UHealth
UNIVERSITY OF MIAMI HEALTH SYSTEM

UNIVERSITY OF MIAMI
MILLER SCHOOL
of MEDICINE

A Primary Care Approach to Prostate Cancer –
The Role of Shared Decision Making in Screening and Treatment:

Part I - Prevalence and Screening - Finding Those at Risk
Part II - Shared Decision Making - Initial and Ongoing Treatment Strategies

Final Outcome Report
for Four Cities

Emerging Challenges In Primary Care: 2015

Report Date: August 2, 2015

Prepared By: NACE

National Association for Continuing Education
300 NW 70th Avenue, Suite 102
Plantation, FL 33317
www.naceonline.com
(954) 723-0057

Course Director

Gregg Sherman, MD
Family Practice
Northwest Heart and Health
Margate, FL

Activity Planning Committee

Gregg Sherman, MD
Harvey C. Parker, PhD, CCMEP
Michelle Frisch, MPH, CCMEP
Alan Goodstat, LCSW
Cheryl C. Kay
Sheila Lucas, CWEP
Oscar Reyes

Course Accreditation

The University of Miami Leonard M. Miller School of Medicine is accredited by the Accreditation Council (ACCME) for Continuing Medical Education to provide continuing medical education for physicians.

The University of Miami Leonard M. Miller School of Medicine designates this live activity for a maximum of *2.25 AMA PRA Category 1 Credits*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

Commercial Support

The Emerging Challenges in Primary Care: Update 2015 series of CME activities were supported through educational grants or donations from the following companies:

Amgen
Arbor Pharmaceuticals
sanofi-aventis U.S.
Regeneron Pharmaceuticals
AbbVie, Inc.
Gilead Sciences, Inc.

A Primary Care Approach to Prostate Cancer is supported by an educational grant from Janssen Biotech, Inc. administered by Janssen Scientific Affairs, LLC.

Cities and Dates

Emerging Challenges in Primary Care: Update 2015
Conference Schedule

May 2, 2015
Miami, FL

May 9, 2015
Baltimore, MD

May 16, 2015
Tampa, FL

May 30, 2015
Atlanta, GA

June 6, 2015
Birmingham, AL

June 13, 2015
Raleigh, NC

June 20 ,2015
Columbus, OH

June 27, 2015
Troy, MI

August 15, 2015
Denver, CO

August 22, 2015
St. Louis, MO

August 29, 2015
Houston, TX

September 12, 2015
Anaheim, CA

September 19, 2015
Sacramento, CA

September 26, 2015
Ft. Lauderdale, FL

October 3, 2015
San Antonio, TX

October 10, 2015
Uniondale, NY

October 17, 2015
San Diego, CA

October 24, 2015
Nashville, TN

Titles of Presentations

Cardiovascular Disease Update for Primary Care
Translating the Advances in Evidence Based Medicine into Better Health Outcomes for People with Heart Failure
Jan Basile, MD or Karol E. Watson, MD, PhD or Elizabeth Ofili, MD, MPH, FACC or Anekwe Onwuanyi, MD

Novel Pharmacologic Advances for the Treatment of Hypercholesterolemia to Reduce LDL levels in Patients Who are Responsive and Refractory to Statin Therapy
Jan Basile, MD or Karol E. Watson, MD, PhD or Elizabeth Ofili, MD, MPH, FACC or Anekwe Onwuanyi, MD

Diagnosis and Management of Chronic HCV and HBV in the Primary Care Setting
Part I - Chronic Hepatitis C: Update on Screening, Diagnosis, Management, and Promising New Treatments
Eugene R. Schiff, MD, MACP, FRCP, MACG, AGAF,FAASLD or Christopher O'Brien, MD, AGAF, FRCMI

Part II - Chronic Hepatitis B: Guidelines for Screening, Clinical Management - Whether to Follow or Treat, and How
Eugene R. Schiff, MD, MACP, FRCP, MACG, AGAF,FAASLD or Christopher O'Brien, MD, AGAF, FRCMI

A Primary Care Approach to Prostate Cancer - The Role of Shared Decision Making in Screening and Treatment
Part I - Prevalence and Screening - Finding Those at Risk
Matt T. Rosenberg, MD and/or E. David Crawford, MD and/or Neal Shore, MD, FACS and/or Ronald Tutrone , MD, FACS

Part II - Shared Decision Making - Initial and Ongoing Treatment Strategies
Matt T. Rosenberg, MD and/or E. David Crawford, MD and/or Neal Shore, MD, FACS and/or Ronald Tutrone , MD, FACS

Levels of Evaluation

Consistent with the policies of the ACCME, NACE evaluates the effectiveness of all CME activities using a systematic process based on Moore's model. This outcome study reaches Level 5.

- Level 1: Participation
- Level 2: Satisfaction
- Level 3: Declarative and Procedural Knowledge
- Level 4: Competence
- Level 5: Performance
- Level 6: Patient Health
- Level 7: Community Health

Moore DE Jr, Green JS, Gallis HA. Achieving desired results and improved outcomes: integrating planning and assessment throughout learning activities.J Contin Educ Health Prof. 2009 Winter;29(1):1-15

Level 1: Participation

- 1073 attendees in 4 cities
- 66% Physicians; 28% NPs or PAs; 5% RNs; 1% Other
- 57% in community-based practice
- 71% PCPs, 3% Cardiologist; 2% Endocrinologist; 24% Other or did not respond
- 89% provide direct patient care

Did we reach the right audience? Yes!

Level 2: Satisfaction

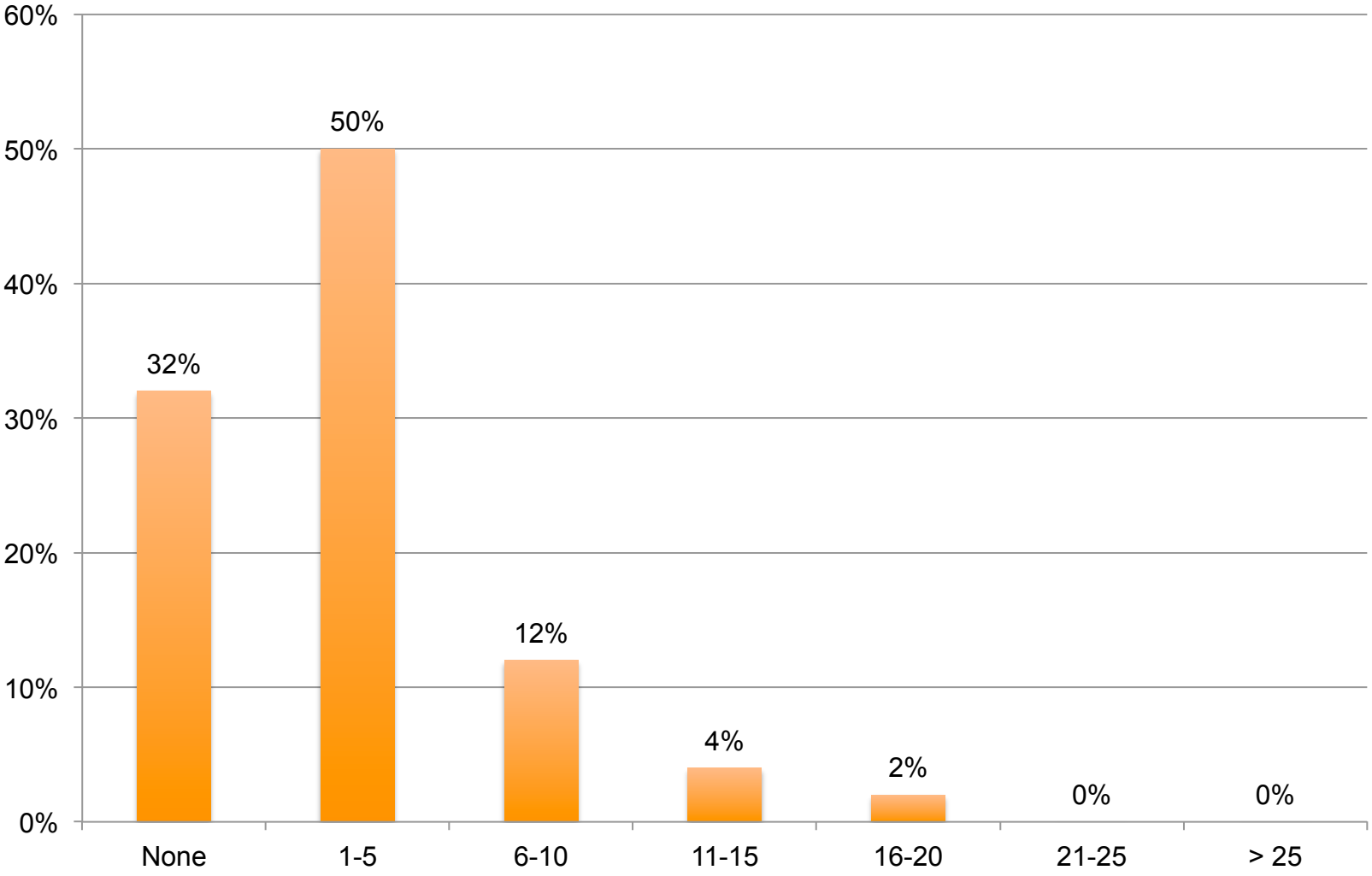
- 99% rated the activity as excellent
- 100% indicated the activity improved their knowledge
- 97% stated that they learned new and useful strategies for patient care
- 88% said they would implement new strategies that they learned in their practice
- 97% said the program was fair-balanced and unbiased

Sample Size: N = approximately 1073

Were our learners satisfied? Yes! Data were collected across four cities for the Emerging Challenges in Primary Care program.

