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Decision Counseling in Prostate Cancer Screening

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Decision Counseling in Prostate Cancer Screening

In 2004, there will be an estimated 230,110 new cases of prostate cancer and 29,900 deaths from this disease in the United States.[1] Prostate cancer is often diagnosed through screening. However, the practice of screening for prostate cancer is controversial. Proponents of prostate cancer screening believe that screening with the combination of routine digital rectal examination (DRE) and prostate specific antigen (PSA) testing is justified for men who have a reasonable life expectancy and is especially important for men at increased risk. It is argued that combined DRE and PSA testing is effective at identifying men with early prostate cancer. Further, it is asserted that men who are diagnosed with and treated aggressively for localized prostate cancer have higher survival rates as compared to men diagnosed with late-stage disease. The American Cancer Society and the American Urological Association recommend that health care providers offer annual DRE and PSA testing for men who are 50 or more years of age.[1,2] These organizations also suggest that screening may be initiated at age 45 for African American men and those who have a family history of prostate cancer.

Caution has been urged regarding prostate cancer screening, however, because no randomized trials have demonstrated that early detection reduces mortality from prostate cancer. Definitive results concerning screening efficacy from randomized trials that are now underway are not yet available. Concern about prostate cancer early detection is also based on the fact that treatment of early-stage prostate cancer can cause substantial adverse outcomes (e.g., impotence, incontinence, bowel injury, mortality). Guidelines put forward by the United States Preventive Services Taskforce (USPSTF), American College of Physicians, and the Canadian Taskforce on the Periodic Health Examination do not endorse routine prostate cancer screening.[3-5]

While there is not consensus about whether prostate cancer screening should be performed routinely, there is widespread agreement that objective information about the potential benefits and harms of prostate cancer screening should be provided to older asymptomatic men. The USPSTF explicitly recommends that counseling be provided to men in order to facilitate informed decision making about screening, noting that "the proper choice for an individual (concerning prostate cancer screening) is highly dependent on personal preferences."[4] This recommendation is important because it recognizes that helping people make decisions about controversial issues like whether or not to have prostate cancer screening entails both the provision of information and the clarification of personal values.

Research is needed to identify methods that enable men to systematically consider available information on screening and personal values related to screening, weigh positive and negative aspects of the main decision alternatives (to screen or not to screen), clarify personal preference, and make a decision about whether or not to have a screening exam. To address this need, investigators at Thomas Jefferson University and Einstein Health Care Network are conducting a three-year prospective randomized controlled trial entitled "Decision Counseling in Prostate Cancer Screening." This investigation is a two-arm trial that will involve older adult men who are patients in two primary care practices.

The specific aims of the study are to:

- develop effective methods for educating men about prostate cancer and screening
- prepare men to make an informed, value-based decision about whether to have a prostate cancer screening exam
- test the impact of providing information plus decision counseling related to prostate cancer screening as compared to providing information only

The impact of the intervention will be measured in terms of the following primary outcomes:

- knowledge about prostate cancer and screening
- concern about decision making related to prostate cancer
- screening
- prostate cancer screening use

Secondary outcomes to be measured include patient perceptions related to certain aspects of concern about decision making (i.e., feeling better informed, being clear about personal values, and believing that one has made a good decision), the completeness of decision making, and patient decision stage.

Findings from this study will be disseminated to primary care practices affiliated with the Jefferson Health System (Albert Einstein Medical Center, Geisinger Health System, Wilmington Veteran's Administration Hospital, Methodist Hospital, Thomas Jefferson University Hospital, and Christiana Hospital). Opportunities for integrating effective intervention components into the health care system will be identified.

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