

Date: Tuesday, January 24, 2012

Conversation: Cost Conundrum: Atul Gawande

I chuckle every time I hear about great treatment received by one of our members at the Cleveland Clinic (CC). I vehemently disagree with his theory that a guy gets better treatment at a large medical center. In my experience, and what I have found through my research, is just the opposite.

The best outcomes appear to be primarily based on the experience level of the doctor, not the size of the facility. I would much rather go see a specialist like Snuffy Myers or Michael Dattoli who do nothing but prostate cancer research and treatment. These guys stay on the cutting edge of technology and treat all their patients individually, instead of just being run through the prostate removal assembly line. Ask anyone who has been to Snuffy or Dattoli about their personal experience and I bet it will be much different than those who go to the CC.

Our member repeatedly mentions that men with a lot of money choose the best places for treatment, and that those "best places" are the large medical centers. I would bet that Dattoli and Snuffy see many more foreign patients (who have even greater expenses) than the CC even without the massive advertising budgets of the large centers. Dattoli has a map on his web site showing where patients from all over the world have come to him specifically for treatment. Since most of his marketing is done by word of mouth, I think this speaks greatly about the choices people make who have the money to go anywhere for treatment.

I am not familiar with the CC even offering combination therapy for high-risk patients even though several studies show it is superior to other forms of treatment for high-risk disease. Does the CC even treat high-risk guys? From information I have seen, Johns Hopkins doesn't even take on many high-risk patients as it may negatively affect their outcome statistics. Dattoli takes on many patients, including those with recurrent disease that other doctors turn down. He offers them curative treatment when many other docs would only provide palliative care, if any.

I would also consider the medical center and individual doctor's published cure rates and side effect data. Dattoli maintains a large patient database and is not afraid to share his statistics with potential patients. Does the CC provide cure rates and side effect data for all their doctors to their potential patients?

Concerning the profitability of prostate cancer treatment, I can't really comment on who owns or shares in any profits from the Dattoli Cancer Center. I was told that Dattoli is the last privately owned prostate cancer-only treatment center left in the U.S. that is unaffiliated with any other medical facility. I think that fact alone should worry many potential patients who are looking for individualized care.

I do know that the Drs. Dattoli and Myers work many hours a day and have dedicated their lives to curing men with serious prostate cancer. Dattoli personally called me about 6:30 PM at night at my office to discuss my case and talked with me for over an hour. I wonder if the docs at the CC ever call potential patients at home or work to discuss their case before they even commit to becoming a patient? Do patients at the CC get any personal treatment whatsoever? Do their docs know their name a year after their treatment and check on how they are doing every 6 months?

Every man has to choose his own path and I don't blame anyone for promoting their choice of treatment. I would caution those promoting their treatment choice to restrain their opinions to only the type of cancer they have been treated for. I don't think a low-risk patient should be promoting a certain treatment choice or facility to a high-risk patient as they are basically different diseases. Since high-risk prostate cancer is truly a life or death decision, I feel one should look a little harder before choosing a facility or a doctor based on just the size of the facility.

Kevin

I, Jim Golan, weigh in a year later on this debate as follows. My PCa experience matches Kevin's with respect to Dr. Michael Dattoli.

Additionally, I do have CCF experience for an unrelated neurological problem three years prior to my primary radiation treatment in 2008.

From CCF I received community standard advice. I sensed I was caught between silos. When I pushed back, the spine surgeon switched to a simpler plan "B".

My 2012 recurrent PCa journey began with Dr. Myers, who offered me palliative or curative intent. I chose curative because I had confidence in the docs, based on PCIG members preceding me. Then Sand Lake Imaging and Dattoli Clinic. I have full confidence in my eventual recovery. I would not change anything I have experienced so far.

Jim