



Improving Provider Confidence in Prostate Cancer Screening



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Background

- With a lifetime risk of 11% and a mortality risk of 2.5% many medical professionals are beginning to re-assess the risk/benefit ratio of widespread PSA screening for prostate cancer. Increasing attention has been focused on using a shared decision making (SDM) model to help patients make better informed decisions.

Objectives

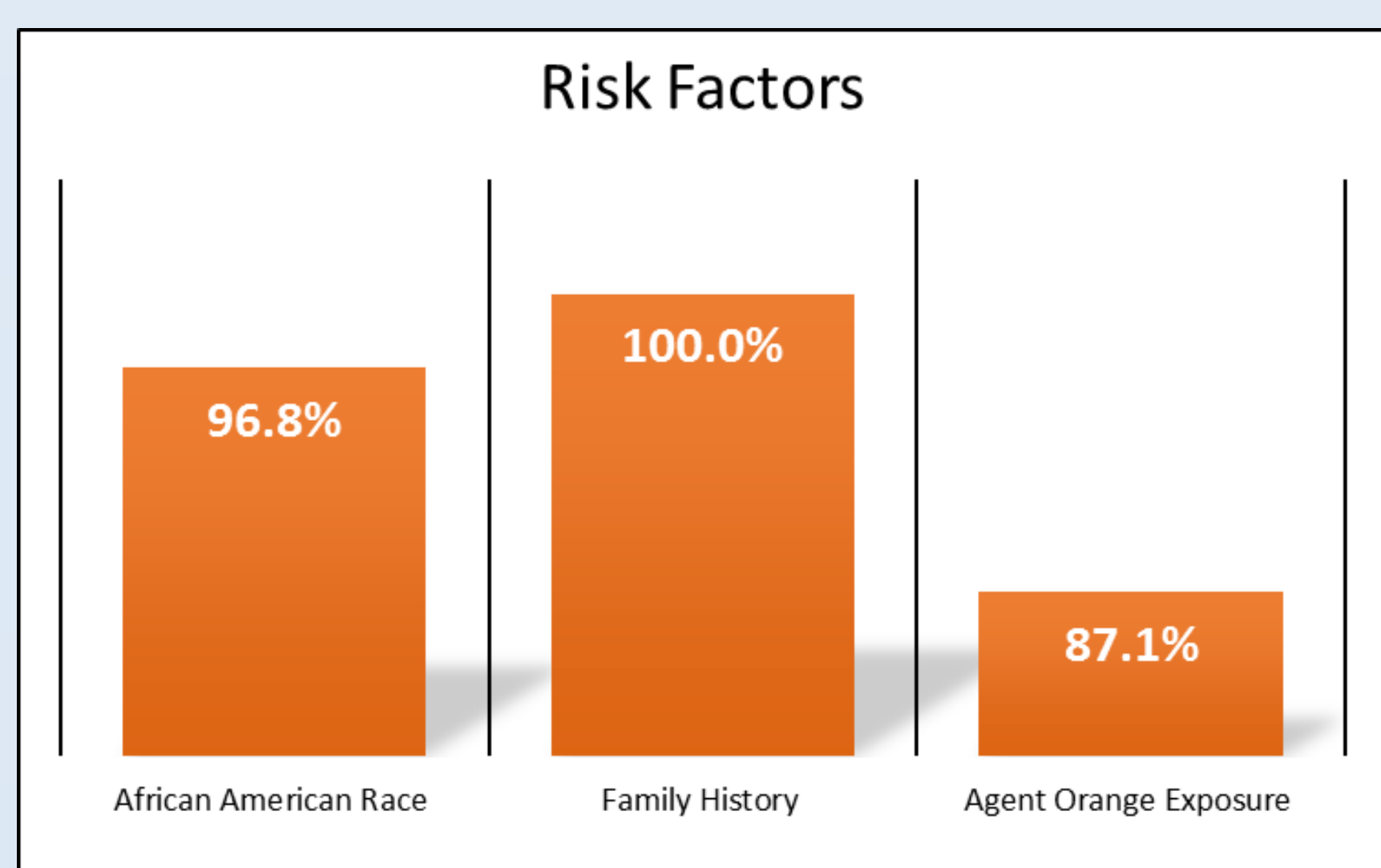
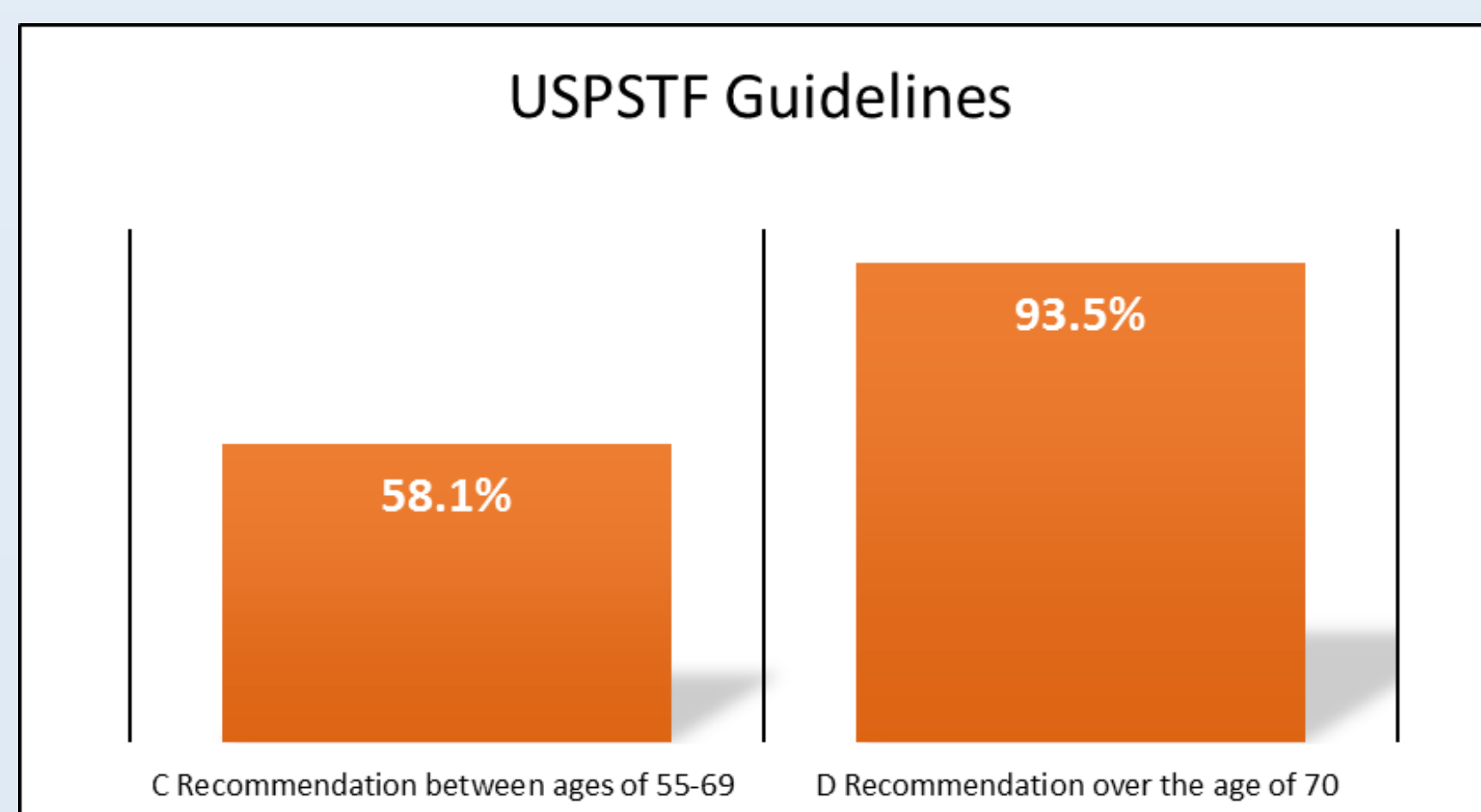
- To improve provider confidence and comfort with shared decision making for PSA by using an educational intervention.

