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FACTORS ASSOCIATED WITH TREATMENT RECEIVED BY MEN DIAGNOSED WITH PROSTATE CANCER IN QUEENSLAND, AUSTRALIA

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EDITORIAL COMMENT

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Prostate cancer incidence and management varies markedly around the world based on a range of genetic, clinical, sociodemographic, cultural and economic variables [1]. Understanding the relative contribution of these factors in different regions may be expected to yield important new insights into the global impact of both the disease and its treatment. In recent years, a growing number of studies have emerged from increasingly well-organized and broadly representative cohorts in Australia. In the present paper, Baade *et al.* report from a cohort of men assembled from 10 public hospitals in Queensland, comprising > 10% of all diagnoses in the state.

Overall the practice patterns were not greatly dissimilar to those previously published for contemporaneous USA-based patients [2]. A plurality of men underwent prostatectomy, and almost as many received radiation, with or without androgen deprivation therapy (ADT). As in the USA, conservative management was uncommon as of the mid-2000s; perhaps the most striking difference is that ADT monotherapy – endorsed by guidelines in Asia but not in other regions – was much less common.

Factors associated with treatment selection are also broadly similar to those previously reported from other analyses. The finding that men living farther from radiation facilities were *more* likely to receive radiation is somewhat counterintuitive, and bears further investigation. This pattern is sharply different from that observed in the USA, where radiation is more favourably reimbursed than other treatments, and radiation facilities are often heavily marketed, influencing local practices [3].

The principal limitations of the study are reflective of those dogging most research relying on broad cancer registries – specifically a relative paucity of clinical detail, which precludes critical analyses of risk-stratified treatment. Management of prostate cancer continues to evolve extremely rapidly, and prospective, longitudinal cohorts driven by urologists will grow in importance for understanding treatment patterns and outcomes around the world.

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