

2018

PSA Perspectives

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Recommended Citation

Martin, Kirsten, "PSA Perspectives" (2018). *Family Medicine Clerkship Student Projects*. 443.
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PSA PERSPECTIVES: ASSESSING PATIENT KNOWLEDGE ABOUT PSA TESTING & FACILITATING A CONVERSATION ABOUT RISKS AND BENEFITS

Kirsten Martin

Family Medicine Rotation 5, October-November, 2018

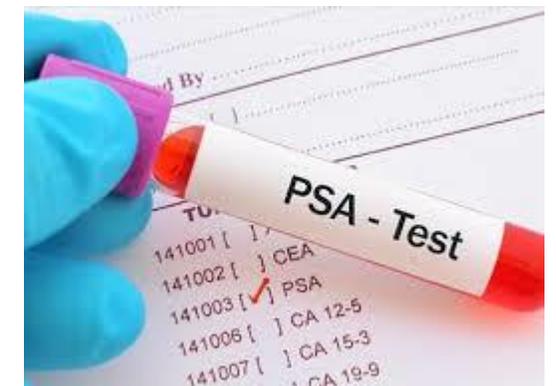
New Milford, Connecticut

Dr. Peter Anderson, MD

Problem Identification



- New recommendations from US Preventive Services Task Force (USPSTF) advise **physicians discuss the risks and benefits of PSA screening with men age 55-69** to determine who gets screened, after previously advising against screening altogether
- Having a conversation about this screening test can take a significant amount of time to adequately educate patients about this controversial test
- There are limited resources available to PCPs to facilitate this conversation.
- Recommendations are conflicting and continue to change, further complicating the decision for patients and providers.



Cost Considerations

- The **cost per year of life saved** by prostate cancer screening with PSA and DRE was
 - \$2339-3005 for men aged 50-59,
 - \$3905-5070 for men aged 60-69, and
 - **\$3574-4627 overall** for men aged 50-69
- Prostate cancer screening by Medicare amounted to **\$447 million** in 2009 US dollars
- The 3-year cost to Medicare for prostate cancer detection in men 70 years or older is approximately **\$1.2 billion**.



Community (Patient) Perspective

- The majority of men interviewed reported that they knew very little about prostate cancer screening and prostate cancer.
- When asked what they would want to know about a screening test, men reported
 - “I would want to know if it works. If it works then great, as long as it is not going to have any side effects.”
 - “What is involved in getting the test itself, why do I need to get it, and when?”
- When asked how effective a screening test would need to be for a man to consider having it done, patients reported:
 - “I would just be acting with the assumption that it would be completely accurate.”



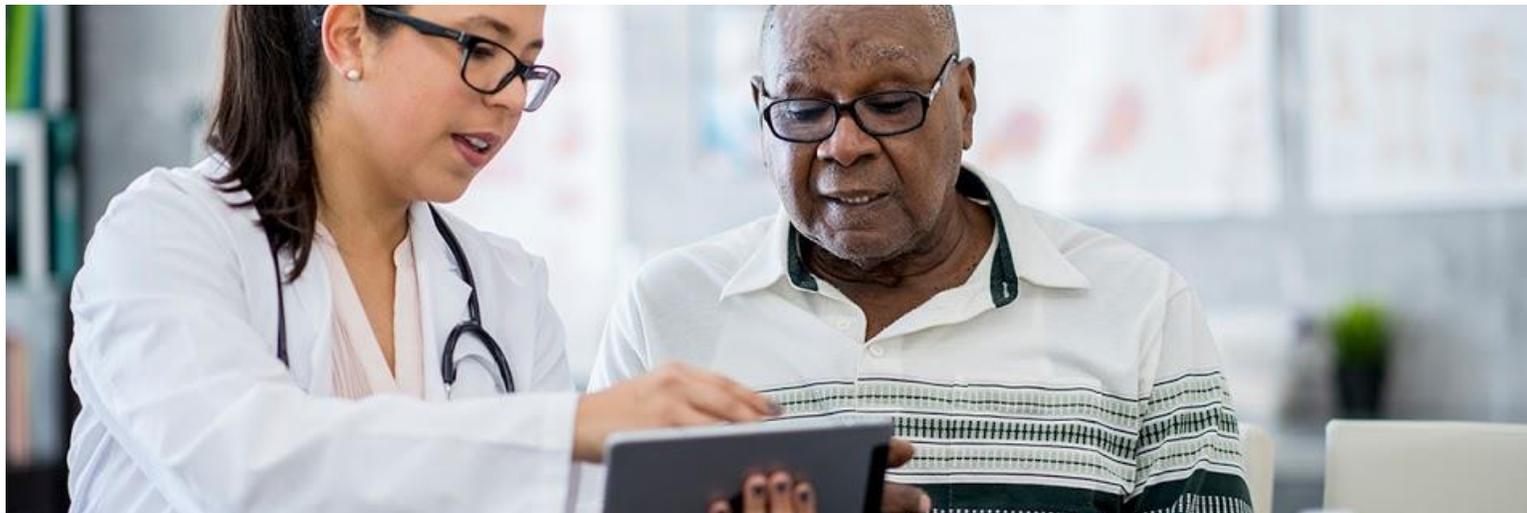
Community (Patient) Perspective

- When asked about PSA screening specifically, men were less likely to want screening after hearing that the screening does not decrease the chances of dying from prostate cancer.
- Men reported that they value the recommendation of their PCP regarding whether or not to have screening done
- The outcomes of screening and available treatments were important to patients considering screening:
 - “Give me some good reasons to get the screening and the treatment [and I will do it]. But ... if you can’t do anything about it, then what’s the point”