Methodology

- Primary care providers (MDs, NPs, residents) at the West Haven VA received a 30-minute educational intervention on guidelines and risk factors for prostate cancer, as well as an introduction to SDM tools for facilitating provider-patient discussions.
- Prior to the education session, providers filled out a knowledge assessment on guidelines and evaluation of their current use of SDM for PSA screening. Following the educational session, providers completed a survey rating whether their comfort with PSA counseling and SDM increased post- intervention.

Knowledge Assessment

Provider Guideline Accuracy:

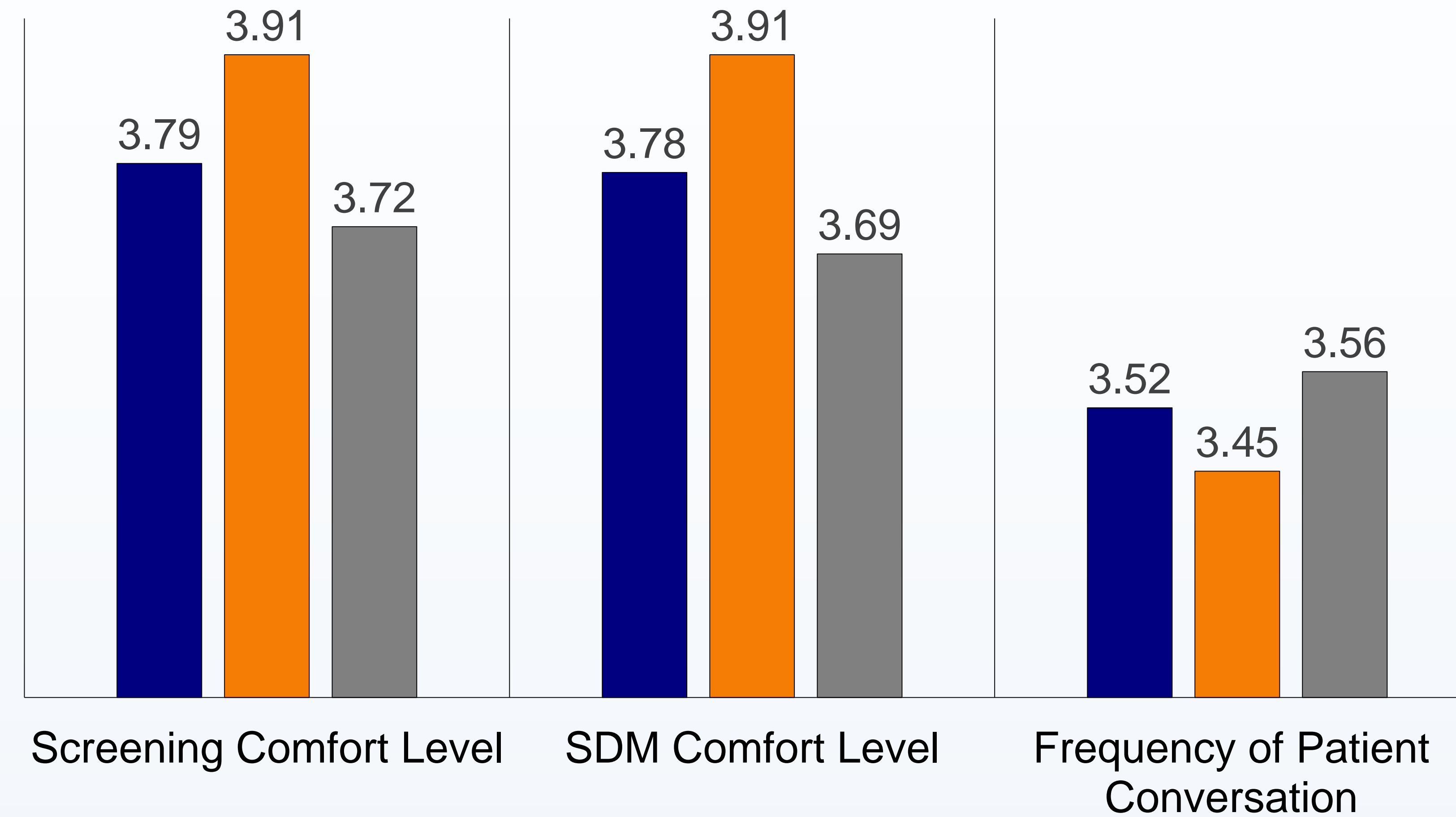


Impact of Shared Decision Making on Screening

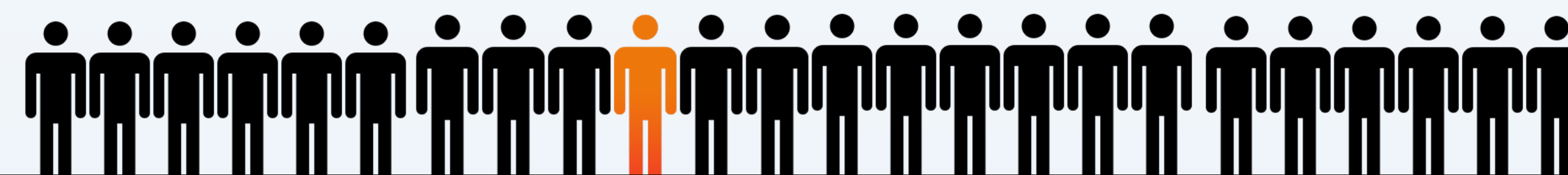
N= 29

Averages based on 5 point Likert Scale

Legend: Total (Blue), Currently Use SDM (Orange), Do Not Use SDM (Grey)



