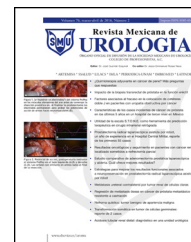




Revista Mexicana de UROLOGIA

ÓRGANO OFICIAL DE DIFUSIÓN DE LA SOCIEDAD MEXICANA DE UROLOGÍA

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ORIGINAL ARTICLE

PCUMex survey: Controversies in the management of prostate cancer among Mexican urologists



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Received 17 September 2015; accepted 1 December 2015
Available online 31 March 2016

KEYWORDS

Prostate;
Cancer;
Mexico;
Survey

Abstract

Background: Prostate cancer is the first cause of mortality related to malignancy in Mexican men. Common clinical practice has to be evaluated in order to gain a picture of reality apart from the guidelines.

Aim: To analyze clinical practice among urologists in Mexico in relation to prostate cancer management and to compare the results with current recommendations and guidelines.

Methods: We collected the data from 600 urologists, members of the *Sociedad Mexicana de Urología*, who were invited by email to answer a survey on their usual decisions when managing controversial aspects of prostate cancer patients.

Results: Quinolones were the most common antibiotic used as prophylaxis in prostate biopsy (75.51%); 10–12 cores were taken in more than 65% of prostate biopsies; and 18.27% of the participants performed limited pelvic lymphadenectomy. Treatment results showed that 10.75% of the urologists surveyed preferred radical prostatectomy as monotherapy in high-risk patients with extraprostatic extension and 60.47% used complete androgen deprivation in metastatic prostate cancer.

Conclusions: There are many areas of opportunity for improvement in our current clinical practice for the management of patients with prostate cancer.

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<http://dx.doi.org/10.1016/j.uromx.2015.12.007>

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PALABRAS CLAVE

Próstata;
Cáncer;
México;
Encuesta

Encuesta PCUMex: Controversias en el manejo de cáncer de próstata entre urólogos mexicanos**Resumen**

Antecedentes: El cáncer de próstata es la primera causa de mortalidad relacionada a malignidad en hombres mexicanos. El manejo clínico tiene que ser evaluado para indagar sobre la correlación entre la práctica diaria y las guías establecidas.

Objetivo: Analizar la práctica clínica entre urólogos Mexicanos acerca del manejo en cáncer de próstata y evaluarlo con respecto a las guías y recomendaciones.

Métodos: Se mandó una invitación vía e-mail a 600 miembros de la Sociedad Mexicana de Urología para contestar una encuesta acerca del manejo de cáncer de próstata.

Resultados: El antibiótico más usado para profilaxis en la biopsia de próstata fueron las quinolonas (75.51%); acerca de la biopsia de próstata, 65% de la población tomaba entre 10-12 muestras; 18.27% de los participantes realizaban una linfadenectomía limitada. 10.75% de los encuestados preferían una prostatectomía radical como monoterapia en los pacientes de alto riesgo con extensión extraprostática y 64.47% de los urólogos usaron el bloqueo androgénico completo en el cáncer de próstata metastásico.

Conclusiones: Hay múltiples áreas de oportunidad para mejorar en la actual práctica clínica en el manejo de pacientes con cáncer de próstata.

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Introduction

Prostate cancer (CaP) is one of the most important health-care problems for adult men in Mexico. In 2013, this common malignancy was the leading cause of death associated with cancer in men in Mexico.¹ In 2014, there were 233,000 new cases of patients with CaP. Mortality was about 13 deaths per 100,000 men.² CaP is a very common concern in the daily clinical practice of every urologist and its adequate management and treatment are crucial for increasing life expectancy and quality of life in the patients with this disease.

To the best of our knowledge, there are no reports in Mexico that evaluate the clinical practice and decision-making of Mexican urologists, and therefore it is necessary to create studies that assess these aspects.

The aim of this article was to analyze clinical practice among urologists in Mexico in relation to controversial subjects of CaP management and to compare the results with the national and international recommendations.

Methods

An online survey called *Práctica Clínica de Urólogos de México (PCUMex)* (Clinical Practice of Mexican Urologists) was employed. This questionnaire was available on the Survey Monkey website (<https://es.surveymonkey.com/r/BKVXPFV>). An invitation email was sent to 600 physicians belonging to the national urologic society, *Sociedad Mexicana de Urología (SMU)*. Two reminder emails were sent after one and 2 weeks. The website was open from April to May 2013 and there was only one opportunity to fill out the questionnaire per email link. Website access was anonymous and no traceable or personal data

was gathered. The study included 20 multiple choice closed-ended questions.

The results were evaluated through a descriptive analysis and a critical evidence-based discussion.

Results and discussion

A total of 102 physicians participated in the survey; 100 (98%) were men and 2 (2%) were women. [Table 1](#) describes the rest of the demographic and academic variables.

Question 1: bowel preparation as antibacterial prophylaxis in prostate biopsy

Bowel preparation or a cleansing enema before biopsy decrease the amount of feces in the rectum and potentially enable better visualization for prostate imaging. In our population, most of the clinicians used a rectal enema as pre-biopsy preparation ([Fig. 1](#)). According to the Canadian Urology Association (CUA) guidelines, the effect of bowel preparation on infection is debatable and it is a practice that has been abandoned due to patient cost, inconvenience, and the lack of data supporting the effect of prophylaxis.³ In fact, some authors suggest that the enema increases the odds of infection because it liquidizes the feces.⁴ Lindert compared the incidence of bacteriuria and bacteremia in patients with or without enema use. The results showed that the enema reduced the incidence of bacteremia, but it was asymptomatic in most of the cases.⁵ In an alternate study, a clear-fluid diet and the use of intestinal preparation showed no significant difference in the rate of post-biopsy sepsis.⁶ We conclude that bowel preparation has no impact as antibacterial prophylaxis and can be eliminated in

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