A Primary Care Approach to Prostate Cancer – The Role of Shared Decision Making in Screening and Treatment Part I & II

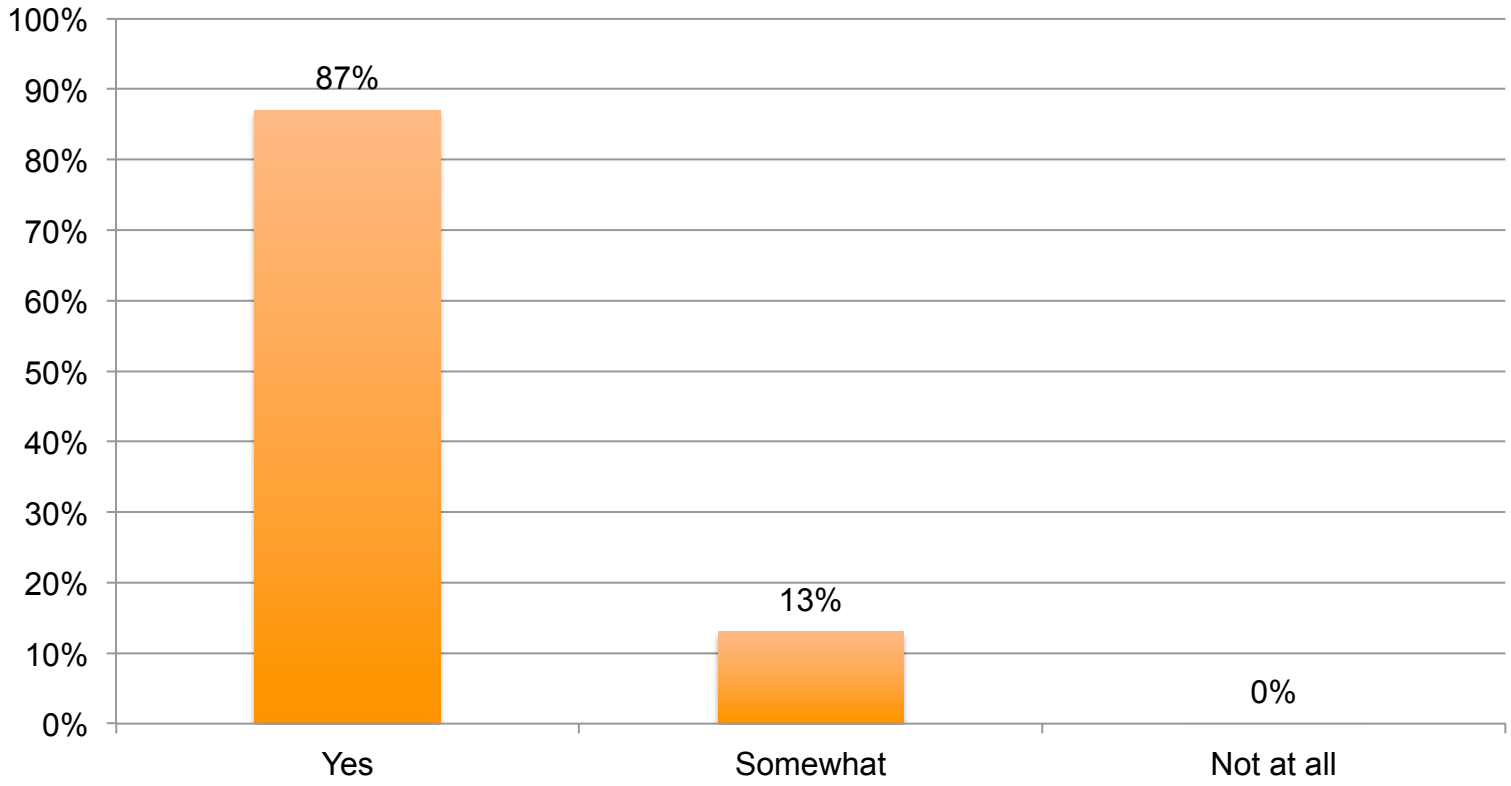
Patients seen each week in a clinical setting regarding the diagnosis and treatment of patients with Prostate Cancer:



Sample Size: N = approximately 1073

Did Learners Say They Achieved Learning Objective?

Upon completion of this activity, I can now – Recognize the prevalence, risk factors and impact of prostate cancer; compare the USPSTF and American Urological Association (AUA) guidelines for prostate cancer screening; understand the process of shared decision making in prostate evaluations; and define the role of the primary care provider in treating prostate cancer patients with localized disease and metastatic disease.



Yes! 100% believed they did. Data was collected in 4 cities.

Sample Size: N = approximately 1073

Outcome Study Methodology

Goal

To determine the effect this CME activity had on learners with respect to competence to apply critical knowledge, confidence in treating patients with diseases or conditions discussed, and change in practice behavior.

Dependent Variables

1. **Level 3-5: Knowledge, Competence, and Performance**

   Case-based vignettes and pre- and post-test knowledge questions were asked with each session in the CME activity. Identical questions were also asked to a sample of attendees 4 weeks after the program to assess retention of knowledge. Responses can demonstrate learning and competence in applying critical knowledge. The use of case vignettes for this purpose has considerable predictive value. Vignettes, or written case simulations, have been widely used as indicators of actual practice behavior. [1]

2. **Practitioner Confidence**

   Confidence with the information relates directly to the likeliness of actively using knowledge. Practitioner confidence in his/her ability to diagnose and treat a disease or condition can affect practice behavior patterns.

3. **Level 5: Self-Reported Change in Practice Behavior**

   Four weeks after CME activity, practitioners are asked if they changed practice behavior.

1. Peabody, J.W., J. Luck, P. Glassman, S. Jain, J. Hansen, M. Spell and M. Lee (2004). Measuring the quality of physician practice by using clinical vignettes: a prospective validation study. Ann Intern Med14(10): 771-80.

A Primary Care Approach to Prostate Cancer – The Role of Shared Decision Making in Screening and Treatment Part I & II

Faculty

Matt T. Rosenberg, MD
E. David Crawford, MD
Neal Shore, MD, FACS
Ronald Tutrone , MD, FACS

Learning Objectives

1. Recognize the prevalence, risk factors and impact of prostate cancer.
2. Compare the USPSTF and American Urological Association (AUA) guidelines for prostate cancer screening.
3. Understand the process of shared decision making in prostate evaluations.
4. Define the role of the primary care provider in treating prostate cancer patients with localized disease and metastatic disease.

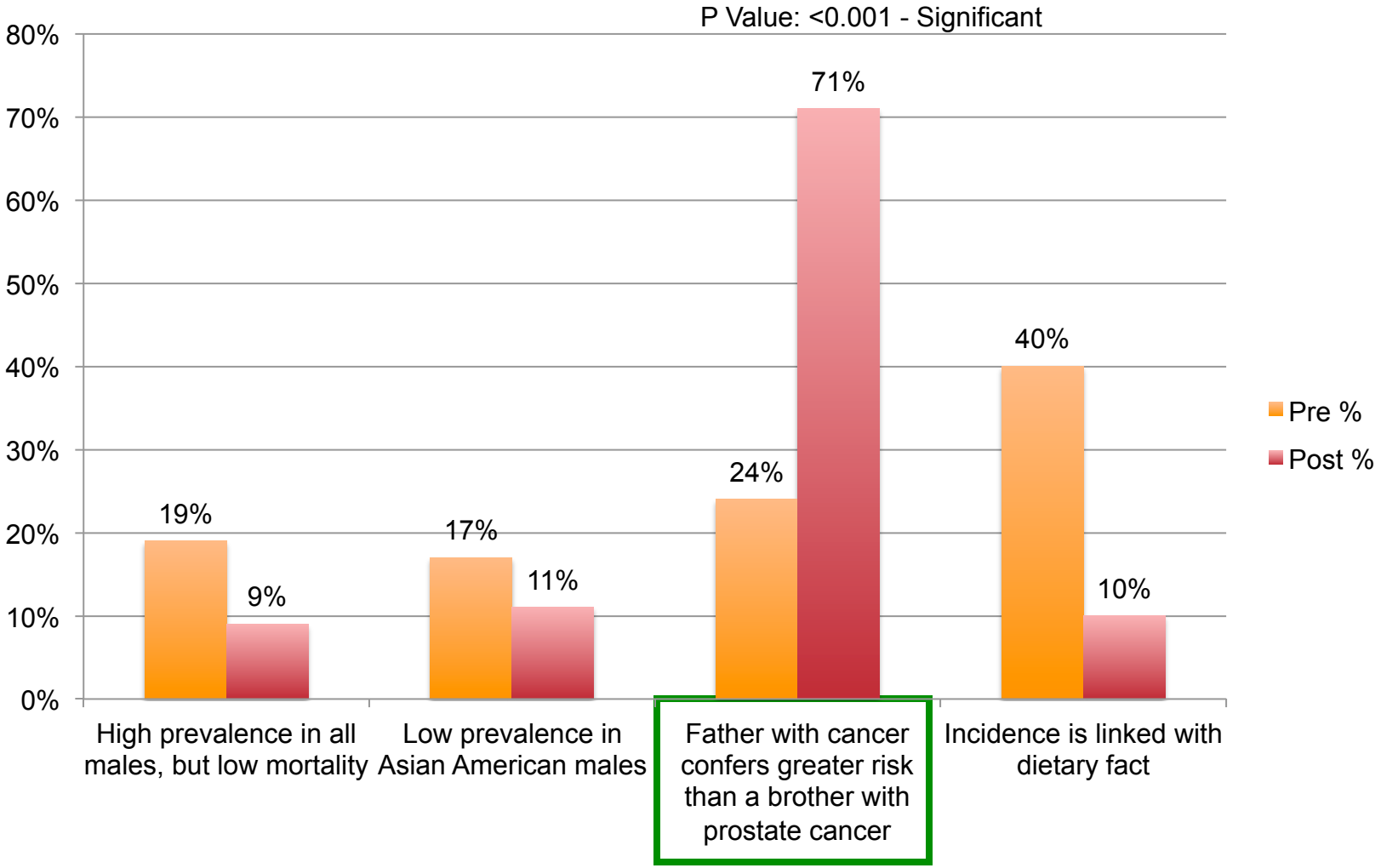
Key Findings

A Primary Care Approach to Prostate Cancer – The Role of Shared Decision Making in Screening and Treatment Part I & II

Knowledge/Competence	Learners demonstrated significant improvement from pre to post-testing in their answers to *seven* out of *seven* of the case-based questions regarding the screening for and treatment of Prostate Cancer
Confidence	Whereas the majority of learners rated themselves as having very low confidence in their treating patients with Prostate Cancer before the education, most of the learners showed very high gains in confidence after the program.
Change of Practice Behavior	93% of learners who responded to our four week survey indicated that they had changed their practice behavior to implement the learning objectives of this program within four weeks after they attended the activity.