Clinician Educational Session Intervention



Of 1,000 Men Offered PSA-Based Screening

Benefits

- 1 man **avoids** death from prostate cancer
- 3 men **avoid** metastatic disease
- Reduces anxiety

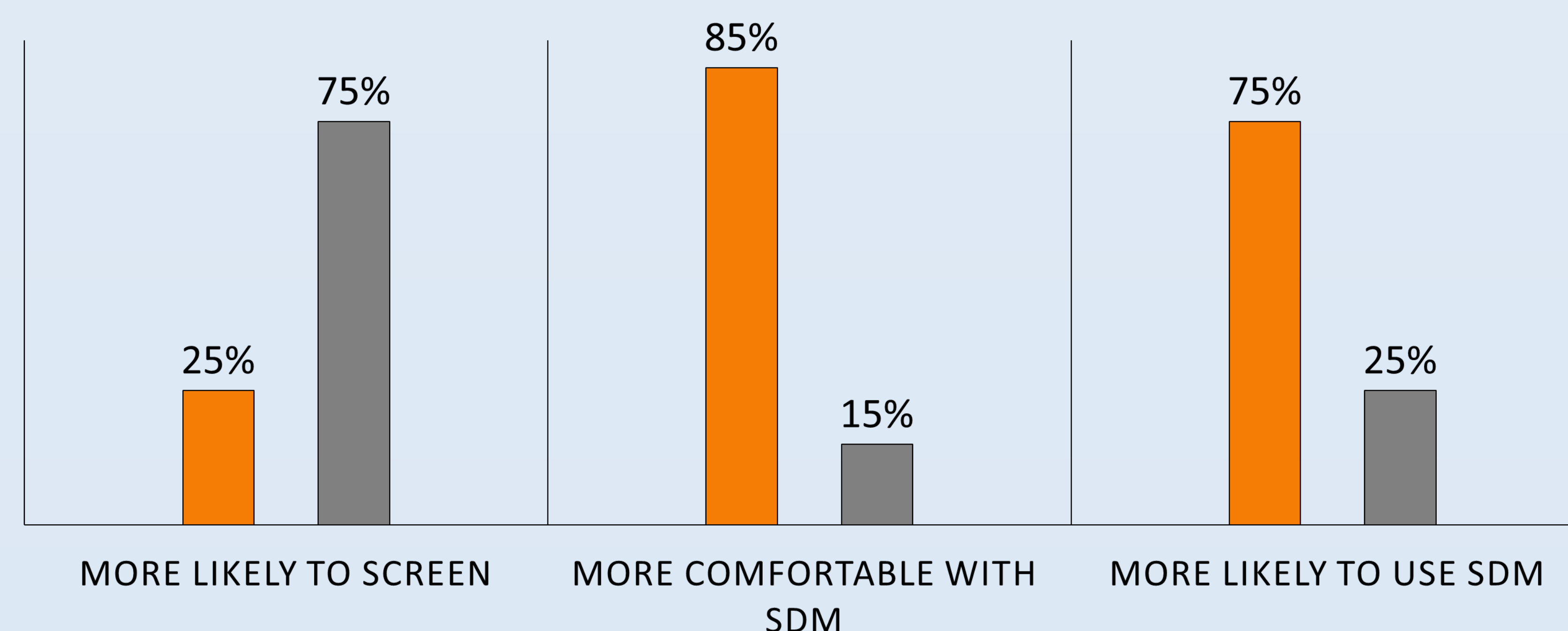
Harms of Screening

- False Positives:** 240 men have positive PSA → 100 have positive biopsy
- Biopsy Side Effects:** 13 men get infections, 10 have bleeding, 4 are hospitalized, 4 have urination problems
- Overdiagnosis:** 20-50% of these men will be diagnosed with a cancer that will never hurt or kill them
- Treatment Side Effects:** 80 men undergo treatment/surgery → 48 experience erectile dysfunction, 16 leak urine

Post- Intervention Survey

N= 20

Legend: Yes (Orange), No/Unchanged (Grey)



Findings

- Pre-intervention screening showed knowledge deficit about guidelines and majority not using SDM.
- Most commonly identified barriers to screening:
 - Time constraints in primary care
 - Counseling patients on risks and benefits
- Education increased likelihood of providers to use SDM to discuss prostate cancer.
- Providers who graduated in the last 5 years (n=14) showed lower confidence with screening and SDM, but more frequent patient conversation regarding prostate cancer.

Limitations

- Not able to address full breadth of decision aids including take home materials including booklets, videos
- Small sample size

Future Directions

- Repeat survey after 3-6 months to assess for actual changes in practice
 - Frequency of conversations
 - Provider confidence
 - Use of SDMs
 - Effect on PSA screening trends

References

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