


Dr. Durado D. Brooks

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DR. DURADO D. BROOKS HAS INDICATED HE HAD NO RELEVANT FINANCIAL RELATIONSHIPS WITHIN THE PAST 12 MONTHS.



Engaging Patients when Recommendations Collide: Prostate Cancer Screening

Dialogue for Action

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Durado Brooks, MD, MPH

Director, Prostate and Colorectal Cancers

American Cancer Society



Prostate Screening Recommendations from Major US Organizations

“Men Should Be Screened”	“Learn and Decide”	“Do Not Screen”
American Urological Association	American Cancer Society	USPSTF





Uncertainty in Medical Care

- Recent summary of the state of medical knowledge reported that nearly half (47%) of all treatments for clinical prevention or treatment were of unknown effectiveness (*BMJ 2007*)
- Clinicians infrequently communicate uncertainty about evidence to patients (*JAMA 1999, AIM 2009*)



Uncertainty in Medical Care

5 main types or sources of uncertainty:

- 1) risk, or uncertainty about future outcomes
- 2) ambiguity, or uncertainty about the strength or validity of evidence about risks
- 3) uncertainty about the personal significance of particular risks (e.g., their severity, timing)
- 4) uncertainty arising from the complexity of risk information (e.g., the multiplicity of risks and benefits or the instability of risks and benefits over time); and
- 5) uncertainty resulting from ignorance of relevant information (family history, unidentified risk factors,...)



Potential impact on patients

- Overwhelm and confuse
- Exceed patient capacity to use information effectively
- Decision avoidance
- Lower uptake of screening and preventive services
- Distrust of information (and sometimes clinicians)
- Heightened vigilance and worry
- Regret over a negative health outcome



Communication Approaches

- Verbal – e.g. “unlikely to be beneficial”
- Numerical – relative risk, number needed to treat,...
 - Challenging due to poor **numeracy** (ability to comprehend quantitative information)
- Visual – pie charts, histograms, pictograms,...
- Identifying and addressing patient values and preferences
- Tailored messaging – applicable to all above

Data are lacking regarding outcomes of these approaches to communicating uncertainty for either physicians or patients.



Prostate Cancer and Uncertainty

- When to biopsy?
- Observation or Treatment?
- Surgery or Radiation?

Prostate Cancer and Uncertainty

“To Screen or Not to Screen?”





Results from Prostate Screening Trials

ERSPC

Conclusion: 20% lower risk of prostate cancer death in the group invited to screening

PLCO

Conclusion: Screening did not lower the risk of dying from prostate cancer



Results from Prostate Screening Trials

Other Studies

Screening and treatment are associated with significant risks and harms

- Overdiagnosis
- Overtreatment
- Erectile difficulties
- Urinary and bowel difficulties