Case Vignette Knowledge and Competence Assessment Questions
(presented before and after lecture—boxed answer is correct)

Steve is a 46 year old Chinese male with a family history of prostate cancer in his brother. He is concerned about his risk factors. You advise him of all the following are true about Prostate Cancer except? (Learning Objective 1)

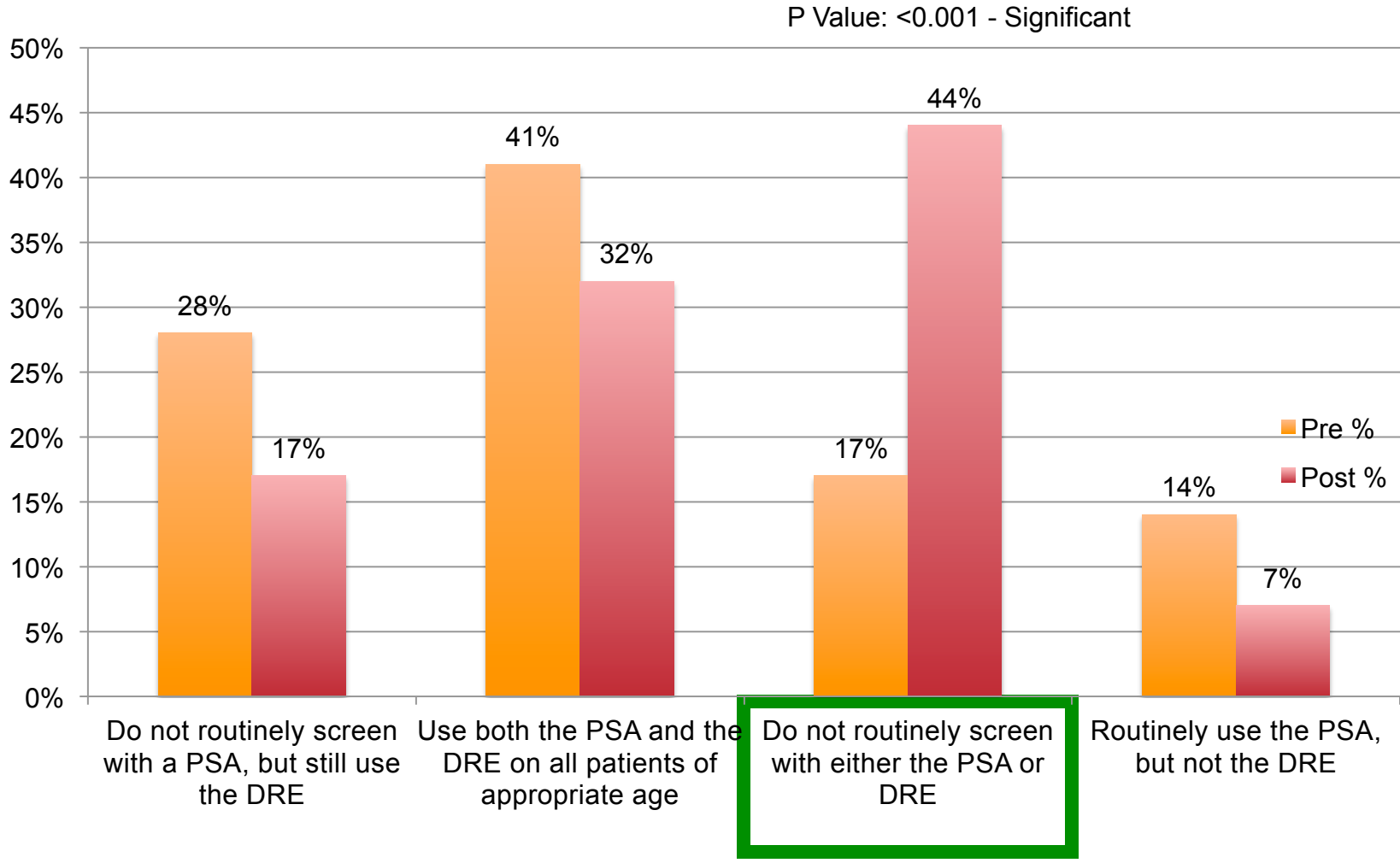


Pre N= 507 Post N= 536

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions
(presented before and after lecture—boxed answer is correct)

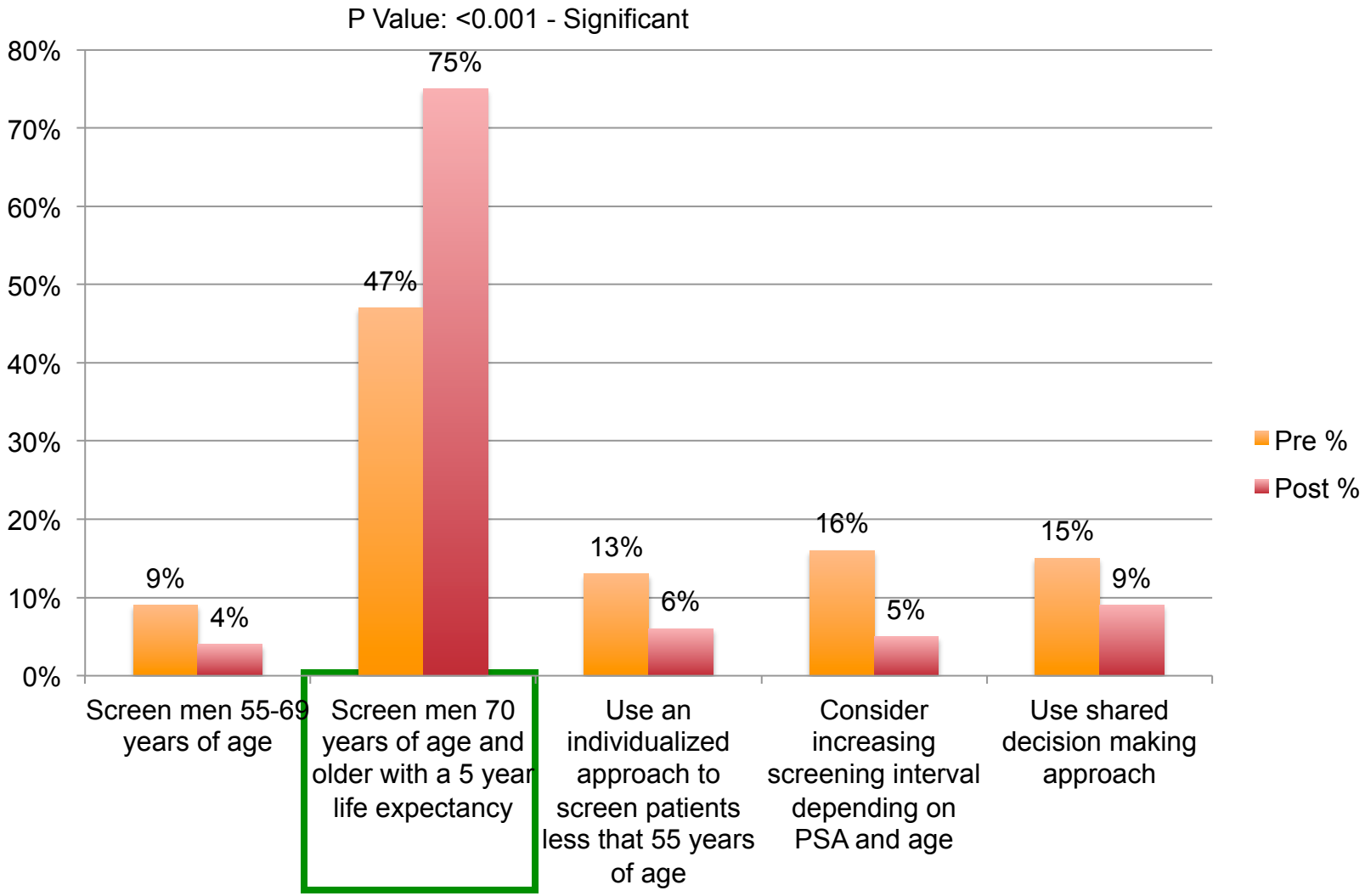
According the USPSTF recommendations regarding prostate cancer screening, which of the following is true? (Learning Objective 2)



Pre N= 536 Post N= 559 Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions
(presented before and after lecture—boxed answer is correct)

According the AUA guidelines on prostate cancer screening, which of the following is false? (Learning Objective 2)



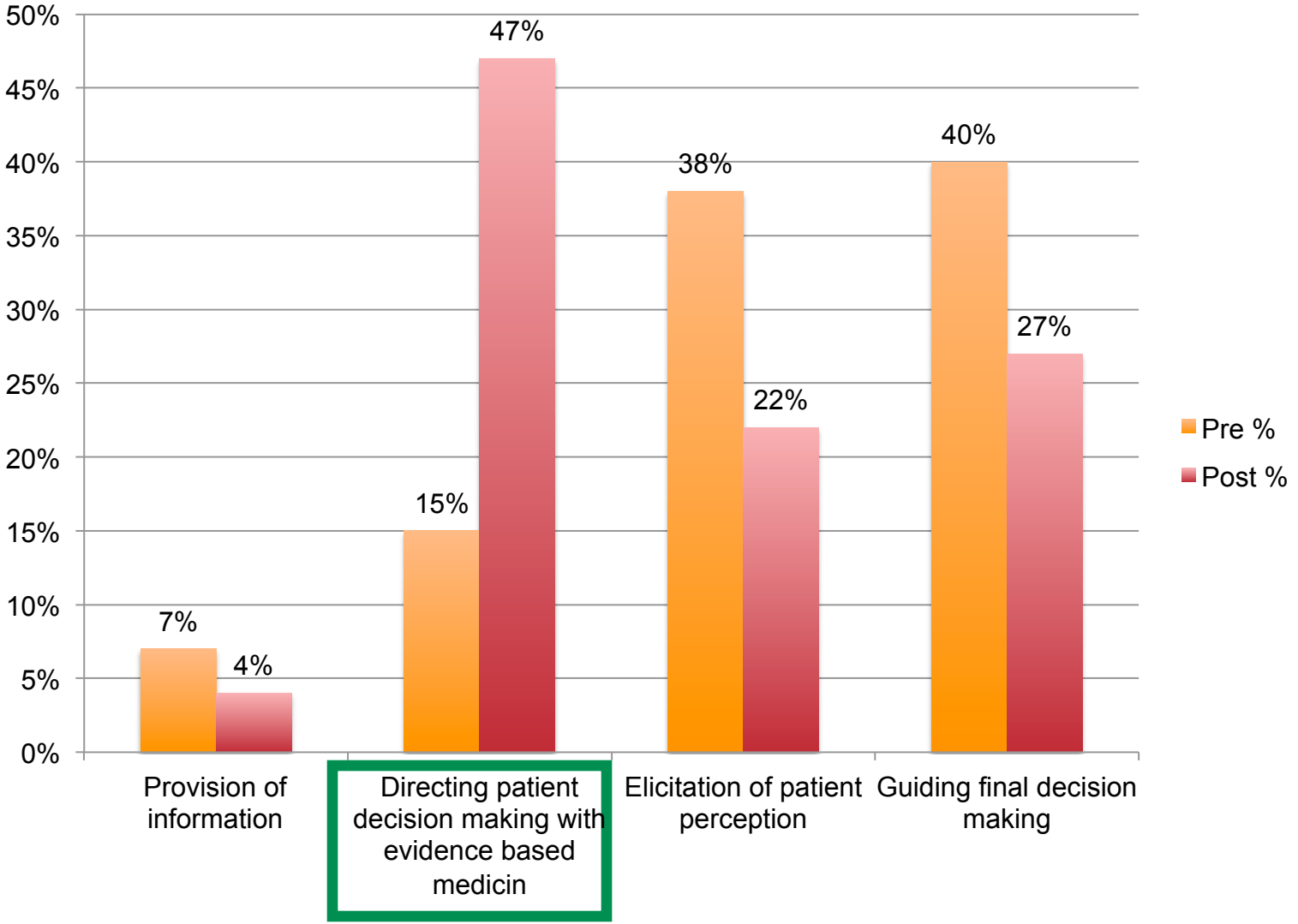
Pre N= 511 Post N= 519

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions
(presented before and after lecture—boxed answer is correct)

