Editorial: Collaboration is the key for urology

The patient always comes first. How do we do this better in urology? Firstly, by offering world-class treatment options from diagnosis through to survivorship. Secondly, by participating and leading research projects that will have an impact on better care. Finally, by debating and analyzing real data, taking on board constructive criticisms and by not accepting dogma.

We should not be afraid to question technologies be they surgical or radiation-based and nor should we be afraid of questioning the efficacy of drugs and their benefits. In questioning we learn and clarify and the best way to question is to analyze the data, the research but also the costs—emotional and even financial.

Collaboration means a wider arc even than the traditional multi-disciplinary tumour meetings that includes urologists (surgical oncologists), urology nurse specialists, radiologists, pathologists, radiation oncologists, medical oncologists as well as allied health. We must reach deeper to include general practitioners with better communication and shared care which has just been highlighted with the publication of the ProCare Trial [1]. This randomized Australian trial demonstrated that well-structured shared care for men with low- to moderate-risk prostate cancer is feasible and appears to produce clinically similar outcomes to those of standard care—but at a lower cost. Finally, we must continue to engage with support groups and the wider community.

How do we collaborate more effectively? By having leadership from our organizations that represents the memberships of those organizations. ANZUP (Australian and New Zealand Urogenital and Prostate Cancer Trials Group) has been particularly effective in this regard. We may also create new organizations. The relatively new YURO group (Young Urology Researchers Organization) is one such example where people from different
regions are coming together to contribute to great research [2]. This will be expanded to all branches of care and is open to students through to more senior doctors. Again, tools such as social media have proven to be effective vehicles in propagating messages and connecting people internationally [3].

Further initiatives such as the Australian National Prostate Cancer Registry as well as the development of the bi-national Nephrectomy Audit (as part of the [Urological Society of Australia and New Zealand [USNAZ] Urological Surgery Registry) are to be applauded. Clinicians must maintain control and direction of the data to be used appropriately and not hijacked by interest groups. As leaders in Surgical Oncology urologists may also expand such data ownership and collection to the vast non-oncological care that is provided.

So let us all see the bigger picture and remember that we are all interested in the same outcomes.

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2. [REFERENCE TO COMMENT IN THIS SUPPLEMENT - SUPPLIED BY EMAIL]
