

# Prostate Cancer Detection Decision-Making for Low-Income African American Men ... is there a disconnect?

Rena J. Pasick

Dialogue for Action March 20, 2014

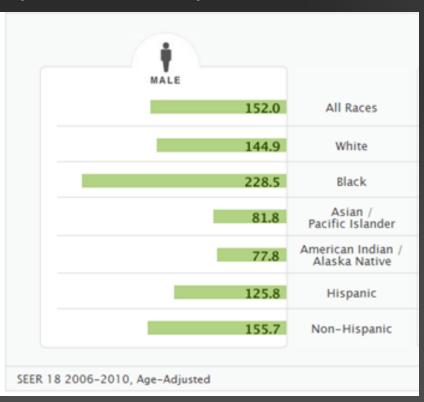
# UCSF-Comprehensive Cancer Center *Men's Health Committee Leadership*

- Michael Shaw Chair
- Michael Huff Co-Chair
- Arnold Perkins CAB Chair
- Rena Pasick CCC Outreach Director
- Priscilla Banks Comm Prog Director

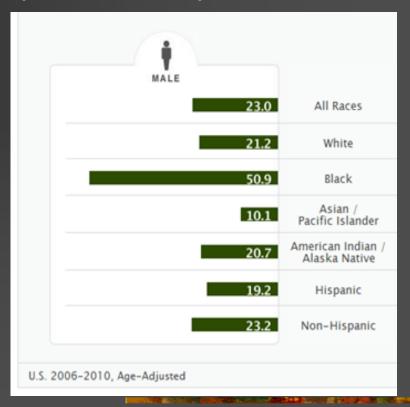


# The greatest burden....

New Cases per 100,000 Persons by Race/Ethnicity: Prostate Cancer



#### Deaths per 100,000 Persons by Race/Ethnicity: Prostate Cancer



## **PSA Test Guidelines**

**USPSTF**: Recommends against use of the PSA test (Grade D) – 2012

Amer College of Physicians clinicians inform men 50-69 of limited benefits and substantial harms of screening; MDs base decision on risk, discussion of benefits/harms, patient's general health/life expectancy, preferences - 2013

**Amer Urologic Asso**: No PSA under 55 (except high-risk, African American, for whom decision should be individualized); shared decision making 55-69; no PSA 70+ - 2013

Amer Cancer Society: Starting at 50, men should talk to a doctor about the pros and cons of testing so they can decide if testing is the right choice for them. If they are African American or have a father or brother who had prostate cancer before age 65, talk with a doctor starting at 45 - 2013

### The disconnect

1. IDM defined: the process patients go through to reach a healthcare decision by considering benefits, harms, risks; the match between these properties and personal values and preferences; understanding the uncertainty and limitations of a procedure.<sup>10</sup>

2. People with basic health literacy skills, (22% of US adults) can read and understand a short pamphlet explaining the importance of a screening test. They would not be able to reliably perform intermediate level tasks [eg use a chart to find the age when children should receive a particular vaccine.] Most would have difficulty understanding typical patient education handouts or filling in health insurance applications. (An additional 14% of adults perform below the basic skill level.)<sup>54</sup>

Briss, P, Rimer, et al., (2004). Promoting informed decisions about cancer screening in communities and healthcare systems. Am J Prev Med, 26(1), 67-80

IOM Committee on Health Literacy. (2004). Health Literacy: A Prescription to End Confusion. Washington, DC: The National Academies Press.

#### The disconnect....more

#### **African American men**

- Over-represented among the uninsured
- Over-represented among those of low general and health literacy
- Least likely to have a regular physician
- More likely to get care in low-resource setting



How is informed decision-making working for these high risk men?

# Double jeopardy

- African American PCa patients:
  - three times more likely to have low literacy skills than white men
- Men with low literacy skills:
  - more than twice as likely to have a PSA level greater than 20 ng/mL at diagnosis compared with those of higher literacy

Wolf, MS, Knight, SJ. et al., (2006) Literacy, race, and PSA level among low-income men newly diagnosed with prostate cancer. Urology, 68(1), 89-93.

# Gaps in our knowledge

- What goes on in under-resourced settings? What is possible?
- What is the meaning and potential of SDM for low literacy men?
- Is there an efficient alternative to the intensity of screening SDM
  - as much as 95% of tests end up normal

#### **Current Research**

# Prostate Cancer Detection Decision-making for Low-income African American Men

Rena J. Pasick, DrPH
National Cancer Institute
2013-15
1R21CA171953

# The Goal

- To maximize early detection for African American men
  - in a context of optimal decision-making
  - offered at the most appropriate and beneficial time
  - tailored by literacy
  - configured for fit within the constraints of safety net and under-resourced health care settings

#### Phase I Objective

To document current practices in shared decision-making for PSA testing where uninsured, low-income and/or low-literacy African American men obtain screening, and to explore the potential for effective SDM communication in these settings.

- conduct in-depth interviews (clinicians, staff, patients) regarding SDM
- conduct observations of men at community screenings to document SDM in these settings
- measure PSA test and SDM practices, preferences and confidence regarding SDM, barriers to SDM, and tailoring by race/ethnicity and health literacy in a web survey of 150 providers with practices of at least 10% African American patients.

# PCPs on "the conversation"

- ...I'll have a discussion with them about risks and benefits, and the risks of screening, the risks of detecting and treatment and all, and it's not an easy conversation to have because there's just so many aspects to it. So it's a bit of a black box that can really, you can spend a lot of time there.
- A lot of our patients have many really serious medical problems that have nothing to do with screening for prostate cancer. And so if they ask for it, sometimes it's hard to then find the time to have some big discussion...
- Like I think I'd like to pretend like I always have this great discussion but I definitely don't....

## Providers are confused

- Well, I still feel a little bit confused about the higher risk groups and whether I even want to screen them. So I think about African-Americans and people with a family history of prostate cancer. Those are the two big groups that stick in my head....My understanding is that both the benefits and the risks are higher in those groups and so then I think it's kind of a hard conversation to have
- But I don't go into like "these will be your potential options" 'cause I don't even feel that equipped to talk about screening, let alone the different options and indications [for treatment]

# Provider survey

I have enough time to discuss risks and benefits of the PSA

- Always 4%
- Often 15%
- Sometimes 42%
- Rarely 29%
- Never 10%

# Current research

#### Phase II Objective

To assess the feasibility of *pre-biopsy counseling* (PBC), for African American men with an elevated PSA, by pilot testing a theory-based PBC protocol with 40 men with a recent abnormal test.

A trained health educator meets with patients who have an elevated PSA prior to biopsy to explain what is happening and help them formulate questions for the urologist to determine if the biopsy is right for them

# Preliminary Conclusions

- African American men are at high risk
- PCPs in low-resource settings cannot be expected to adequately counsel them on the pros & cons of the PSA
- The time for decision-making for African American men is prior to biopsy....for the small proportion of men with an elevated PSA
- Primary care clinicians want and need CME on prostate cancer screening & tx for African American patients



Comprehensive Cancer Center