The tenets of shared decision making include all the following except? (Learning Objective 3)

P Value: <0.001 - Significant



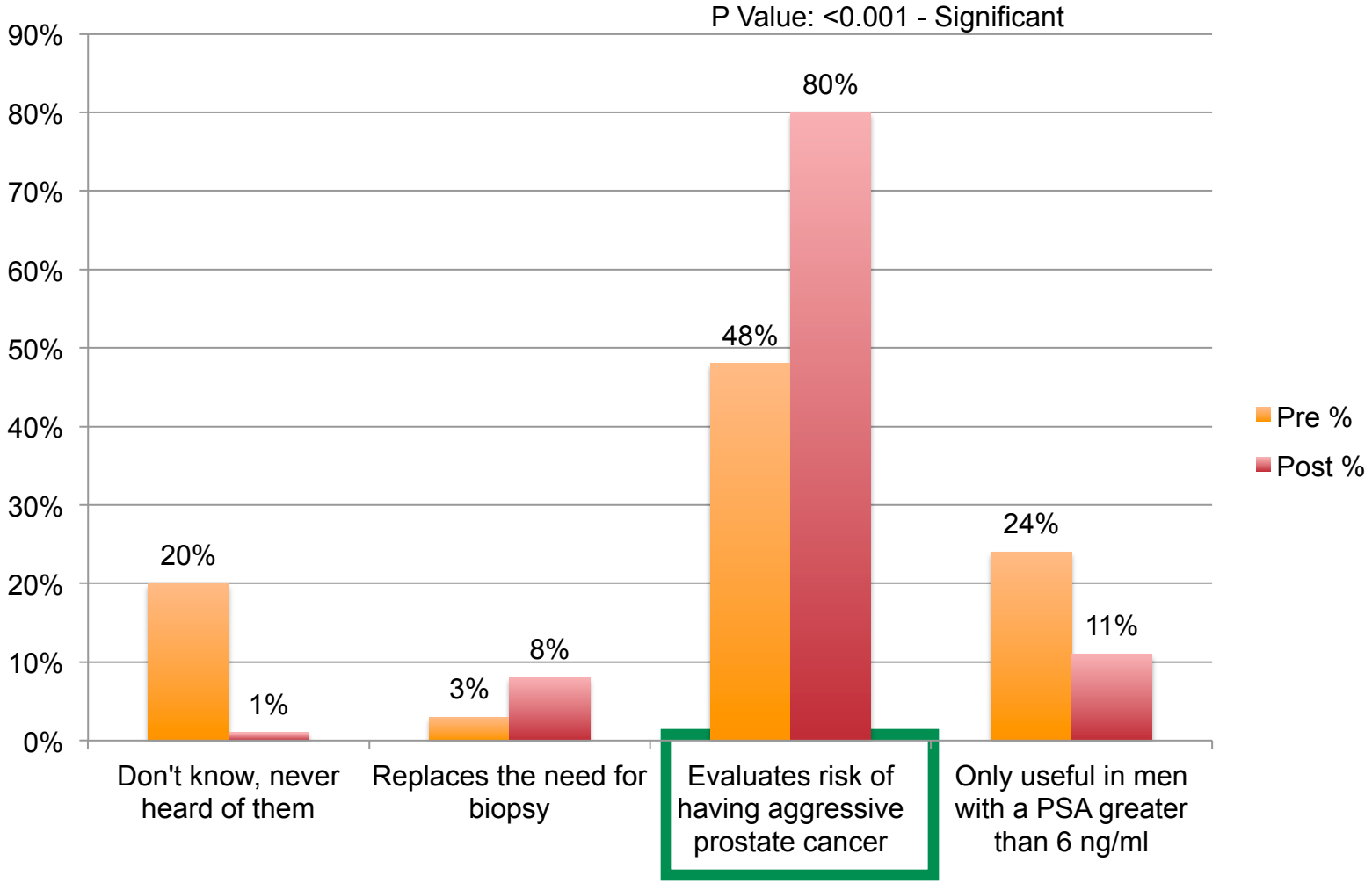
Pre N= 108 Post N= 229

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

Max is a 63 year old with a slightly high PSA (4.1 ng/ml) noted at his yearly PE. He had read something online regarding biomarkers and was hoping you could help him understand them. Which of the following statements most adequately represents your impression of this tool? (Learning Objective 3)



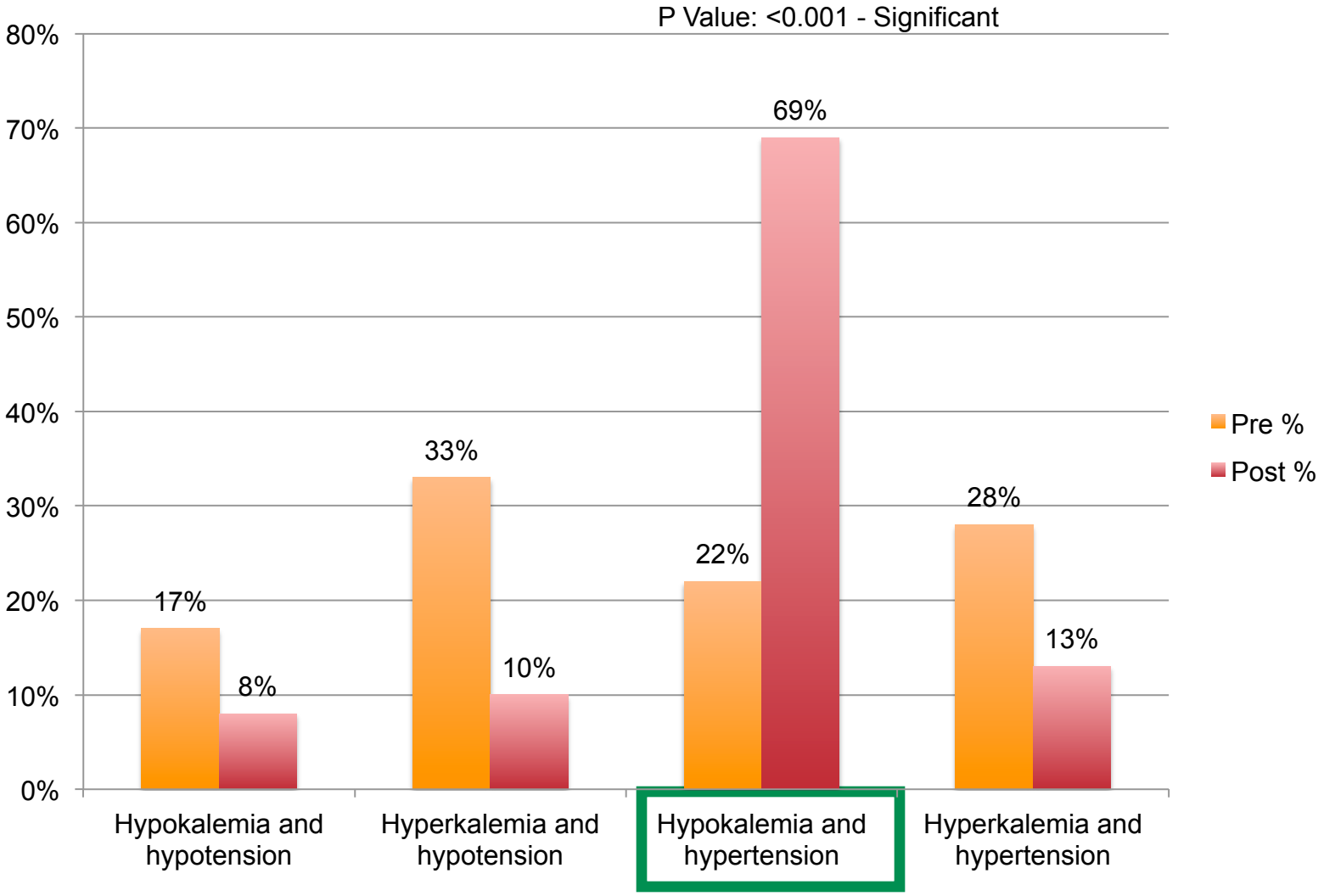
Pre N= 512 Post N= 514

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

Henry has castrate resistant prostate cancer and is prescribed abiraterone acetate by the Urologist. Which of the following side effects should the PCP be aware of? (Learning Objective 4)