The Screening Debate



Bottom Line

Nobody Wins



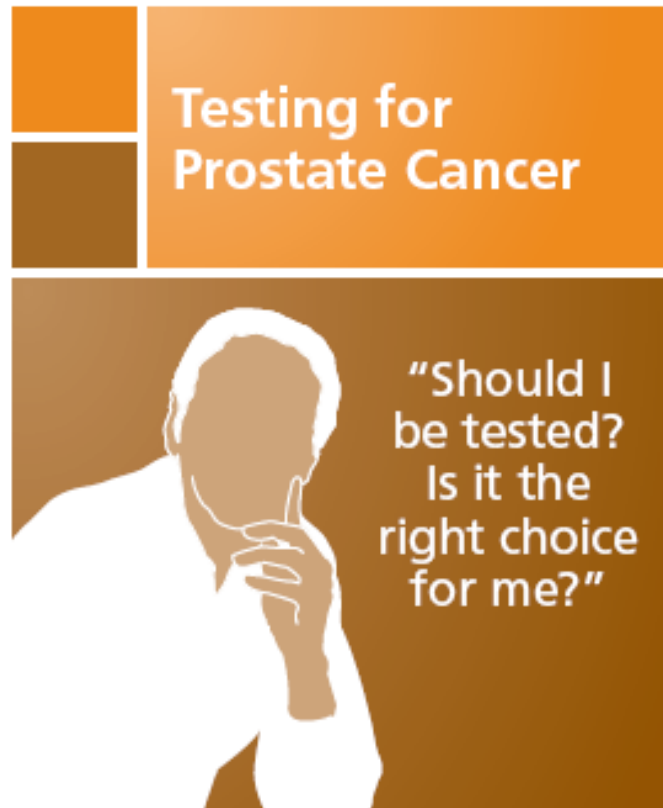
Communicating about Uncertainty

“Men Should Be Screened”	“Learn and Decide”	“Do Not Screen”
American Urological Association	American Cancer Society	USPSTF

Acknowledge conflicts and uncertainty, but focus on what is known and areas of agreement, e.g.

“All organizations recommend informed decision making”.

ACS Patient Decision Aid



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Simple Messages (“Less is more”)

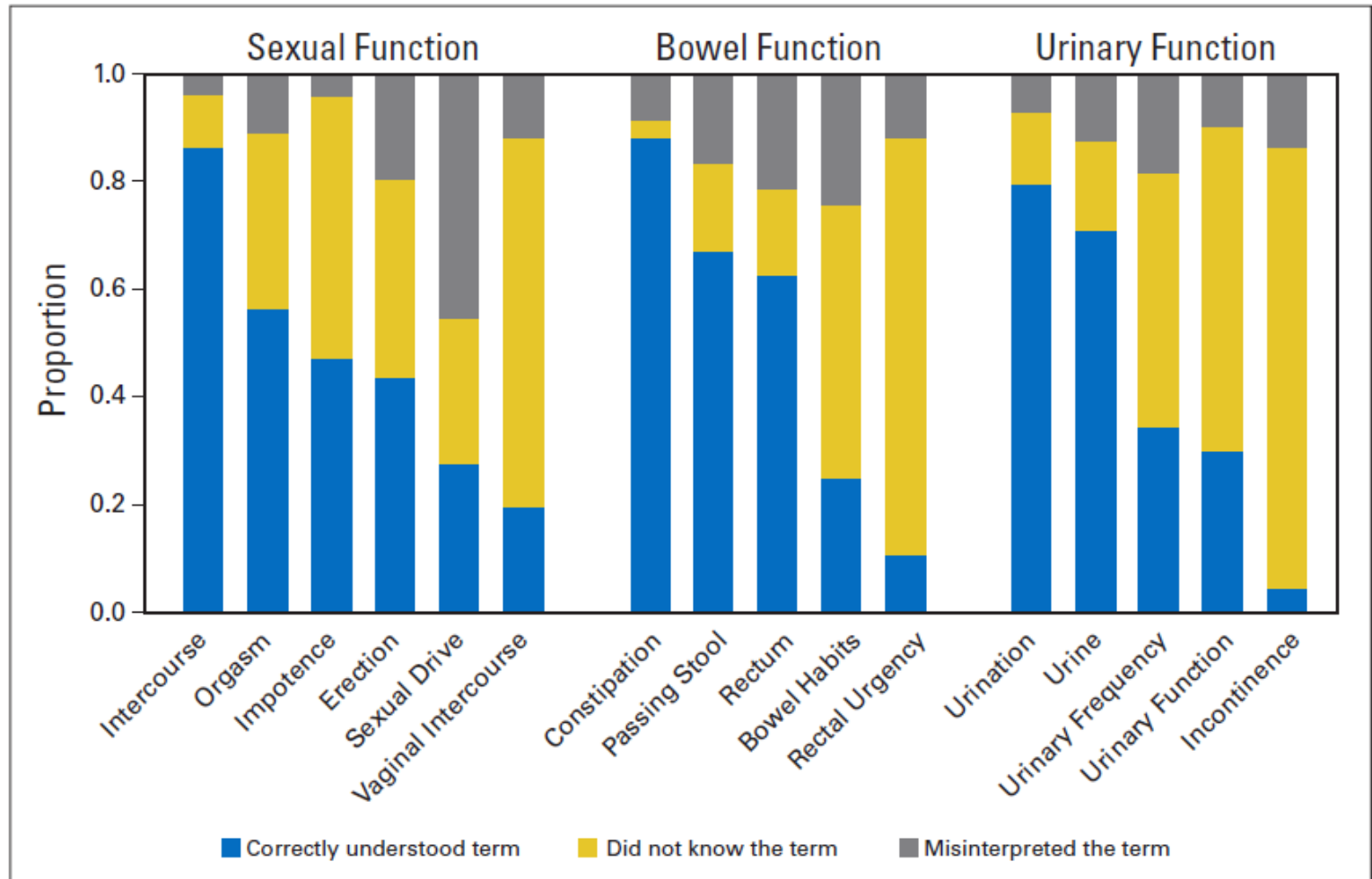
Prostate cancer affects many men.

