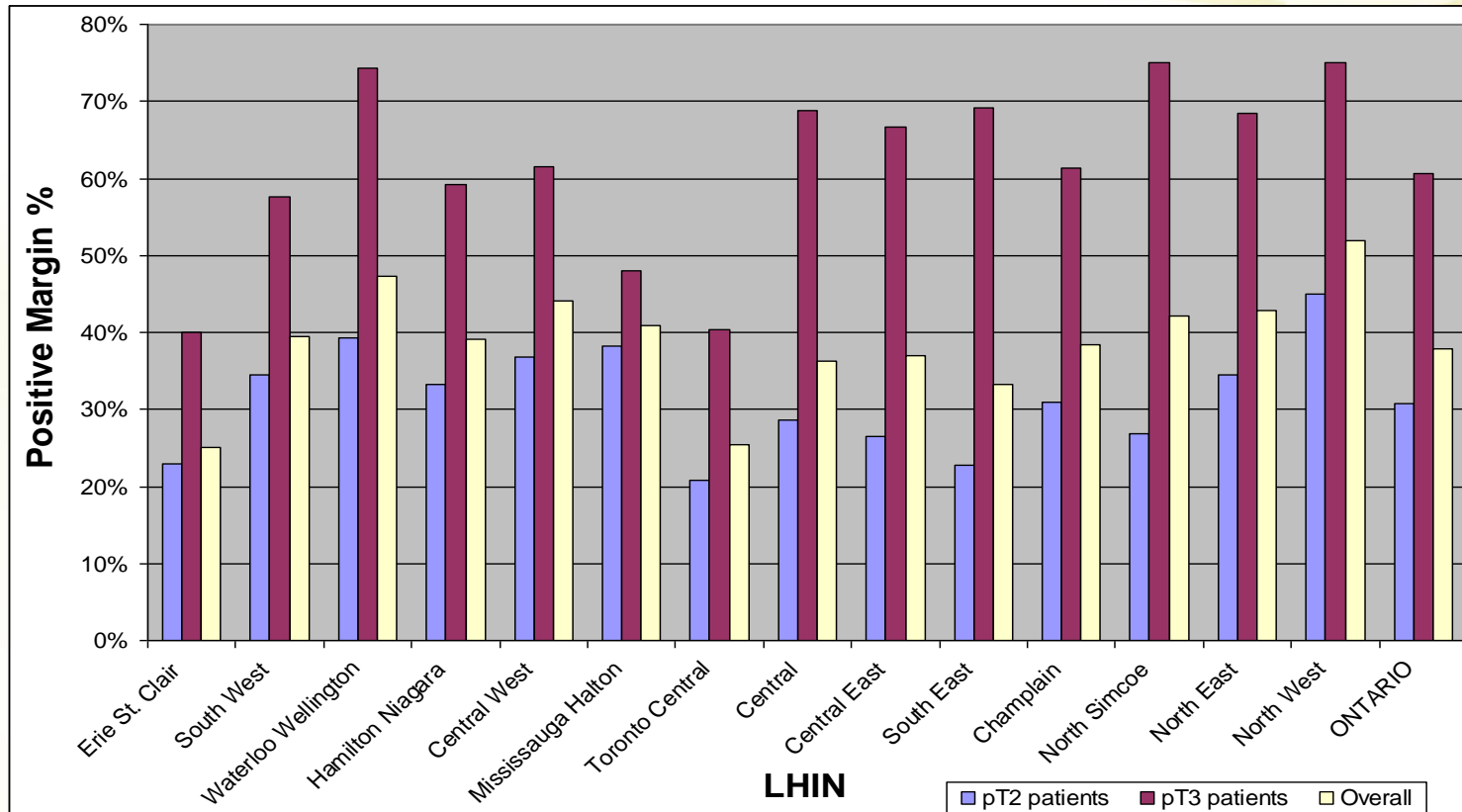
Figure 1: % Positive surgical margin (PSM) rate for Radical Prostatectomies for pT2 patients, pT3 patients and Overall, by Ontario



