2018

Prostate Cancer Screening Guidelines: Providing Patient Education

Michael Burton
University of Vermont

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Prostate Cancer: Patient Education about the PSA Test

Michael Burton, MS3
Family Practice Associates, Springfield, VT
Dr. Barbara Dalton
Rotation 7, February 2018
Problem Identification

- Prostate cancer is the most commonly diagnosed cancer in men (119.8 per 100,000) and had the 2nd highest mortality (20.1 per 100,000)\(^1\)
  - VT mortality is higher than the national average (21.1 per 100,000)
- About 1 in 9 men will be diagnosed with prostate cancer in their life\(^1\)
- 25% of cancers diagnosed in VT males prostate cancer\(^2\)
- 10% of cancer mortality in VT males is due to prostate cancer\(^2\)
- Vermont Cancer Plan 2020 Goal 11.1: “Increase % of primary care providers who conduct prostate cancer risk assessment with their adult male patients age 50-70”
- Recurrent guideline changes may lead to confusion among both providers and about what screening is recommended
  - The USPSTF is planning on changing the screening guidelines to make screening for prostate cancer in men aged 55-70 years category C, recommending patient and provider discussion, and category D for men >70 years old
Cost Considerations

- In 2006
  - Total U.S. expenditure on prostate cancer: $9.862 billion
  - Mean annual cost per patient:
    - $10,612 initially after diagnosis
    - $2,134 for continuing care
    - $33,691 for last year of life

- In 2010
  - Total expenditure rose to $11.85 billion

- By 2020
  - Costs for prostate cancer are expected to rise by as much as 42%

Estimates of the national expenditures for cancer care in 2010 (light gray areas) and estimated increase in cost in 2020 (dark gray areas) because of aging and growth of the US population under assumptions of constant incidence survival and cost for the major cancer sites. Costs in 2010 billion US dollars by phase of care: initial year after diagnosis (Ini.) continuing care (Con.) and last year of life (Last).
Community Perspective

Marie Claude Bennencourt, MD, a urologist in Springfield, VT estimates that since the USPSTF recommended against routine PSA screening in 2012 she has seen an increase in diagnosing later stage prostate cancer, including metastatic disease.

She recognized that urology does not use USPSTF guidelines but that it appears to have influenced many providers given her conversation with primary care providers and the number of patients without PSA screening on first visit.

Patients at Springfield Family Practice Associates say that they would follow their doctors recommendations about testing but would have much greater confidence with the USPSTF guidelines backing their provider.

Patients also say they do not know much about prostate cancer besides what their primary care provider tells them.
Proposed intervention

- Provide patient education about
  - Current screening guidelines
  - Information about prostate cancer and what to expect with screening
  - Introduction to the risks and benefits of screening and the follow-up

- This information will hopefully allow patients to be better prepared for a discussion with their provider about prostate cancer OR allow the patient to initiate the discussion with the provider
  - This should result in increased discussions about screening allowing for better informed patients and more goal-oriented care
Results

- The result is a tri-fold pamphlet which can be provided to the patients by the provider at the time of the discussion or placed in the waiting room for patients to pick up at their will.
  - This brochure can be used by the provider as patient education at the time of initiation of screening.
  - OR
- Can be used by the patient to gain knowledge about prostate cancer before starting the conversation with the provider themselves.
Evaluation of Effectiveness/Limitations

Effectiveness:
- Physicians appear eager to have more clarity and information regarding PSA screening
- In particular they seem interested in having information to provide to patients
- Many patients seem interested in learning more about screening and are interested in discussing screening with their PCP

Limitations:
- Providers need to be reminded to have the conversation with patients
- There is still some uncertainty about the efficacy of PSA screening
- Some providers have individual feelings about whether or not they want to complete PSA screening, this might lead to conflict with their patient population
- Patients must be willing and interested in reading the brochure and engage in discussion with providers; its efficacy is not yet proven
Recommendations for Future Interventions

- Evaluation of the efficacy of providing patient information by tracking:
  - The amount that providers utilize brochure to help educate patients
  - The number of discussions initiated by patients

- Create a Dot phrase and/or EMR tool to remind providers to initiate screening discussion in appropriately aged male patients and track which patients still need to have the discussion

- Ultimately, the goal of the pamphlet is to encourage discussion so:
  - Tracking the percentage of encounters in which the risks and benefits of PSA screening are discussed
  - Following the number of PSA tests conducted
References


