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Associate Professor Dion Forstner
Faculty of Radiation Oncology
The Royal Australian and New Zealand College of Radiologists
Level 9, 51 Druitt Street
Sydney NSW 2000

Dear Assoc Prof Forstner,

The Royal Australian College of General Practitioners (RACGP) welcomes the invitation from the Royal Australian and New Zealand College of Radiologists (RANZCR) to comment on the draft *Informed Decision Making in the Management of Localised Prostate Cancer*.

The RACGP supports active surveillance and watchful waiting as an option in the management of localised prostate cancer. Many detected prostate cancers are slow growing, and may not cause harm to the man[1]. Statements about the benefits of treatment (and therefore, the benefits of screening and early detection) should be balanced with discussion of the potential harms and side effects of treating localised prostate cancer.

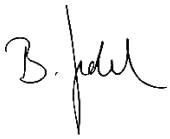
We suggest that the 'Key Facts' section should include information about how many prostate cancers behave indolently, with a clear explanation of the potential side effects of treating these cancers. We suggest that it is particularly important to inform patients of the potential risk of secondary cancers (for example, bladder cancer) and other conditions (for example, colitis) from radiotherapy.

Given the need for patients to be fully informed about the benefits and harms of treatment, the development of an accompanying patient decision aid would be beneficial. For example, the RACGP has developed a patient information sheet on prostate cancer screening, which provides information for asymptomatic men on why population-based screening is not recommended, available options and the risks and benefits of PSA screening[2]. Men will understandably have concerns about a diagnosis of prostate cancer, so a decision aid would assist in making the conversation around treatment easier and empower patients in the shared decision making process.

While we agree that it would be ideal for the patient to consult both a urologist and a radiation oncologist, this may not be realistic given the constraints of the Australian health system. Patients, particularly those in regional, rural, remote and low socioeconomic areas, may not have easy access to these specialists, and could face geographic and financial barriers to making these appointments. We suggest changing the wording '*Every man considering curative treatment for localised prostate cancer must be actively supported to see both a urologist and a radiation oncologist*' to '*should, where possible, be actively supported*…'

The RACGP thanks RANZCR again for the opportunity to comment on the *Informed Decision Making in the Management of Localised Prostate Cancer*.

Yours sincerely



Dr Bastian Seidel
President

References

1. The Royal Australian College of General Practitioners, *Guidelines for preventive activities in general practice*, 9th edition, 2016.

2. The Royal Australian College of General Practitioners, *Should I have prostate cancer screening?* 2015. https://www.racgp.org.au/download/Documents/Guidelines/prostate-cancer-screening-infosheetpdf.pdf