

A Society for Pediatric Urology Workforce Survey on the Current Perceptions of Oncology Care by Pediatric Urologists: A Report from the Pediatric Urologic Oncology Working Group of the Society for Pediatric Urology

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Purpose: Data are lacking on the current perception of oncology care among pediatric urologists. Thus, we developed, pilot tested and administered a survey on this topic to SPU (Society for Pediatric Urology) members.

Materials and Methods: Approval for this proposal was granted by SPU leadership prior to developing or distributing the survey instrument. The survey was developed and pilot tested by the PUOWG (Pediatric Urologic Oncology Working Group). Response data were collected and descriptive statistics were used for analysis. Logistic regression analysis was performed to correlate surgeon reported factors with higher volumes of reported oncology surgery.

Results: A total of 426 surveys were distributed via email to SPU members and 212 individual surveys (49.8%) were returned with the background/introduction section completed. Of these surveys 200 (94.3%) were completed by practicing pediatric urologists. Overall, 155 respondents (77.5%) reported performing 5 or fewer oncology related surgeries per year and 74.9% reported that less than 25% of renal tumor surgery at their institution was performed through the pediatric urology service. On multivariate analysis the self-reported factors significantly associated with increased oncology surgical volume (more than 5 cases per year) were greater than 50% attendance at institutional tumor board meetings (OR 4.8, 95% CI 1.4–16.9) and practicing at a hospital with a higher volume of renal tumor surgery (OR 2.6, 95% CI 1.2–5.8).

Conclusions: Few surveyed pediatric urologists reported performing a high volume of oncology surgery. Respondents expressed interest in ways to increase pediatric urology involvement in oncology care, including opportunities for increased education. Self-reported factors that correlated with higher volume were regular attendance at the institutional pediatric tumor board and practice at a higher volume institution.

Key Words: urology; pediatrics; surgical oncology; practice patterns, physicians'; questionnaires

Abbreviations and Acronyms

COG = Children's Oncology Group
VA = vascular access

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ANECDOTALLY, oncology care makes up a limited portion of the practice of most pediatric urologists. However, to our knowledge there are no data on the perception of oncology education during fellowship training, current patterns of oncology practice among pediatric urologists and general perceptions of pediatric urology involvement in the care of oncology cases. To our knowledge no survey of pediatric urologists on this topic has been previously performed. Therefore, the PUOWG of SPU developed a survey for SPU members to explore the current state of oncology practice by pediatric urologists. An additional objective of the survey was as a needs assessment of SPU members as it relates to oncology issues.

The PUOWG was recently formalized and recognized by SPU. It is charged with supporting oncology education and research among pediatric urologists. In terms of education, this includes oncology focused courses as well as online modules for SPU members and pediatric urology fellows. Additionally, the PUOWG wishes to foster multi-institutional research studies by connecting interested investigators for collaboration and providing logistic support.

The specific aims of this survey were to 1) describe the reported volume of oncology referrals/surgery by pediatric urologists, 2) describe pediatric urology involvement with institutional pediatric tumor boards and their membership in pediatric oncology cooperative groups, 3) describe institutional practice patterns as they relate to renal tumor surgery, 4) report perceived barriers to pediatric urology involvement in oncology care, 5) report perceptions of oncology education during fellowship and interest in ongoing oncology education and 6) identify factors that correlate with reporting higher volumes of oncology surgery.

METHODS

Study Design

A 34-question survey was developed collaboratively by the executive committee of the PUOWG. It was refined by expert review after cognitive interviews and pilot testing by 10 fellowship trained pediatric urologists to ensure that questions were clear and responses were comprehensive (supplementary Appendix, <http://jurology.com/>). Before distribution this study was granted exempt status by the Colorado Multiple Institutional Review Board. SPU leadership approved this survey prior to its distribution via e-mail to SPU members on July 1, 2014. The survey was open to online responses for 6 months. To encourage participation e-mail reminders were sent on October 1 and December 1 before survey closure on December 31.

Only survey data from practicing pediatric urologists were included in the subsequent analysis. Each specific

survey domain was analyzed independently. Some domains were not answered by all respondents, thus, accounting for the varying denominators among domains. Only 1 response was collected from each e-mail address to prevent repeat responses from the same person. Results were collected through Zoomerang™.

Statistical Analysis

Survey data were analyzed for self-reported surgeon specific factors, including practice type, setting, membership in oncology societies, volume and type of oncology referrals and surgeries, and institutional practices related to pediatric tumor boards and oncology referral patterns. Nonparametric descriptive statistics were used to evaluate survey data. By applying logistic regression surgeon reported factors were analyzed for an association with a higher oncology case volume, defined a priori as more than 5 oncology cases per year. These data were reported as the OR and presented with the 95% CI. Factors that were statistically significant on univariate analysis were included in a multivariate logistic regression analysis. In all analyses 2-sided $p < 0.05$ or a 95% CI not crossing 1.0 were considered significant.

RESULTS

A total of 426 surveys were e-mailed, 233 e-mails (54.7%) were opened and 225 surveys (52.5%) were initiated. Background data were completed on 212 surveys (49.8%), including 200 (46.9%) from practicing pediatric urologists. The remaining data referred only to responses from practicing pediatric urologists. Of these urologists 191 (95.5%) who were fellowship trained reported practice types, including academic practice by 123 (61.5%), private practice by 40 (20.0%) and hybrid practice by 37 (18.5%). As it related to years of experience in practice 51 respondents (25.5%) reported 0 to 5, 29 (14.5%) reported 6 to 10, 32 (16.0%) reported 11 to 15, 27 (13.5%) reported 16 to 20 and 12 (6.0%) reported more than 20 years while 9 (4.5%) did not respond. In terms of practice setting 33 respondents (16.5%) reported being in solo practice and 167 (83.5%) were part of a group practice. In assessing the proportion with "super subspecialized" oncology care 50 of respondents (29.9%) reported that their group specialized in this care to specific providers with 30 (17.9%) reporting that they were the provider of subspecialty oncology care.

In terms of region of practice 195 (97.5%), 3 (1.5%) and 2 respondents (1.0%) reported practicing in North America, South America and Europe, respectively. Of those who were self-reported members of a AUA (American Urological Association) regional section there were 12 (6.2%) in the Northeast, 7 (3.6%) in the New England, 15 (7.7%) in the New York, 22 (11.3%) in the Mid-Atlantic, 31 (15.9%) in the Southeast, 27 (13.8%) in the in the South Central, 43 (22.1%) in the North Central and

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