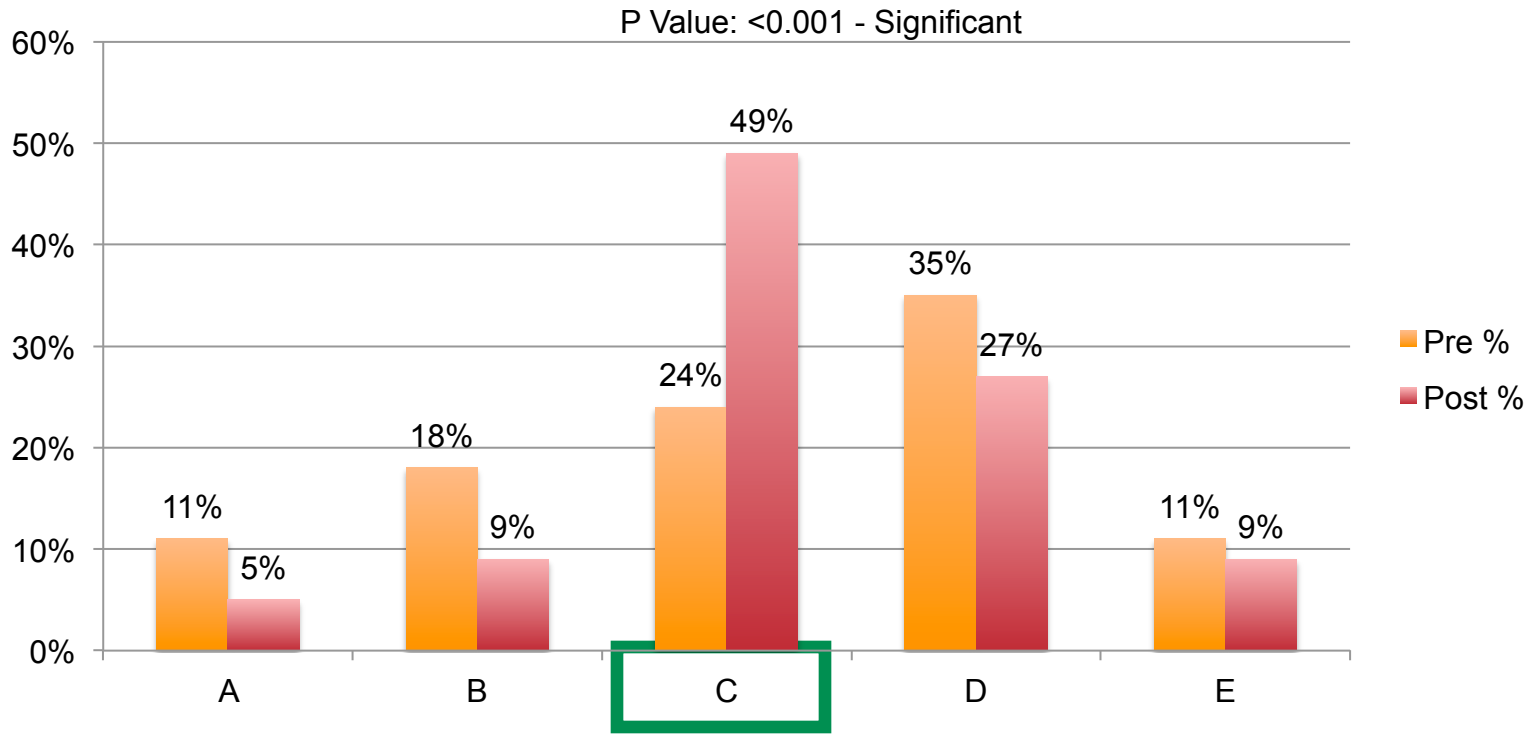
Pre N= 501 Post N= 515

Green highlight indicates significant difference between pre and post testing.

Case Vignette Knowledge and Competence Assessment Questions

(presented before and after lecture—boxed answer is correct)

Sal is a 75 y/o man with prostate cancer on Androgen Deprivation therapy. His PSA is very suppressed at 0.1 but he presents complaining of bad hot flashes. All of the following may offer him some relief except: (Learning Objective 4)



A. Clonidine

B. Gabapentin

C. Spironolactone

D. Medroxyprogesterone Acetate (Depo-Provera)

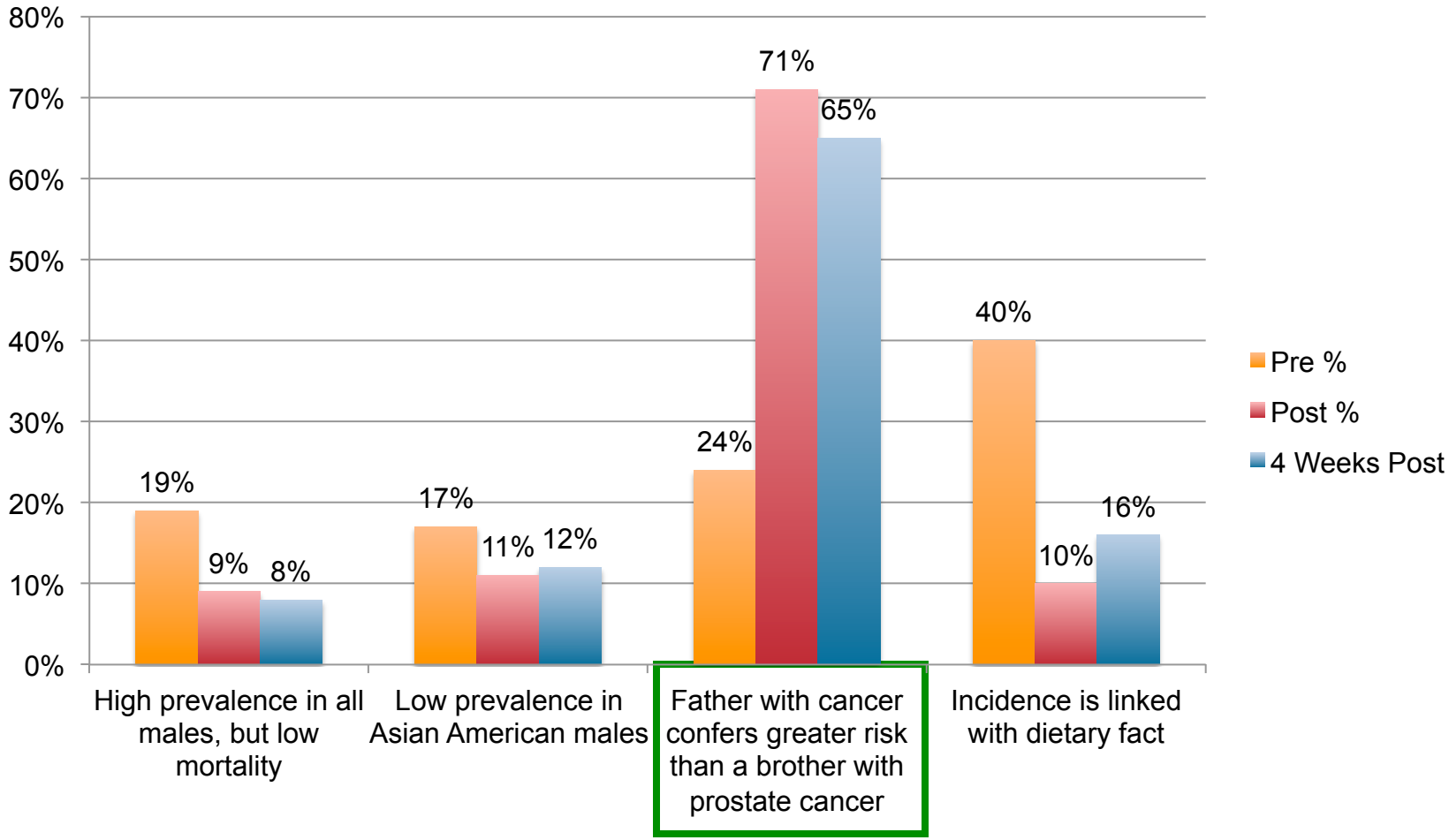
E. Venlafaxine

Pre N= 517 Post N= 501

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

Steve is a 46 year old Chinese male with a family history of prostate cancer in his brother. He is concerned about his risk factors. You advise him of all the following are true about Prostate Cancer except? (Learning Objective 1)



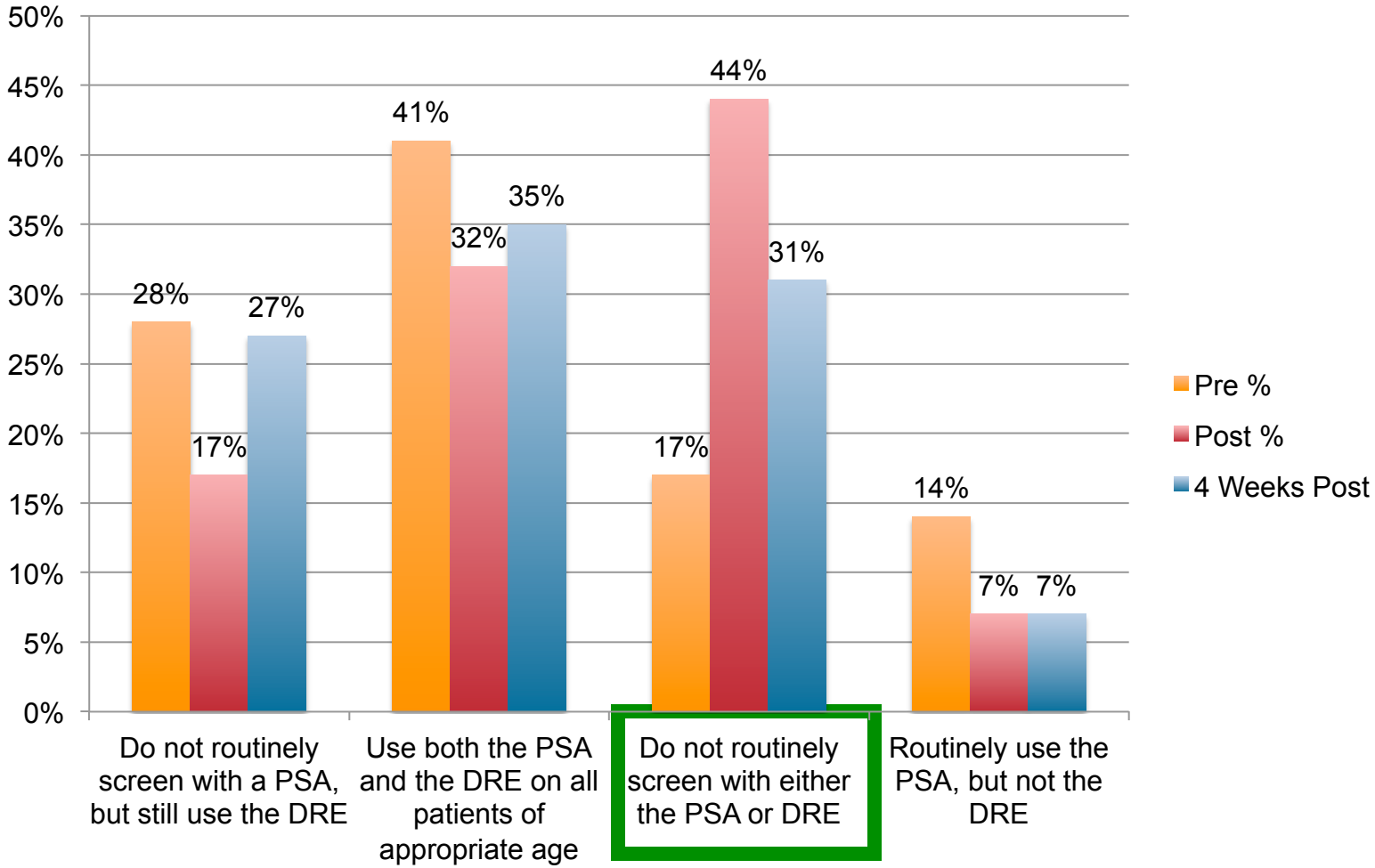
Pre N= 507 Post N= 536

4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

According the USPSTF recommendations regarding prostate cancer screening, which of the following is true? (Learning Objective 2)



