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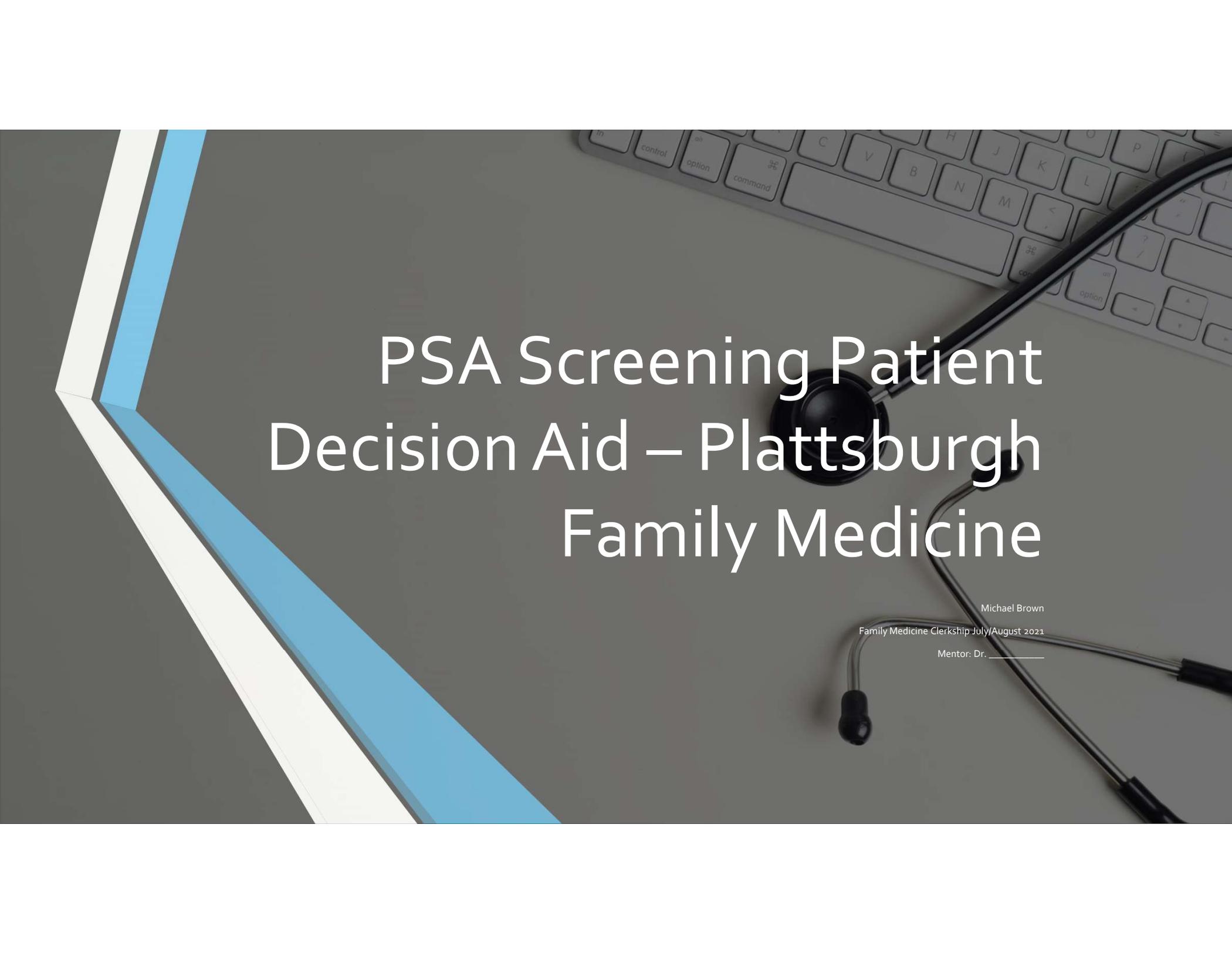
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PSA Screening Patient Decision Aid – Plattsburgh Family Medicine

