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Prostate Cancer: Patient Education for Changing Guidelines

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Problem Identification

In May 2012 United States Preventative Services Task Force (USPSTF) recommended against prostate cancer screening, Grade D, with no other recommendation for providers.¹

Patients were exposed to previous guidelines during routine visits and lack of screening can cause concern.

Prostate cancer continues to be among the most common cancer in the United States among men (101.6 per 100,000)²
Public Health Costs

• Medical costs associated with prostate cancer were estimated to be $12 billion\(^3\)

• Pro-rate estimates place Vermont’s medical costs associated with prostate cancer at 24 million due to Vermont representing 0.2% of the US population

• Unnecessary testing increases healthcare costs and potentially causes unnecessary worry in patient
Dr. Scott Perrapato, UVMCC Associate Professor of Surgery, Division of Urology presented a September 6, 2016 community presentation on prostate cancer.

Dr. Robert Luebbers expressed a need for increased education around prostate cancer screening as current patient information is limited.

Dr. Whitney Calkins suggested a blog post on the UVMCC Family Medicine blog in order to target a larger audience due to the need for increased education.
Proposed Intervention and Method

Patient education in an easily accessible handout for providers to distribute to patients that covers 3 main topics

- Information to understand patient’s potential risk for prostate cancer
- Education about PSA testing and current use of baseline PSA at 40 years old to determine future testing
- Suggest diet and exercise as a way to decrease prostate cancer risk
Response

• Result is a educational pamphlet that provides updated explanation with respected references for further education.

• Educational pamphlets can be distributed to patients with their after visit summary and providing a better understanding of PSA screening.

• Creating a dot-phrase provides physicians with a reminder about other useful dot-phrases throughout the system.
Effectiveness and Limitations

• Effectiveness of patient information is a mix of utility to providers and utility to patients.

• Patients benefit from printed information that they can reread and further explore to better understand the physicians’ spoken explanation.

• Handout provides links to respected resources for more in-depth discussion.

• Education promotes circular discussion with patients and physicians.
Future Interventions

- Guidelines are constantly changing, therefore future projects should look at updating the educational pamphlet.
- Assess efficacy of providing information to patients in their AVS and if this information leads to more circular discussion regarding PSA screening.
- Further dissemination of updated PSA screening through a UVMMC Family Medicine blog post.
References


http://www.cdc.gov/cancer/dcpc/data/men.htm