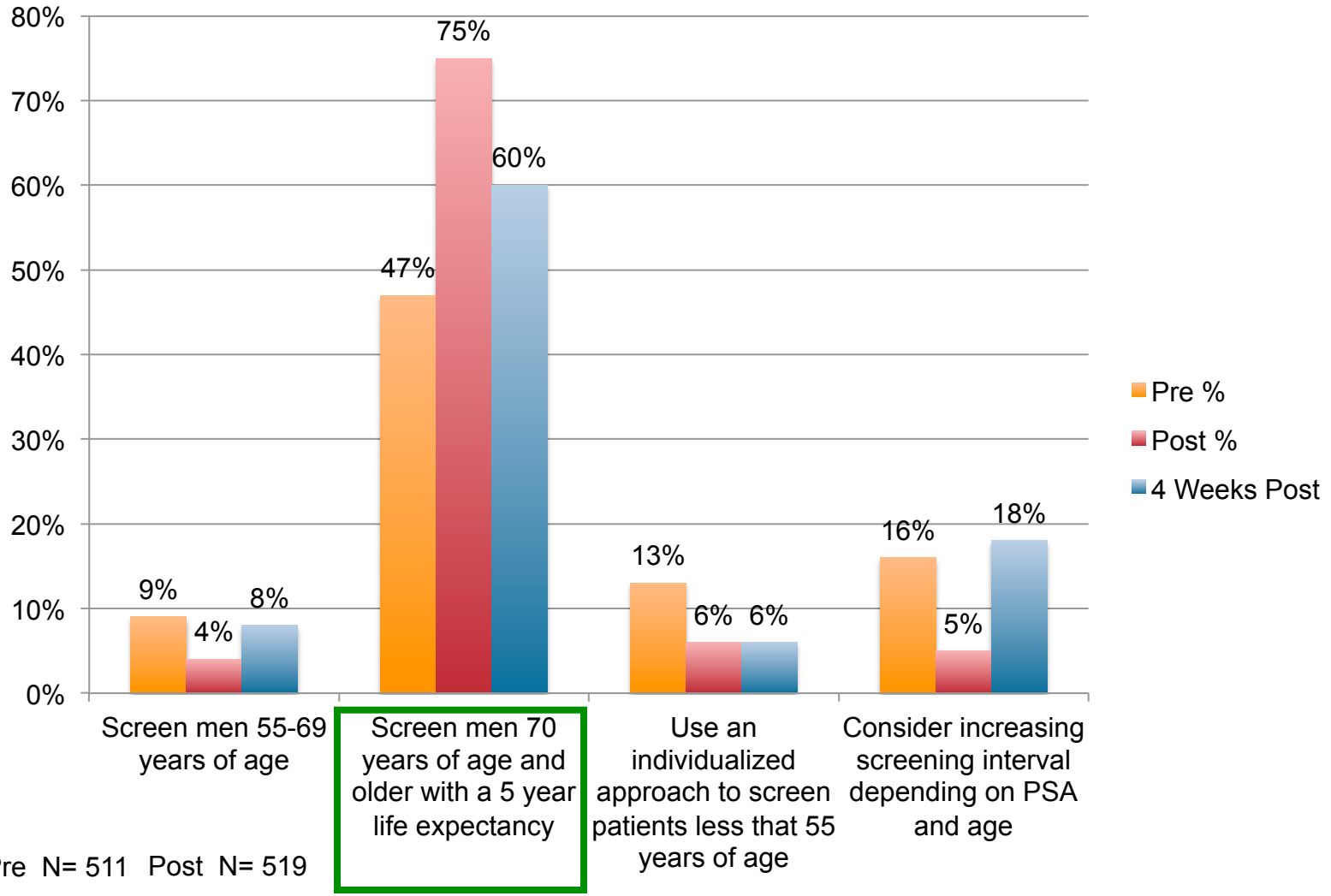
Pre N= 536 Post N= 559

4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

According the AUA guidelines on prostate cancer screening, which of the following is false? (Learning Objective 2)



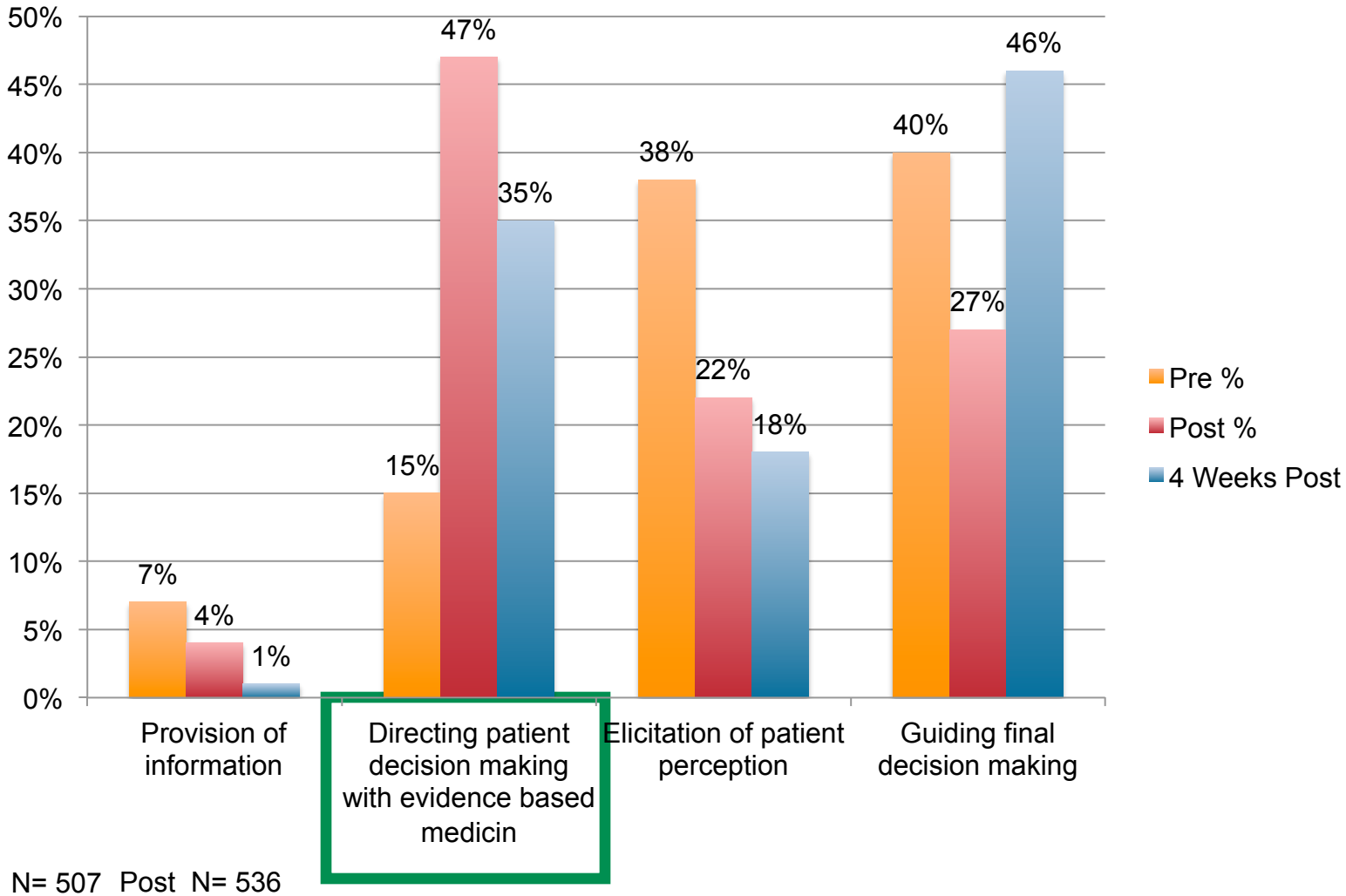
Pre N= 511 Post N= 519

4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

The tenets of shared decision making include all the following except? (Learning Objective 3)



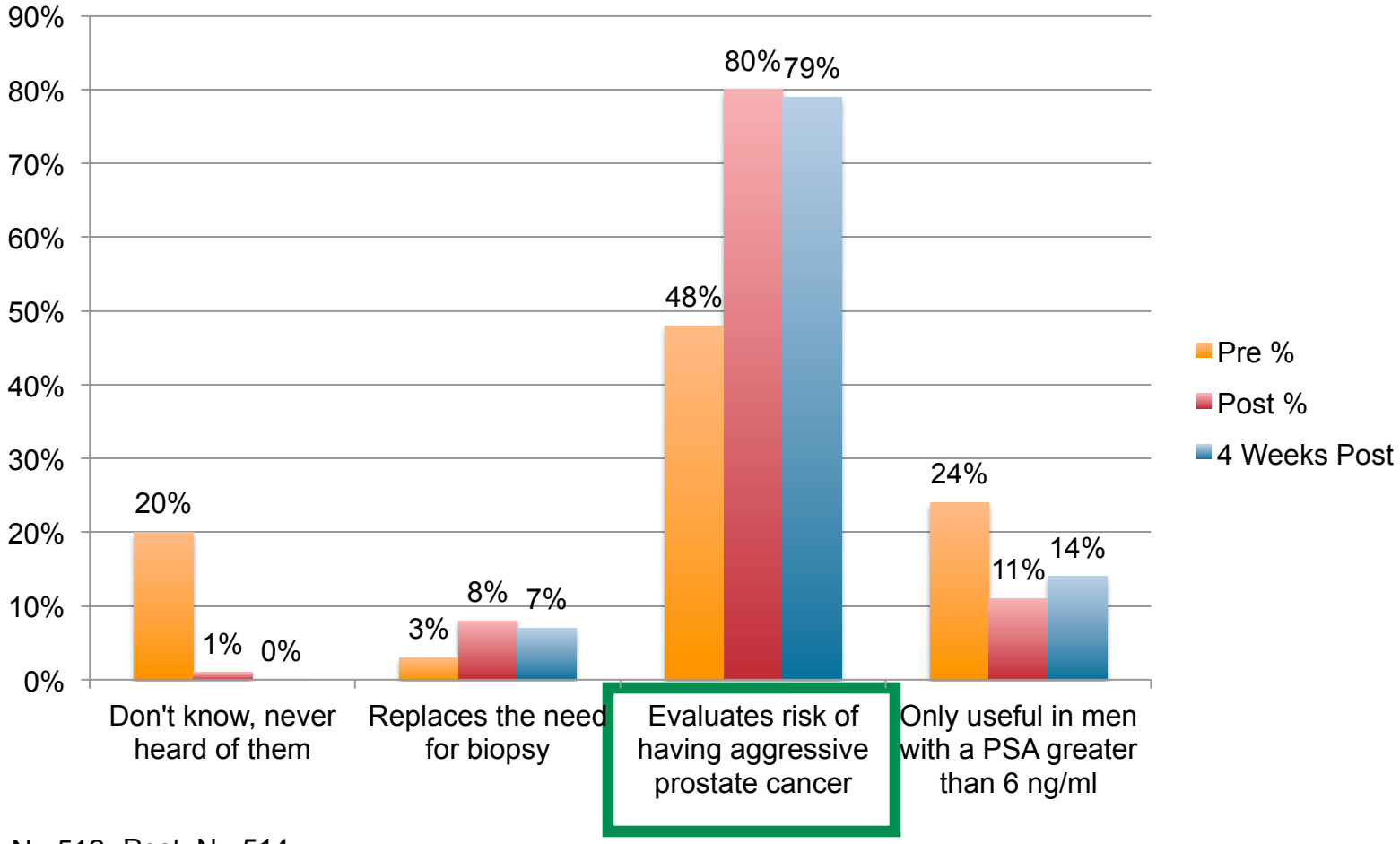
Pre N= 507 Post N= 536

4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

Max is a 63 year old with a slightly high PSA (4.1 ng/ml) noted at his yearly PE. He had read something online regarding biomarkers and was hoping you could help him understand them. Which of the following statements most adequately represents your impression of this tool? (Learning Objective 3)



