How do physicians perceive newer, more expensive treatment modalities which lack convincing evidence?

We sent a survey in 2011 to radiation oncologists and urologists gauging whether they thought newer technologies – Proton Beam Therapy (PRT) and Robotic Assisted Radical Prostatectomy (RARP) – were better than standard treatments – Intensity-Modulated Radiation Therapy (IMRT) and Open Radical Prostatectomy (ORP). We obtained a random sample of 1,466 specialists (50.2% radiation oncologists and 49.8% urologists) from the American Medical Association (AMA) Physician Masterfile. Of the total sample, 100 specialists were a pilot survey. The remaining 1,366 specialists were sent the final survey instrument. The finalized survey included items on whether RARP or ORP was “better” for cancer control, urinary incontinence, and erectile dysfunction. The survey also included whether PRT or IMRT was better for cancer control, urinary incontinence, erectile dysfunction, rectal toxicity, hip fractures, and secondary malignancies. We obtained a random sample of 1,466 specialists (50.2% radiation oncologists and 49.8% urologists) from the American Medical Association (AMA) Physician Masterfile. Of the total sample, 100 specialists were a pilot survey. The remaining 1,366 specialists were sent the final survey instrument. The finalized survey included items on whether RARP or ORP was “better” for cancer control, urinary incontinence, and erectile dysfunction. The survey also included whether PRT or IMRT was better for cancer control, urinary incontinence, erectile dysfunction, rectal toxicity, hip fractures, and secondary malignancies.

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