

## Seeking a Second (or Third or Fourth) Opinion

Getting a balanced view of all your options for prostate cancer may involve consulting with several specialists.

Determining a course of treatment for prostate cancer is one of the most harrowing decisions in modern medicine. Not only do treatments such as surgery and radiation therapy have troubling side effects, doctors can't agree on which treatments work best—and are more likely to recommend the option that they specialize in. Hence, to be in the best position for making decisions about your own treatment, it's vital to get more than one opinion.

### Three Types of Specialists

In an often-cited study published in the *Journal of the American Medical Association* in 2000, researchers asked more than 1,000 specialists what treatment they would recommend for a man with early-stage prostate cancer who was expected to live at least 10 more years. Nearly all the urologists (93%)—who perform surgery—chose surgery as the preferred treatment, while most of the radiation oncologists (72%) responded that radiation therapy and surgery were equally effective treatments. The study authors' conclusion? Patients should schedule a consultation with a member of each specialty

before making a decision.

If these specialists don't agree, one option is to schedule a consultation with a medical oncologist, a specialist in cancer treatment who does not perform radiation or surgery. Another option is to see a second urologist or radiation oncologist. Doctors of the same specialty often have different approaches to treatment: For example, some radiation oncologists will recommend external beam radiation therapy; others, brachytherapy; and still others, a combination.

### The Importance of the Pathologist

A final but not-to-be-overlooked reason to seek a second opinion is that if done at a center that specializes in prostate cancer treatments, it involves having another pathologist review the slides from your biopsy specimen. An accurate pathology reading is essential because it forms the basis for treatment decisions.

Unfortunately, spotting cancerous cells and determining how abnormal they appear are difficult, and pathologists sometimes make errors. In one study, pathologists at Johns Hopkins

reviewed biopsy samples of 535 men who had been referred for radical prostatectomy and reclassified 7 (1.3%) as benign. Upon subsequent clinical workup, 6 of 7 men were considered not to have prostate cancer, and their surgery was canceled. Getting an incorrect reading can limit your treatment options—or lead to having treatments that you don't need.

### How To Get a Second Opinion

Some patients are reluctant to bring up the matter of second opinions, thinking that their doctor may not be receptive to involving another physician. Today, however, doctors in step with current medical standards welcome such discussions and support their patients' desire for additional information whenever appropriate. Health insurers generally pay for second opinions, and some even require them before certain procedures.

Your primary care doctor and the urologist who performed the biopsy are the best sources for referrals. Request that, if possible, they suggest a colleague affiliated with a different hospital. Although this is not absolutely necessary, the practice is

and medical oncologists) to get a broader spectrum of opinions. Making a treatment decision is most difficult for men with early-stage prostate cancer, since more treatment options are available.

### Watchful Waiting

Watchful waiting involves no immediate treatment but does involve close monitoring for cancer progression. This treatment approach is most often recommended for men who are unlikely to live long enough to benefit from treatment and for those who have disease that is too far advanced to cure. In addition, some men who are thought to have small prostate cancers that are likely to grow very

prudent, because doctors who work at the same institution often share similar views and may be reluctant to contradict one another. Also check to be certain the consultant is board certified in the appropriate specialty. The American Medical Association ([www.ama-assn.org](http://www.ama-assn.org)) and the American Urological Association ([www.urologyhealth.org](http://www.urologyhealth.org)) offer referral services. Hospitals, local health departments, family, and friends are other possible resources.

If your referring doctor is unwilling to discuss the possibility of a second opinion or makes you feel uncomfortable about the matter, strongly consider changing doctors.

Before meeting with you, the consultant will require all relevant medical records. The first doctor's office can send written reports and test results directly to the consultant. Be sure to call before your appointment to confirm their arrival, as it will be impossible to proceed without proper documentation; you can also choose to collect the records and deliver them personally.

During the consultation, the doctor will review the information and may perform a physical examination or order more tests. Recommendations made in a written report will be sent to the referring physician—and also to you if you request them.

### Making an Appointment at Hopkins

Many people facing a serious health crisis wish to get a second opinion from a leading academic medical center such as Johns Hopkins. There are several ways to make appointments at Hopkins. The most direct way is for your physician to call the Hopkins Access Line (410-955-9444 in Baltimore and internationally or 800-765-5447 in the rest of the United States).

If you prefer to make an appointment yourself, you may call the appointment service line (410-955-5464 in Baltimore, or 410-955-8032 outside Baltimore, including international calls).

Finally, Johns Hopkins USA provides one point of contact for out-of-town patients. A representative can help you identify an appropriate physician or specialist, coordinate multiple medical appointments, arrange second opinions, and obtain general information about Johns Hopkins's many services. To talk with a representative, call 443-287-0528 weekdays, 8:30 A.M. to 5 P.M. Eastern Time.

Be sure that the specialists address all treatment options—surgery, radiation therapy, and watchful waiting—and discuss the advantages and disadvantages of each. If your doctors don't agree and you don't know what to do, one or more of the following approaches can help you reach a decision:

- Have the specialists explain to you why they came to their respective conclusions.
- Suggest that the specialists discuss the matter with each other; sometimes such conversations produce an acceptable consensus.
- Ask your general practitioner—or, if

you wish, another specialist—to help you sort through the options.

- Consider seeking an opinion at a nationally recognized cancer center, such as one affiliated with the National Comprehensive Cancer Network ([www.nccn.org](http://www.nccn.org)).
- Try talking to men who have been treated for prostate cancer.

Don't panic if you're having trouble making a decision. Prostate cancer is generally a slow-growing malignancy, which means that most people can safely spend up to three months learning about the disease and consulting with the appropriate specialists.

slowly may opt for this approach.

Men who choose watchful waiting must see their doctor regularly to determine whether the cancer is progressing. If the cancer progresses, treatment options such as radical prostatectomy or radiation therapy may be considered, particularly in younger men. Recommendations on the frequency of visits and the tests conducted at each visit vary from doctor to doctor. H. Ballentine Carter, M.D., author of this White Paper, uses the following guidelines for men age 75 and younger who are in otherwise good health: PSA testing and a digital rectal exam twice a year, in addition to transrectal ultrasound and prostate biopsy once a year. The recommendations