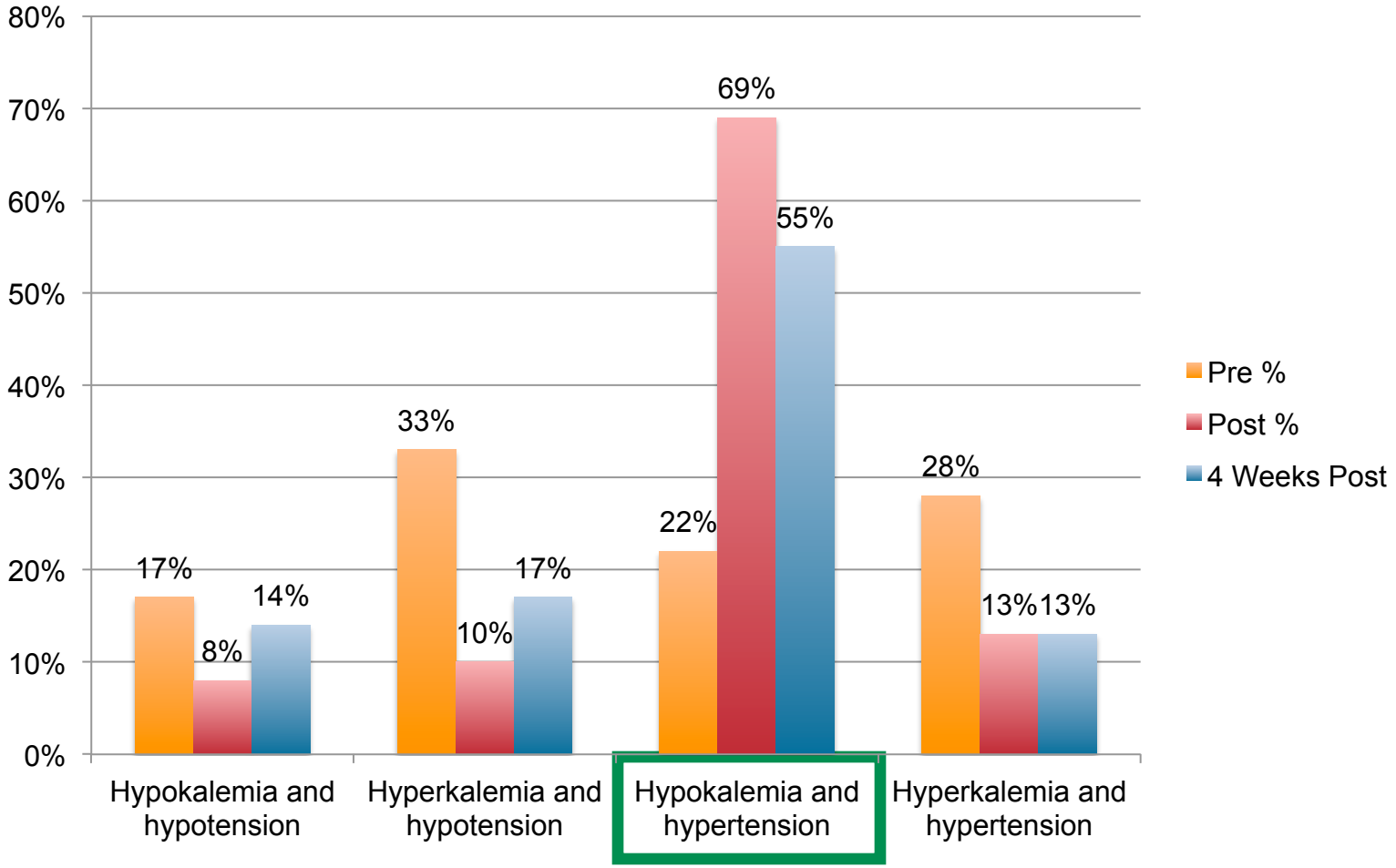
Pre N= 512 Post N= 514

4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions
(boxed answer is correct)

Henry has castrate resistant prostate cancer and is prescribed abiraterone acetate by the Urologist. Which of the following side effects should the PCP be aware of? (Learning Objective 4)



Pre N= 501 Post N= 515

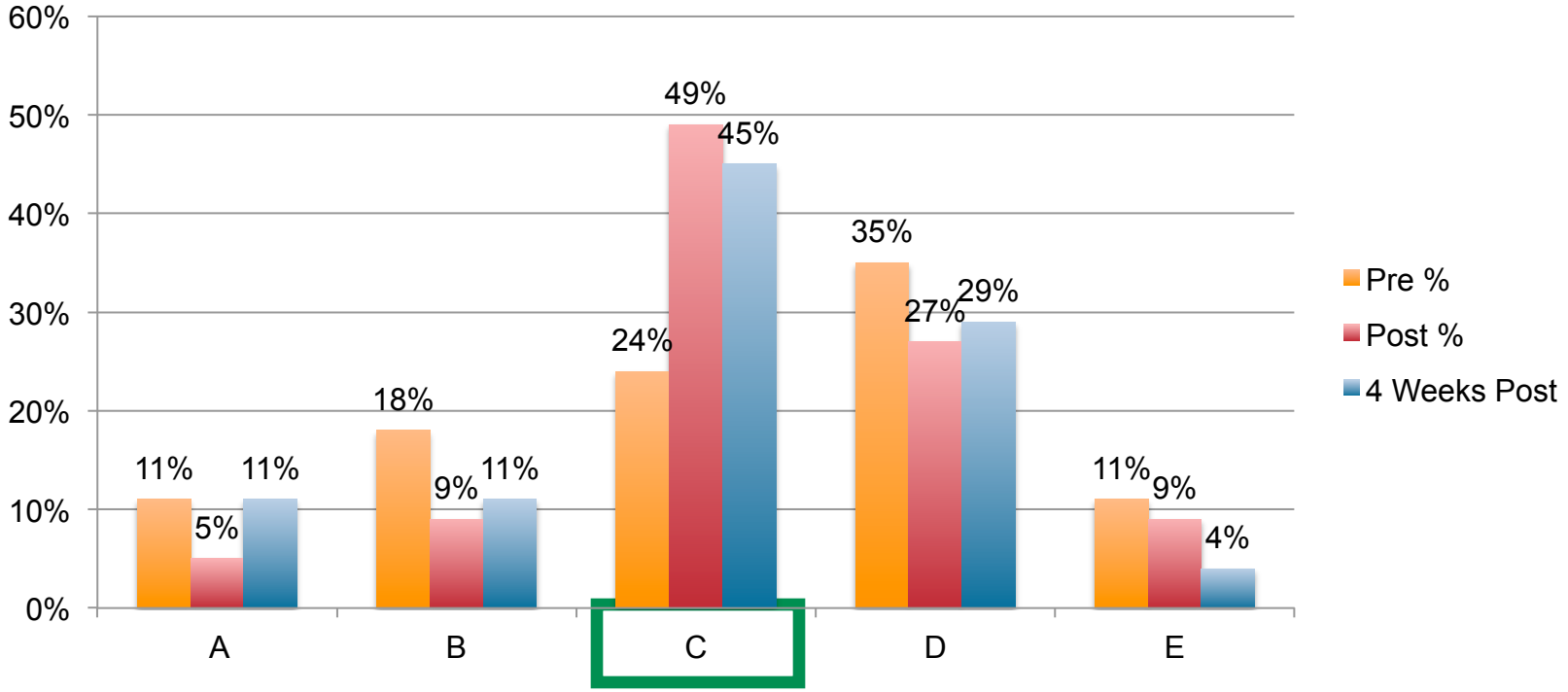
4 Week Post N = 119

Green highlight indicates significant difference between pre and post testing.

Four Week Case Study Questions

(boxed answer is correct)

Sal is a 75 y/o man with prostate cancer on Androgen Deprivation therapy. His PSA is very suppressed at 0.1 but he presents complaining of bad hot flashes. All of the following may offer him some relief except: (Learning Objective 4)



