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# Prostate Cancer: Patient Education for Changing Guidelines

Richard Mendez

*University of Vermont College of Medicine*

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# Prostate Cancer: Patient Education for Changing Guidelines

By: Richard Mendez  
Collaboration with Tim Flanagan  
UVMMC - South Burlington Family  
Practice

# Problem Identification

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

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)<sup>2</sup>

# Public Health Costs

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- Medical costs associated with prostate cancer were estimated to be \$12 billion<sup>3</sup>
- 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

# Community Perspective

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Dr. Scott Perrapato, UVMHC 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 UVMHC Family Medicine blog in order to target a larger audience due to the need for increased education

# Proposed Intervention and Method

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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

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- 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

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- 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

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- 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 UVMHC Family Medicine blog post.

# References

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1. *Final Update Summary: Prostate Cancer: Screening*. U.S. Preventive Services Task Force. September 2016.  
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2. *Cancer Among Men*. Centers for Disease Control and Prevention.  
<http://www.cdc.gov/cancer/dcpc/data/men.htm>
3. *Cancer costs projected to reach at least \$158 billion in 2020*. National Cancer Institute. <http://www.cancer.gov/news-events/press-releases/2011/costcancer2020>