Michael Brown

Family Medicine Clerkship July/August 2021

Mentor: Dr. _____

Problem Identification

- Prostate cancer accounts for 26% of new cancer cases in US men.¹
- Current guidelines established by the U.S. Preventative Services Task Force (USPSTF) for men age 55 to 69 years old state that the decision to be screened for prostate cancer should be an individual one (Grade C).²
- For men 70 and older the USPSTF recommends against PSA based screening (Grade D).²
- Evidence that patient decision aids can improve patient knowledge, and reduce decisional conflict.³
 - These findings are weak, can a different modality of information representation aid in improving this information exchange?

Public Health Cost

- Estimated 3 year cost to Medicare associated with annual detection of prostate cancer in men 70 or older is \$1.2 billion.⁴
- Typical cost of therapy to prostate cancer patient after diagnosis is about \$2,800 per month.⁵
- In Clinton County:⁶
 - Average Annual Cases = 49.6; Rate per 100k = 92.0
 - Average Annual Deaths = 7.8; Rate Per 100k = 17.5
- Nationally:
 - Rate of 111.3 per 100,000 men per year. The death rate was 19.0 per 100,000 men⁷

Clinician Perspectives

- Perspectives obtained from Drs. ____, ____, and ____ of CVPH Family medicine.
- All endorsed the importance of explaining risks and benefits of any screening test to patients but acknowledged that these statistics can be abstract and hard for patients to interpret meaningfully.
 - Dr. ____ suggested that a graphical aid may be helpful in increasing patient comprehension of risks and benefits.
 - Dr. ____ agreed that a graphical representation would be not only beneficial for patients but also providers and something he would like to incorporate into his practice.
- Currently none of these providers use a decision making aid, graphical or otherwise in their conversations about PSA screening.

Intervention

- Patient decision making aids can improve patient's knowledge and participation in decision making and increase patient confidence in their decisions.⁸
- The goal is to incorporate a graphic patient decision making aid to help patients and providers grasp the statistics in a more concrete way when engaging in shared decision making around prostate cancer screening.
- Implementation: Graphic can be printed out and brought into patient visits in which PSA screening is expected to be discussed.
 - Alternatively could be incorporated as a dot phrase which can be drawn up and displayed during patient encounters and included in AVS for patient's reference.

Results

- USPSTF produces a graphical decision-making aid based on their 2018 PSA screening guidelines.
- Received positive feedback from clinic providers and staff as to its ease of use and potential benefit.
- Graphic can be printed out and brought into patient visits in which PSA screening is expected to be discussed.

Evaluation of Effectiveness and Limitations

- Decision about screening is ultimately the patient decision, our role is to help maximize their understanding of the risks and benefits. Thus effectiveness would be best measured as improvement in patient comprehension.
 - A simple Likert scale styled questionnaire could be provided after visit to assess usefulness of graphic in comprehension.
- Limitations include language and literacy barriers, vision problems impairing ability to interpret graphic.



Recommendations for the Future

- Future projects could examine the utility of this graphic both for the patient and provider and identify + implement changes that might prove to be beneficial.
- Ensure that data contained within the graphic is up to date with current research.

References

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- 5 – Zaorsky, Nicholas George, et al. “The Cost of Prostate Cancer Care to Society and to Patients in the United States.” *Journal of Clinical Oncology*, vol. 37, no. 7_suppl, 2019, p. 116.
- 6 - New York State Cancer Registry. Cancer Incidence and Mortality in New York State, 1976-2018. <http://www.health.ny.gov/statistics/cancer/registry/>. Accessed Date.
- 7 - <https://seer.cancer.gov/statfacts/html/prost.html>
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Yes ____ /

Name: _Dr. _____

Name: _Dr. _____

Name: _Dr. _____

No ____ /

Name: _____

Name: _____