Source: FY2005 and 2006 CCO Pathology Audits

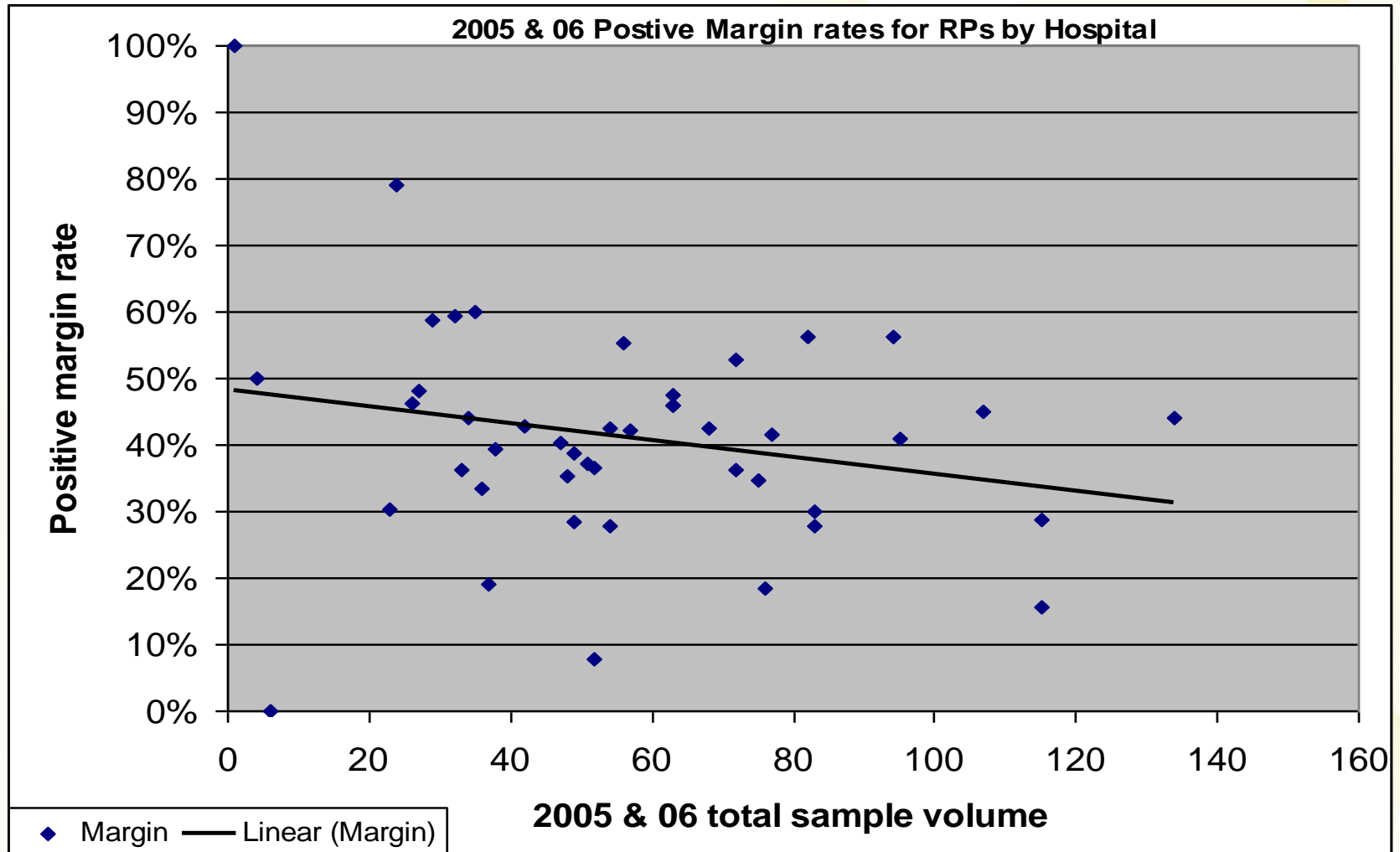
Prostate Margin Rate Audit

Figure 2: % Positive surgical margin (PSM) rate for Radical Prostatectomies for pT2 patients, pT3 patients and Overall, by LHIN (n=2072 for 2005, 2006)



Source: FY2005 and 2006 CCO Pathology Audits

Prostate Margin Rate Audit



Source: FY2005 and 2006 CCO Pathology Audits

Prostate Margin Rate Audit - Regional Data

- (Insert regional data from audit)

