

Treatment of Advanced Stage Disease

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The Prostate Net

Mr. Simons

Ultimately what we are looking at in terms of advanced stage disease, from a research standpoint, is, are we winning the war against prostate cancer? If we are, how do we know we are and how do we measure the gains or losses? With African-Americans, where there is a disproportionate negative impact and the greatest short-term need, how do we get the low-hanging fruit? How do we interdict against that population the soonest, quickest, and most effective? Looking at comparative funding, how do we assume we can get the best money for our bucks in prostate cancer? Will access to care solve the issue of regional health disparity? If we make the ability to give care easier, more effective, will this lower the rates of prostate cancer and impact mortality? In looking at the complexity of the problem, there are many issues to consider.

Looking at the cause of advanced stage disease, we can consider access to care and see today that there are fewer doctors going into primary care medicine, and a resistance of the medical profession to have nurse practitioners supply that primary care impact. There is also a resistance to convenient care clinics, and also, emergency rooms are closing. We will thus have more and more advanced stage diagnoses at the first diagnosis.

In terms of screening, there is a conflict between the U.S. and Europe in terms of screening consensus. There is also the issue of risk: how do we define risk? Not all institutions and doctors define a risk the same way. Again, we have a problem of how do we interdict early? We have no broad coverage governmental agencies devoted to men's issues as we do women's and children's issues. Our focus in the U.S. is in treating illness as opposed to promoting wellness; other governments pay doctors to keep patients well as opposed to paying them to treat the illness. We need to look at how can we better invest funds upfront in terms of providing screening and early treatment and access to clinical trials. Also, men are not programmed to communicate about weakness and illness; also, a point to consider is whether the doctor provides information to the patient on the individual's risk of disease progression.

I do not believe the problem lies in our doctors not being good at what they do but rather the medical system does not pay the doctor enough to spend the time with the patient. Most doctors are being paid on a pay-for-performance basis, based on the number of patients they can see per hour; on average, they spend maybe seven minutes with a patient.

Patient awareness of cancer still needs to be emphasized; many men still do not realize they are at risk and should be getting checked early. Access to care and the environment in which we live, the lifestyle we lead are important; many cultures are opposed to being

part of the system. Genetics play an important role. Ultimately, every cancer is different; treatment and impact will differ for each patient.

Clinical trials, too, are important, in order to discover benefits of treatments. The African-American reticence over joining clinical trials stem from a lack of understanding in why they need to be part of a clinical trial. Ultimately, the interest is what is in it for me? Will I be healthier? Will it save my life or improve my quality of life? The benefit is that ultimately, from a health disparities point of view, we know that different drugs respond different with different people, and unless we have enough people in trials to see how an agent will react, we will not be able to discover whether it will be best for African-Americans or not. The potential exists for a patient to gain benefit of a new therapy, having exhausted other treatments that did not work. A clinical trial participant also gets the best standard of care by being on the trial. Ultimately, patient participation can ensure the future.

What will be important for the patient in getting support for prostate cancer research? Do you need to hear it from your doctor, the media, patient advocates, or patients themselves? Does the government need to change policies? Researchers need to tell patients what they are doing and why it makes sense.

What are the ultimate impacts based upon male health disparity? Advanced stage cancer will cause a person to lose time from work; it will diminish the work productivity of a company; the disease will force people who were once former contributors to society depend upon societies, former taxpayers become burdens on the tax revenue; a person will have the inability to maintain gainful employment because he is too weak from the disease; and a patient's family is impacted by the disease. After death of head of household, many women go through a long-term companion-loss bereavement; there is invariably diminished family earnings; the surviving spouse is at increased risk of dying herself during the next year; older women do not have the same prospects of remarriage and continuing the standard of life. It is not just about you as the patient: it is about your family and your future.

If we can control this thing and begin to act earlier on it, we can reduce and control health care costs throughout the entire spectrum, we can reduce the economic cost of preventing male illness, and we can put more attention on men's health to begin to change this paradigm to make the whole family healthier. We must realize this is not a gender issue, not an either/or: it is both or it is neither. We need to make the research accountable: measure the research impact, make it immediate, discover what tax dollars are actually buying, communicate about research, focus on what is important for building infrastructures for change. Our expectation ultimately is that we want to be able to be survivors; we want to live through this disease; we want to be able to have a future from it. We want to have a focus that is on the patient and not just on the system. We want to see the results today, not only 15 years down the future. We want to bring findings from overseas to the U.S. to change our lives immediately.