Does practice setting or treatment habit change the barriers and drivers doctors experience when treating people with metastatic castration-sensitive prostate cancer?

The full title of this abstract is: Barriers to and facilitators of first-line treatment intensification (TI) in metastatic castration-sensitive prostate cancer (mCSPC) by practice setting and intensification frequency: A sub-analysis of IMPLEMENT

View abstract

Please note: This summary only uses information from the scientific abstract.

View ASCO GU scientific abstract

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Key takeaway

What are the key takeaways?

Doctors experienced fewer barriers to guideline-recommended treatment if:

- The doctors had more experience with guideline-recommended care, known as treatment intensification.
- The doctors practiced in teaching or research centers (academic settings).

There were some differences in the resources that may help doctors use more guideline-recommended treatment intensification.

- Some resources such as decision-making tools and databases of treatments helped all doctors.
- Clinical trial summaries were less helpful for doctors who were not experienced in guideline-recommended treatments, but helpful for the rest.

Phonetics

Find out how to say medical terms used in this summary

Androgen <AN-droh-jen>

Chemotherapy <KEE-mo-THER-ruh-pee>

Prostate <PROH-stayt>

Castration <ka-STRAY-shuhn>

Metastatic <meh-tuh-STA-tik>

Testosterone <tes-TOS-tuh-rown>

Introduction

Researchers talked with and surveyed doctors in the United States to understand the difficulties they face with using treatment intensification for people with metastatic castration-sensitive prostate cancer and what resources would help them overcome them

Prostate cancer is one of the most common cancers in the United States.

- The prostate is a part of the body that helps make semen. The prostate is in the pelvis, between the penis and the bladder.
- Cancer is a disease where abnormal cells grow to form a tumor. Most prostate cancers need male sex hormones to grow.
- Male sex hormones, such as testosterone, are called androgens.
- To treat advanced prostate cancer, people can have surgery to remove the testicles or take medicines to lower androgen levels. This is known as **androgen deprivation therapy** (**ADT**).

For most people with advanced prostate cancer, ADT will stop or slow down the growth of prostate cancer cells for a while. Prostate cancer that responds to ADT is referred to as **castration-sensitive**.

Cancer that has spread to other parts of the body is called **metastatic**.

– This study was about doctors who treated people with **metastatic castration-sensitive prostate cancer**.

What is treatment intensification?

Treatment intensification combines new hormone therapies, chemotherapy, or both, with ADT. This may help people with metastatic castration-sensitive prostate cancer live longer.

- **Hormone therapy** works by either lowering the levels of male sex hormones or by blocking their effects on prostate cancer cells. This stops prostate cancer from growing and can help people with prostate cancer live longer.
- **Chemotherapy** is a type of treatment that uses medicines to kill fast-growing cells, like cancer cells.

Current guidelines recommend treatment intensification as the first treatment for this type of prostate cancer, but many doctors do not use it.

Researchers looked at information from the IMPLEMENT study

Previously in the IMPLEMENT study, researchers found several reasons why doctors often did not use treatment intensification for people with metastatic castration-sensitive prostate cancer, including:

- Doctors worried that they would lose the chance to use later treatment options.
- Doctors did not know the latest research showing the benefits of treatment intensification.
- Doctors were in the habit of not using treatment intensification, or used it only in special cases.
- Cost of treatment and not enough staff.

Researchers wanted to find out…

What differences are there in barriers and drivers to treatment intensification for:

- Doctors who are academics and doctors who are not academics?
- Doctors who use more treatment intensification and doctors who use less treatment intensification?

What would help address challenges doctors face when deciding whether to use treatment intensification as the first therapy for people with metastatic castration-sensitive prostate cancer?

Study details

What did this study look at?

The IMPLEMENT study included doctors in the United States who treated people with metastatic castration-sensitive prostate cancer.

Part 1

Researchers virtually interviewed **36 doctors** about using treatment intensification for treating people with metastatic castration-sensitive prostate cancer.

Part 2

Researchers surveyed **302 doctors** who answered questions about resources that could help with treatment intensification. These resources were based on insights from Part 1 of the IMPLEMENT study.

Some doctors use treatment intensification for metastatic castration-sensitive prostate cancer more than other doctors. Researchers call these groups **high intensifiers** and **low intensifiers**.

High intensifiers use treatment intensification as the first treatment for more than half the people they treat for prostate cancer.

184 doctors were high intensifiers.

Low intensifiers use treatment intensification as the first treatment for half the people they treat for prostate cancer or less.

118 doctors were low intensifiers.

The doctors were either **academics** or **nonacademics**.

An **academic** doctor works on a combination of teaching, research, and medical care.

This study included **81 academic doctors**.

A **nonacademic** doctor provides medical care. Their job does not include teaching or research.

This study included **221 nonacademic doctors**.

In this study, researchers compared **high intensifiers** with **low intensifiers** and **academic** with **nonacademic** doctors to see if there were differences between them.

Results

What were the results of this study?

Part 1

Doctors who were **high intensifiers** reported fewer barriers to treatment intensification than **low intensifiers**.

High intensifiers

- Good support from resources and clinical staff
- Were worried about losing the best chance at improved survival

Low intensifiers

- Not enough knowledge about data from treatment intensification studies
- Saved treatment intensification until the disease advances
- Had colleagues who were low intensifiers

Academic doctors reported fewer barriers to treatment intensification than **nonacademic doctors**.

Academics

- Good support from resources and clinical staff
- Were worried about losing the best chance at improved survival

Nonacademics

- Concerned about side effects
- Concerned about cost
- Concerned about impact on quality of life

Part 2

Researchers found that barriers to treatment intensification may be overcome by:

Decision-making tools showing which people with prostate cancer benefit most from which treatment

Databases of treatments that can be used after cancer gets worse

Clinical trial summaries
Clinical trial summaries were less helpful for doctors who were not experienced in treatment intensification, but helpful for the rest

Conclusions

What were the researchers' main conclusions?

- Doctors who were high intensifiers or academics reported fewer barriers to treatment intensification than doctors who were low intensifiers or nonacademics.
- Decision-making tools and databases of treatments may encourage guideline-recommended treatment intensification.

More information

Who sponsored this study?

Sponsor
A company or organization that oversees and pays for a research study. The sponsor also collects and analyses information generated during the study.

This study was sponsored by Astellas Pharma Inc. and Pfizer Inc.

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Where can I find more information?

For more information on this study, please visit:
https://ascopubs.org/doi/10.1200/JCO.2025.43.5_suppl.48

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