New formula predicts risk of prostate cancer relapse

Deborah Josefson, *San Francisco*

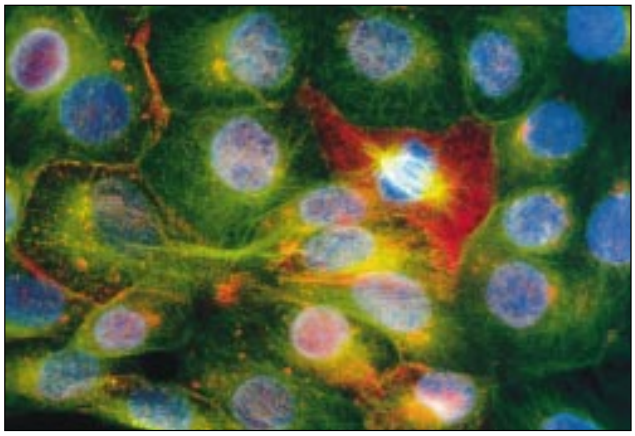
Urologists have devised a formula that predicts the risk of a recurrence of prostate cancer after radical prostatectomy. The algorithm facilitates an accurate assessment of a patient's life expectancy and the development of individualised treatment plans.

A team from the Johns Hopkins University Hospitals in Baltimore, Maryland, studied 1997 men who had radical prostatectomy for localised prostate cancer between 1982 and 1997. None of the patients received adjuvant hormone or radiation treatment. The men were followed for an average of 5.3 years, with more than 10 000 patient years of data being compiled (*JAMA* 1999;281:1591-7).

The researchers studied the time it took for the concentration of prostate specific antigen to rise after surgery and whether metastatic disease developed during the study period. Prostate specific antigen is produced by the prostate gland, and the concentration of the antigen usually rises in cases of prostate cancer. After prostatectomy, concentrations of the antigen should be undetectable. A rise in serum concentrations of the antigen is therefore a biochemical marker of a recurrence. Of the patients studied, 315 had a rise in concentrations of the antigen, and 304 of these were followed. Only 103 (34%) of these patients developed metastatic disease. On average, it took eight years from the time when concentrations of the antigen were raised for metastases to appear. A total of 87% of the patients studied were free of metastases at 10 years and 82% at 15 years.

Factors which predicted metastatic disease included the histological grade of the tumour as measured by Gleason score, the time to initial rise in concentrations of the antigen, and the time that it took concentrations of the antigen to double. Patients at high risk of metastatic disease were those who had had high grade tumours, an antigen concentration that rose above 0 within two years of surgery, and a doubling time of 10 months or less. Men with high grade tumours (Gleason scores of 8 or above) had a 60% chance of cancer progression at five years from the time that antigen concentrations rose. In contrast, men with low grade tumours (Gleason scores of less than 8) had a 73% chance of remaining free of metastatic disease at five years, despite a rise in antigen concentrations.

These data allowed the researchers to construct a formula which predicts metastatic risk. Previously, there had been no way to stratify patients with prostate cancer by risk, and any rise in antigen concentrations was considered ominous. The new formula will allow doctors to better inform patients as to their life expectancy and treatment options. □



NANCY KEDERSHA/SPL

Prostate cancer cells: risk of disease recurrence can now be predicted

GPs should give reasons for removing patients from lists

Annabel Ferriman, *parliamentary correspondent, BMJ*

General practitioners in Great Britain should not be allowed to remove patients from their lists without giving reasons for so doing to the health authority or without the authority's permission, a report from the select committee on public administration said this week.

The committee, which was commenting on the annual report of the health service ombudsman, said that GPs should only be permitted to remove patients from their lists as a last resort, and that their powers to do so should be qualified by amendments to GPs' statutory terms of service. It deplored the fact that a GP from Leigh, in Lancashire, who after having a dispute with one of his patients had removed not only her and her family from his list but also the families of her mother and brother (30 January, p 282).

The report recommended that, in future, "in the event of a breakdown in the doctor-patient relationship, GPs should not be able to remove other members of the patient's family, or other people connected with the patient, unless they are able to show that a similar breakdown had occurred with them as well."

Patients should also be given reasons for their removal and have a right to appeal to the health authority or an independent panel if they believe that they have been wrongly removed. "There is, in many cases, no real choice for a patient but to register with the GP in the area, and deregistration leaves him or her at a serious disadvantage. GPs should be prepared to justify the inconvenience and stigmatisation caused by removal," the report stated. □

Select Committee on Public Administration: Annual Report of the Health Service Ombudsman 1997-98, is available from the Stationery Office, price £18.

Ship's doctor wins claim after demanding better care

Clare Dyer, *legal correspondent,* BMJ

A ship's doctor has won an unfair dismissal claim against a British shipping company which sacked him for demanding better medical care on board.

Laurence Tinckler, a former consultant surgeon, will now seek reinstatement as medical officer with Curnow Shipping, which runs three cruises a year on the royal mail ship *St Helena* between Cardiff in Wales and the South Atlantic. An employment tribunal in Cardiff ruled unanimously that the company sacked Dr Tinckler for "a reason connected with health and safety," which automatically makes it an unfair dismissal. Andrew Cross, of the BMA's Cardiff office, who took the case to the tribunal, said it had important implications for doctors in other settings, including hospitals, who raise health and safety concerns. The case will now go back to the tribunal, where Dr Tinckler will ask for an order reinstating him in his job. If the tribunal decides against reinstatement, it will award compensation.

The company claimed to have dismissed the 74 year old surgeon because, in view of his age, it was concerned about his continued fitness for the job. But he was in excellent health, was on no medication, and had a certificate certifying him as fit for seafaring without restriction. A 75 year old doctor was recruited to take his place on the next voyage, and the company had employed other doctors in their early 80s, the tribunal was told.

In the three years he worked as company medical officer, Dr Tinckler made 34 recommendations to improve the health and safety of the 50 crew and 130 cruise passengers, many of whom were elderly. He pressed for nursing support and a standby resuscitator in case of heart attacks. The true reason for his dismissal, said the tribunal, was his "overenthusiasm" in exercising his duties. □