A. Clonidine

B. Gabapentin

C. Spironolactone

D. Medroxyprogesterone Acetate (Depo-Provera)

E. Venlafaxine

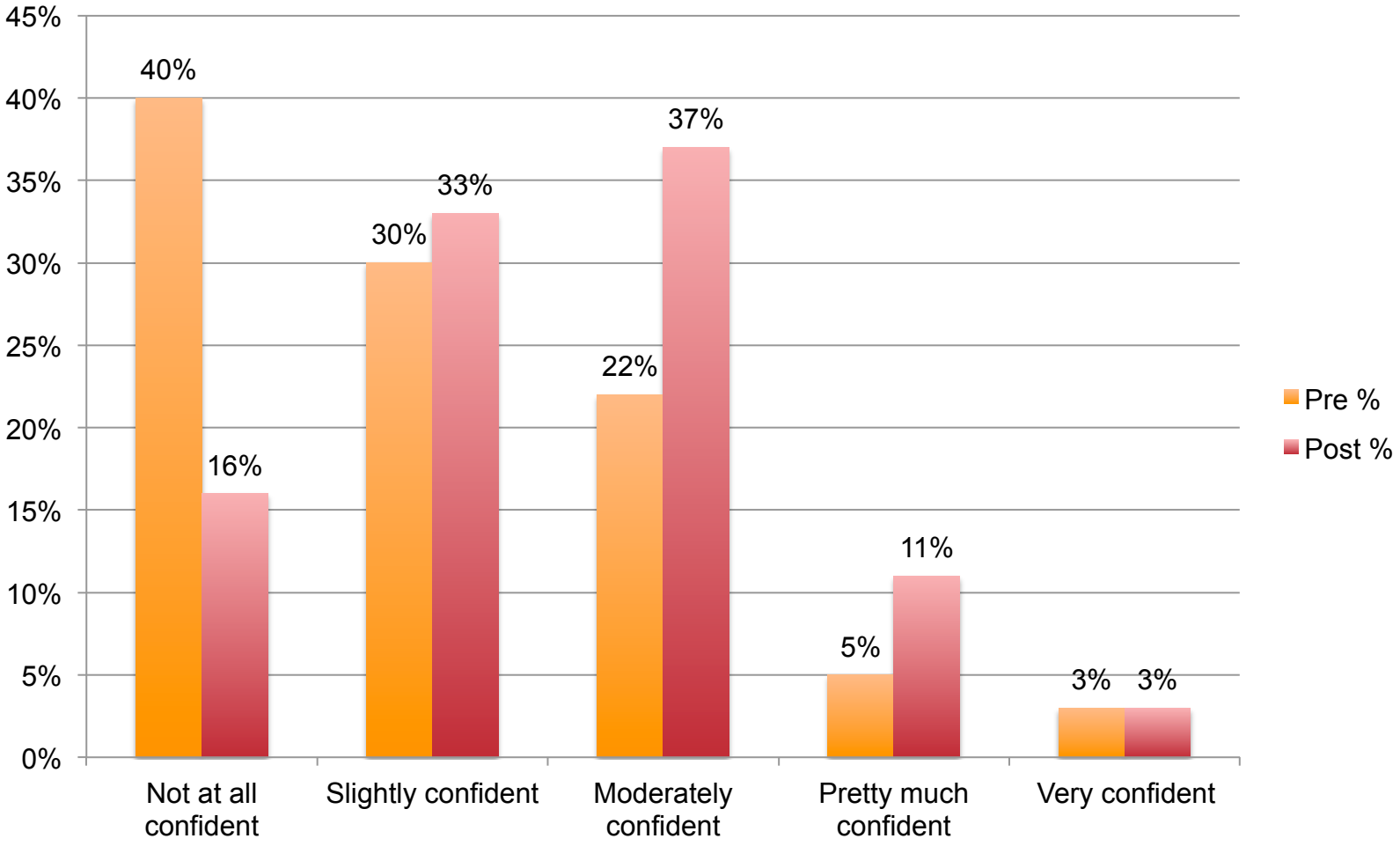
Pre N= 517 Post N= 501

4 Weeks Post N= 119

Green highlight indicates significant difference between pre and post testing.

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

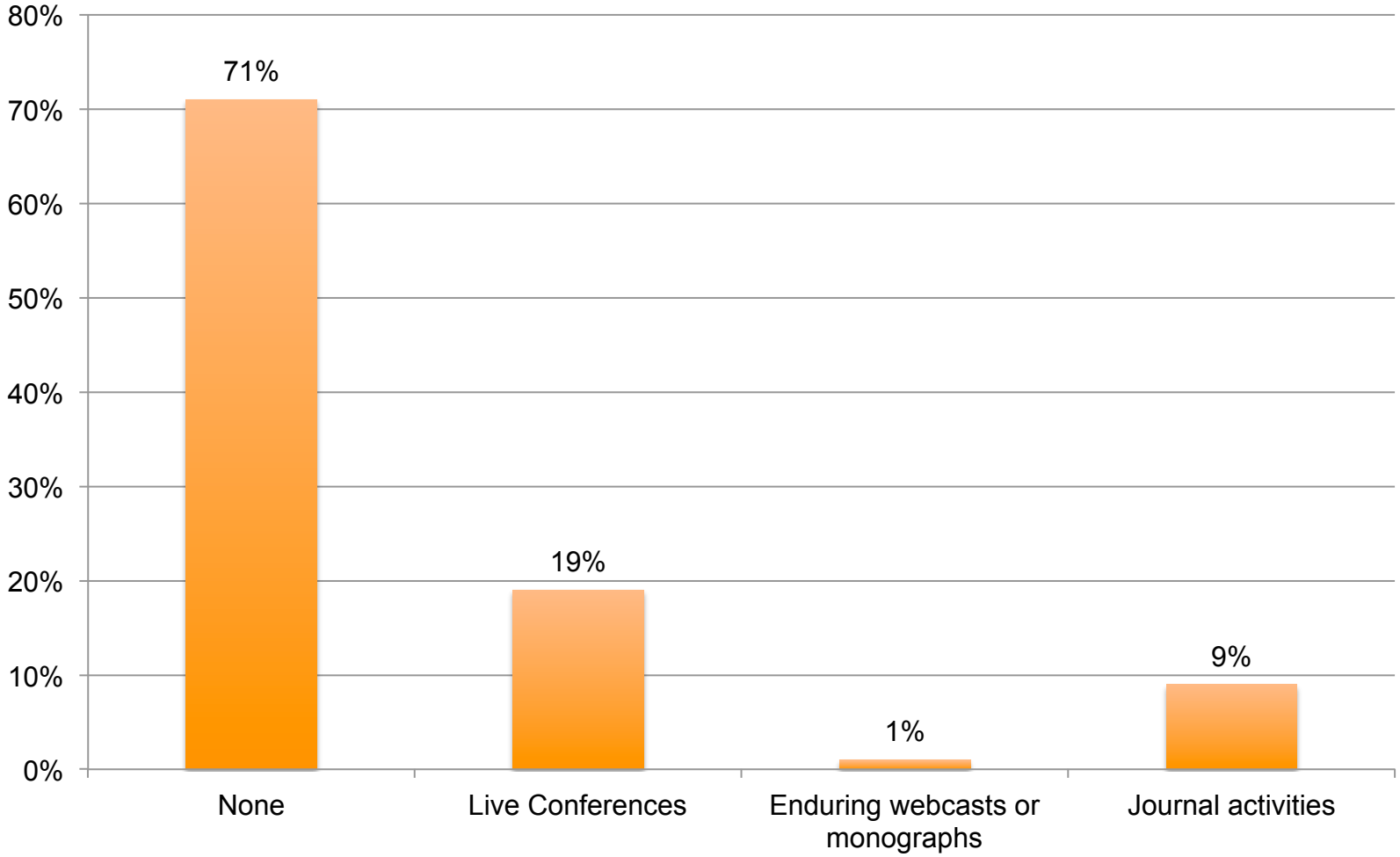
On a scale of 1 to 5, Please rate how confident you would be treating a patient with Prostate Cancer ?



Pre N= 546 Post N= 558

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

Describe/list any other educational activities that you attended in the last month concerning the treatment of prostate cancer?



4 Weeks Post N= 119

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

What specific skills or practice behaviors have you implemented for patients with prostate cancer since this CME activity?
(Comments received from attendees at 4 week follow up)

- More screening and counseling
- Greater comfort following up complication from prostate cancer meds
- Performing DRE and PSA in appropriate patients
- More aware of guidelines for diagnosing prostate cancer
- More aware of biomarker score usefulness
- Ordering PSA in right population
- More selective application of diagnostic procedures
- Looking at risk factors for screening
- More patient education on prostate health
- Taking better family history
- More comfortable with sharing decision making with involved patient

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

What specific barriers have you encountered that may have prevented you from successfully implementing strategies for patients with prostate cancer since this CME activity?
(Comments received from attendees at 4 week follow up)

- Number of patients with prostate problems
- Feel like I need more knowledge and practice
- Insurance does not cover routine PSA for some patient populations
- Patients often want PSA done when it may not be indicated
- Insurance & time restrictions, patient compliance
- Lack of consensus among physicians about prostate cancer
- Financial barriers in a free clinic
- Formulary issues
- Limited ability to obtain certain medications in primary care; had to refer to urology
- Insurance coverage and sometime patient's compliance and understanding
- Patient compliance

Discussion and Implications

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

The need for continued education in the screening and treatment of Prostate Cancer was demonstrated based on literature reviews and surveys completed prior to the conference series. Attendee knowledge was assessed at 3 points for this program: prior to the lecture, immediately following the lecture and again at 4 weeks after the conference. The results indicate a statistically significant improvement in knowledge in all 7 of the areas tested. Specifically, as a result of this lecture, participants: are aware that family history of Prostate Cancer in a brother conveys greater risk than a father; understand the USPSTF and AUA guideline recommendations about Prostate cancer screening; more clearly understand the tentets of shared decision making; more clearly understand the role of biomarkers in assessing the risk of aggressive prostate cancer; understand the risk of hypertension and hypokalemia with Abiraterone acetate therapy for prostate cancer; and are more knowledgeable of treatment options for hot flashes associated with androgen deprivation therapy.

Data obtained from participants 4 weeks after the program demonstrated some decline in learning from the post-test scores but still significant improvement from the pre-test scores. Persistent gaps in knowledge exist: 35% believe that a father with prostate cancer confers a greater risk than a brother instead of the reverse; 69% of learners are still unclear on the USPTSF guidelines on prostate cancer screening while 40% don't know on the AUA guidelines; 65% were not clear on the tenets of shared decision making; 20% are unclear on the role of biomarkers in screening for prostate cancer; 45% were not clear that Abiraterone acetate therapy increases the risk of hypokalemia and hypertension; and 55% of participants incorrectly believe that spironolactone is an effective treatment to relieve hot flashes in a patient on androgen deprivation therapy

Discussion and Implications

A Primary Care Approach to Prostate Cancer
The Role of Shared Decision Making in Screening and Treatment
Part I & II

Participants indicated a significant overall increase in self-reported confidence levels in the screening for and management of a patient with Prostate Cancer. Moderate to very confident levels rose from 30% to 51% by the end of the program. After the program, 88% of participants indicated that they are likely to utilize information learned from this presentation in their practice and 93% indicated that they had made changes 4 weeks after the program.

Attendees indicated multiple new, specific, practice behaviors they implemented as a result of this program that included greater comfort with screening appropriate patients for prostate cancer with PSA and DRE; more education on prostate health; increased recognition of complications from medications used to treat prostate cancer; more awareness of biomarkers, and more comfort with shared decision making. Barriers to care included the need for more information on the subject, insurance and formulary issues, patient compliance, and a lack of consensus among physicians on screening and treatment. 71% of attendees had no other exposure to educational materials on this topic 1 month after this program.

The notable changes in post test scores signify a clear gap in knowledge and an unmet need among primary care clinicians. Persistent gaps in knowledge persist across all areas indicating that additional education on Prostate Cancer screening and management is necessary for primary care clinicians.