There are tests to find it early.

We don't yet know if the benefits of testing outweigh the risks.

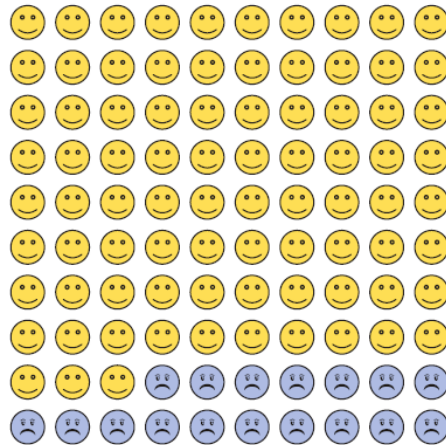
Men should learn about prostate cancer and testing, then decide if testing is the right choice for them.

Comprehension of Common Prostate Ca Terms



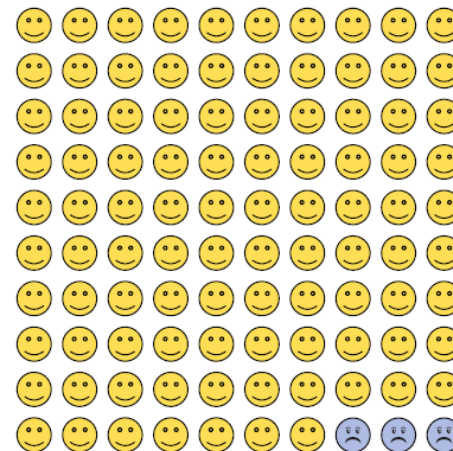
Pictographs

17 out of 100 men (17%) age 50 will be diagnosed with prostate cancer during their life.



😊 = man **not** diagnosed with prostate cancer
😞 = man **with** prostate cancer

3 out of 100 men (3%) age 50 will some day die of prostate cancer.



😊 = man who **does not** die from prostate cancer
😞 = man who **dies** from prostate cancer

Discuss both Benefits and Risks

If I get tested

Possible benefits to you

- Testing may find an early prostate cancer – while it is small and before it has spread.
- If it is found early, there may be a better chance of being treated and not dying from prostate cancer.
- Getting tested may give you peace of mind.

Risks to you

- Testing may lead to worry about the results.
- Testing may find a cancer that might never have caused problems or caused death.
- Testing may lead to treatment, and treatment can cause side effects. These include problems controlling your urine, problems with your bowels, and/or problems having sex.
- Your PSA level may be low, even though cancer is there.

If I do not get tested

What will happen?

- You have regular check-ups but no prostate cancer testing.
- At any time, you can change your mind and be tested.

Possible benefits to you

- You avoid the worry that you might have from testing.
- You avoid being treated for a cancer that might never cause you any problems.
- You avoid the side effects that may occur with treatment. These include problems passing your urine, problems with your bowels, and/or problems having sex.