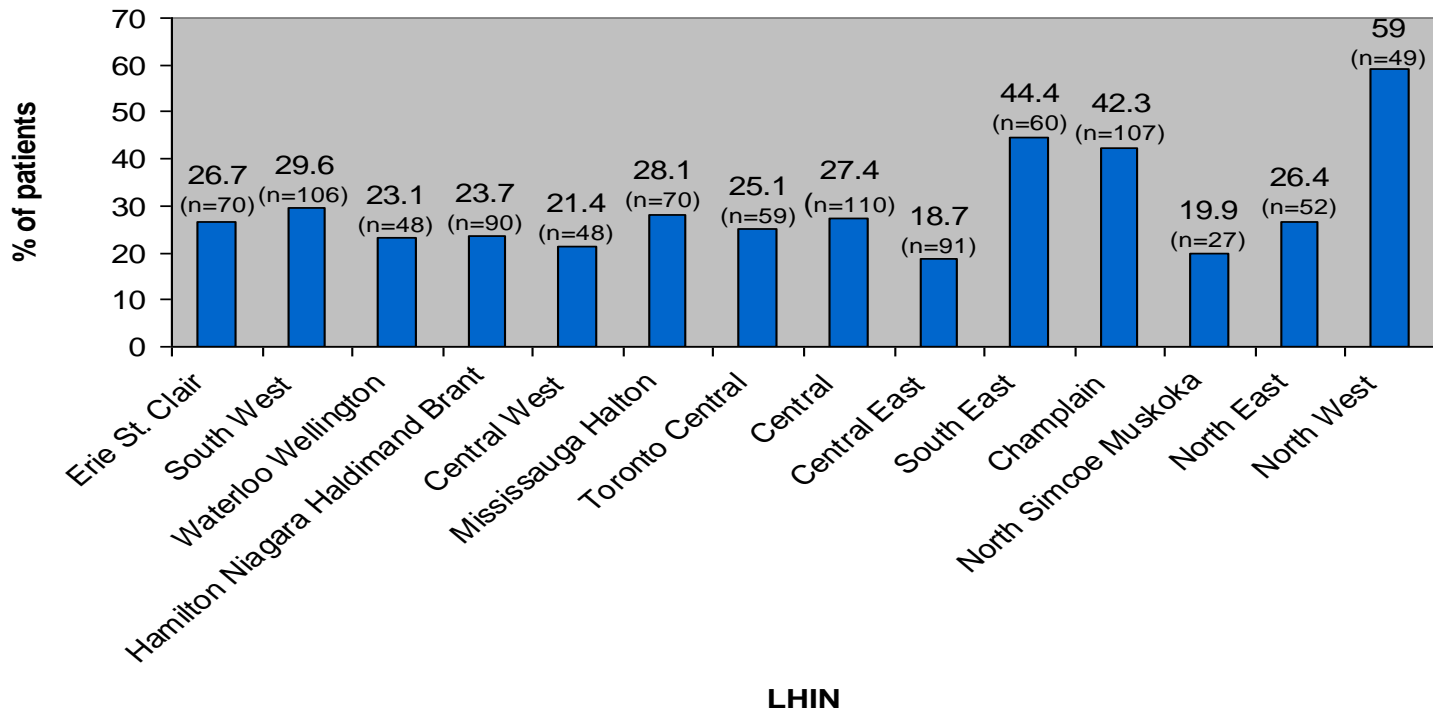
Comments

- CCO has no plans to regionalize the care of prostate cancer surgery
 - There was no relationship between case volume and margin positive rate observed in this audit
 - CCO wants to ensure that high quality prostate cancer surgery is performed in all centres
- The pathology report audit data is **NOT** meant to be punitive
 - The audit provides a baseline of performance and acts to stimulate quality improvement activities