Intervention

- Create a handout about the risks and benefits of PSA screening intended to
 - Decrease office time spent educating patients about PSA screening and allow more time to discuss other health concerns
 - Equip patients with an understanding of PSA screening, risks and benefits, and the potential consequences of a positive test
 - Empower patients to make screening decisions based on their unique values



Response to Intervention

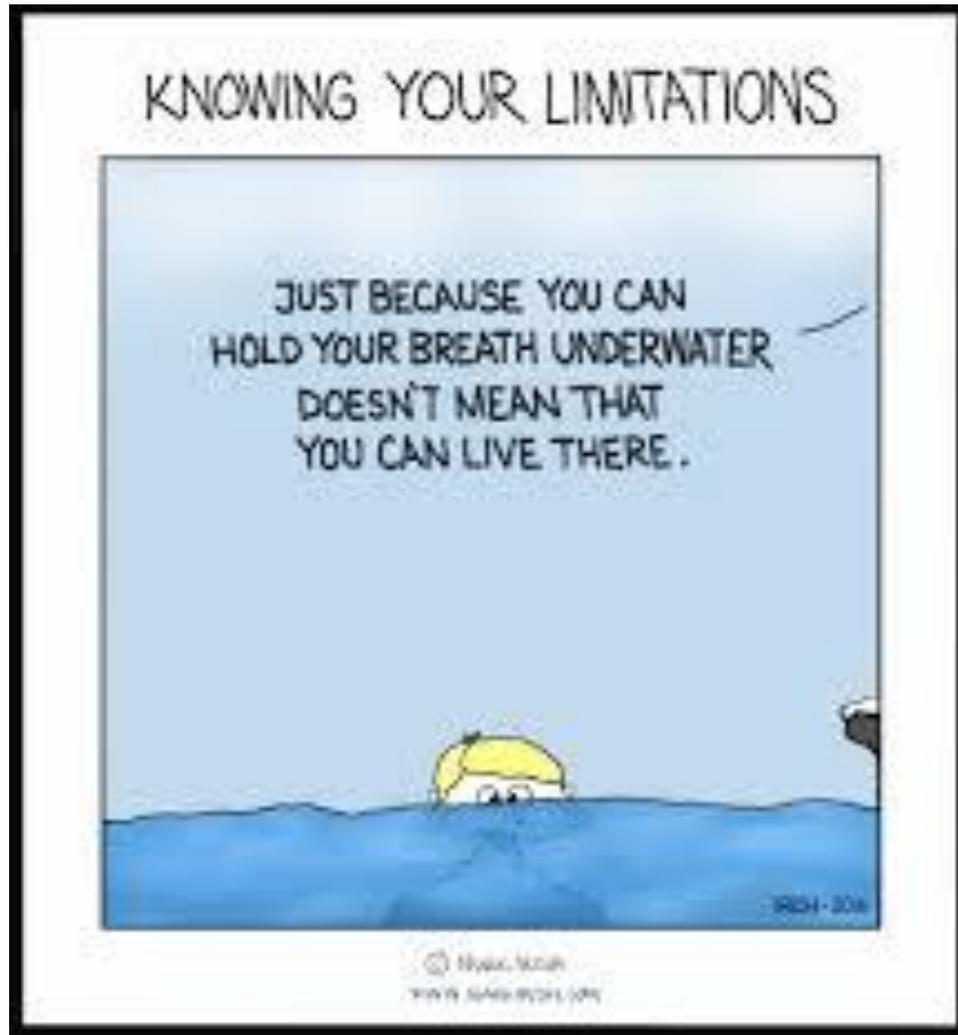
- Patients seemed interested in learning more about PSA screening because they hear “cancer” and immediately want to be tested.
- Having the handout to give to patients helped facilitate the conversation and give people a chance to think over the potential consequences of a positive test before choosing to be screened.



Evaluation of Effectiveness



- Survey patients about their confidence about their understanding of the following before and after receiving the handout and having a discussion with their physician
 - What is PSA screening?
 - What are the consequences of a positive test?
 - What is involved in the treatment of prostate cancer?
 - What are the risks and benefits of receiving treatment for prostate cancer?
 - Should I be screened for prostate cancer?
- **The effectiveness was not evaluated in this project due to the short duration of the research



Limitations

- A handout can only do so much to facilitate a discussion between a patient and a provider.
- Providers must remain diligent about educating their patients about PSA screening.
- Patient perspectives were only collected from one clinic, so there is limited diversity in cultural backgrounds, relationship with PCP, and other important factors

Future Interventions

- Better screening tests for prostate cancer may be developed with the advances in medical imaging and genetic testing
- More specific recommendations should be developed to identify patients at higher risk for the more aggressive forms of prostate cancer
- A risk calculator could be developed to assist in the decision to screen patients for prostate cancer
- Better treatments targeted to the genetic mutations present in a given patient's cancer



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