Risks to you

- You may have an early prostate cancer, and you won't know this.
- You may have a prostate cancer that may later cause symptoms or death and not have the chance to find it early.

Values and Preferences

What is important to you?

There are many reasons men decide to be tested or not to be tested for prostate cancer. Some reasons are listed below. Place a check by the reasons that are important to you.



Some reasons to be tested

Check what's important to you



I will have peace of mind when I know the test results.

My family will know and I will know if I have prostate cancer or not.

I will have a better chance of getting treatment that could save my life if a cancer is found early.

I have some of the risk factors that increase my chances of getting prostate cancer.

Other reasons important to you (list them here):

What is important to you?

Some reasons **not** to be tested

Check what's important to you



I will worry about the test results.

I might find a prostate cancer that never would have caused me problems or shortened my life.

I will have to deal with treatment and its side effects.

I might have a biopsy when I didn't need one.

Other reasons important to you (list them here):

Which way are you leaning about being tested?

--	--	--	--	--	--	--	--	--	--

Want to
be tested

Not
sure

Do not
want to be
tested

ACS Clinician IDM Tool

New Prostate Cancer Screening Guidelines for Health Care Professionals




This document introduces clinicians to the recently updated American Cancer Society recommendations on prostate cancer screening. The complete guideline and evidence review are published as Wolf, A., Wender, R., Etzioni, R., et. al. American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010. CA – A Cancer Journal for Clinicians, which can be found at: <http://caonline.amcancersoc.org/cgi/content/full/60/2/70>.

2010 American Cancer Society Prostate Cancer Screening Recommendations. The American Cancer Society recommends that asymptomatic men who have at least a 10-year life expectancy have an opportunity to make an informed decision with their health care provider about screening for prostate cancer, after receiving information about the uncertainties, risks, and potential benefits associated with prostate cancer screening. Prostate cancer screening should not occur without an informed decision-making process.

Major Medical Organizations: Screening recommendations from all major medical organizations, including the American Urologic Association and the US Preventive Services Taskforce, recommend that men be informed of the potential benefits and limitations of screening for prostate cancer before being tested.

Discuss risks and potential benefits of screening with your patient.

Screening	No Screening
Potential Benefits <ul style="list-style-type: none">• Detection of early stage, potentially lethal prostate cancers that have a better chance of being successfully treated• Possibly avoiding premature death or suffering from metastatic disease• Peace of mind from knowing screening status	Potential Benefits <ul style="list-style-type: none">• Avoidance of treatment for a prostate cancer that is not clinically significant• Avoidance of adverse effects that can occur with treatment• Avoidance of anxiety that may come with screening, with false positive test results, or with a diagnosis of cancer
Risks <ul style="list-style-type: none">• False positive screening results are very common. Two out of three men with a PSA greater than 4.0 ng/ml will not be found to have cancer after further evaluation.• Unnecessary biopsy• Diagnosis of prostate cancers that are not clinically significant (e.g., cancers that would never have caused significant symptoms or loss of life)• Unnecessary treatment and related adverse side effects for prostate cancers that are not clinically significant. Side effects may include urinary incontinence, sexual dysfunction, and/or bowel problems.• Anxiety that may come with screening or with a cancer diagnosis	Risks <ul style="list-style-type: none">• An early stage, or clinically significant prostate cancer goes undetected.• Possible suffering and death due to a delayed diagnosis



ACS Guideline: Supporting Materials and Information

- Materials for clinicians and patients are available at www.cancer.org/prostatemd
 - Patient Decision Aid “Should I Be Tested for Prostate Cancer”
 - Links to decision aids from other organizations
 - Brochure “What You Should Know About Prostate Cancer Testing”
 - Prostate Cancer Fact Sheet
 - Cancer Facts for Men
 - Cancer Screening exam room wall chart

Thank You!

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