Multidisciplinary Care

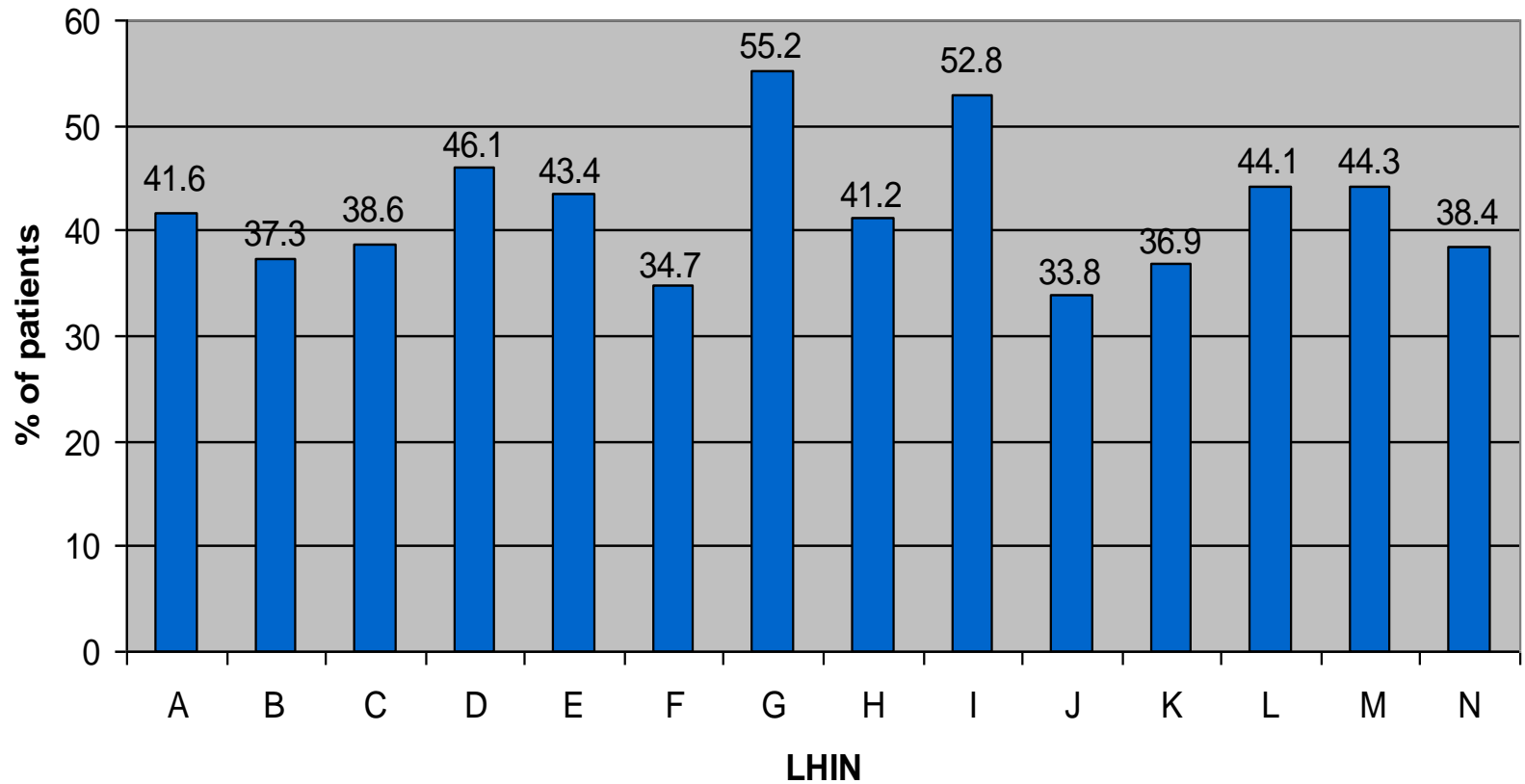
- Prostate cancer is truly a multidisciplinary disease
 - Almost half of prostate cancer patients will receive radiotherapy at some point during the course of disease
- One of the goals of the guideline is to ensure there is optimal assessment of patients by a multidisciplinary team
- The number of prostate cancer patients receiving radiation consultations varies widely between LHINs
 - While there is no “right” number, the variation shouldn’t be so pronounced

% of prostate cancer surgery patients who had a consult with a radiation oncologist, within 12 months before or after their definitive surgery (2003/2004)



- Approximately 27% of newly diagnosed prostate cancer patients had a consultation with a radiation oncologist
- The proportion varied widely between LHINs, from 19% in Central East to 59% in North West

Proportion of incident cases of prostate cancer that received radiotherapy at any time in the course of illness in Ontario by LHIN, 2006-2007



Source: Radiation Treatment Program, CCO



Observations in Ontario

- High positive margin rates for pT2 disease (provincial average is 38%)
- Likely a multifactorial phenomenon
- No volume-outcome association
- Appears that there is some multidisciplinary care, but hard to know if it is appropriate

Regional Discussion

- What do you consider a best practice in the region?
- What do you consider barriers in the region?
- What can be done in the region to facilitate quality improvement in prostate cancer surgery?