Controlling Therapeutic Side Effects/Pain Management

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Dr. Stone

You will find excellent urologists and radiation oncologists not only in academics but also in private practice, individuals who originated in academics and have migrated into other practices and have carried with them the best practices from academia.

Male Participant

A lot of clinical research now is being done in community and private offices because the entities themselves are figuring out it is easier to go to an office and get a trial going than it is to go through a whole IRB of a an academic or university center.

Mr. Simons

Looking at pay-for-performance, many clinicians are being graded on how many patients they see per hour, how many diagnostics they order, how many procedures they do, and when adding in the other factor of setting up in-house radiation practices and doing self-referrals, there appears to be a conflict of interest. How would you guide the patient in making appropriate decisions?

Male Participant

I have serious issues with the whole scoring system and grading based on outcomes because what happens now is cherry-picking of patients; clinicians will refer on to other physicians the harder-to-treat patients. We are not comparing apples to apples sometimes. I think it is confusing to patients and I do not have an answer as to the best way they can go; eventually it will come down to trust. If you as a patient do not like the doctor you are speaking to, go to another doctor. Regarding the robot, video allows viewing of a physician's ability; the robot has standardized what we are looking for and at.

Male Participant

Regarding the ED medications, insurance companies and pharmaceuticals control costs for quality of life issues pertaining to men's health. What are your experiences when prescribing ED medications?

Dr. Stone

Unfortunately, the costs are totally out of the physician's control. Statistically, it costs a pharmaceutical company $0.5 billion to bring a pivotal drug to market, so they have got to recoup their cost. I think they truly overcharge for ED meds, but they know they can.

Dr. Thiel

Pharmaceutical companies are the big drivers behind the rehabilitation, taking a Viagra pill every day, and taking it after prostatectomy. If they can show the pill works for 90 days post, that is $900 sales. I am not a big fan of giving Viagra/Levitra/Cialis after prostatectomy.

Male Participant

I started out doing it; I am not doing it all the time because it is too expensive.

Dr. Thiel

There is a study ongoing looking at taking the med twice a week on demand rather than every day, the results may be just as good and cost would be significantly lowered. In response to an audience comment, the only problem with the vacuum is that it is drawing in venous blood, which is not necessarily what we are looking for in terms of rehabilitation. I never use it because I think it is terrible in terms of spontaneity, but a lot of people use it and have good success with it.

Mr. Stone

When the prostate is removed, along with it is up to two inches of urethral length. When we do reanastomosis of urethra to bladder, the only thing that will give is the urethra, so you get a turtle effect when pulling the urethra up. The actual corporal bodies that are responsible for erection do not change.

Dr. Thiel

Regarding free samples to determine what works best, we do not have samples anymore at Mayo.

Dr. Stone

Academic institutions have cut out sampling because it was deemed to be an undue influence on physician prescribing practices. At Columbia University, reps cannot come into the hospital or offices.