

Health Care Team and Treatment Decision-Making Experiences Among Prostate Cancer Patients

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Background

Treatment by a multidisciplinary health care team can improve patient outcomes among people living with cancer, but the extent to which prostate cancer (PC) patients in the community access specialty providers remains unclear.

Aims

This study explored, in a national sample of prostate cancer patients, 1) associations between number of providers and treatments discussed/received, and 2) predictors of informed treatment decision-making and treatment regret.

Methods

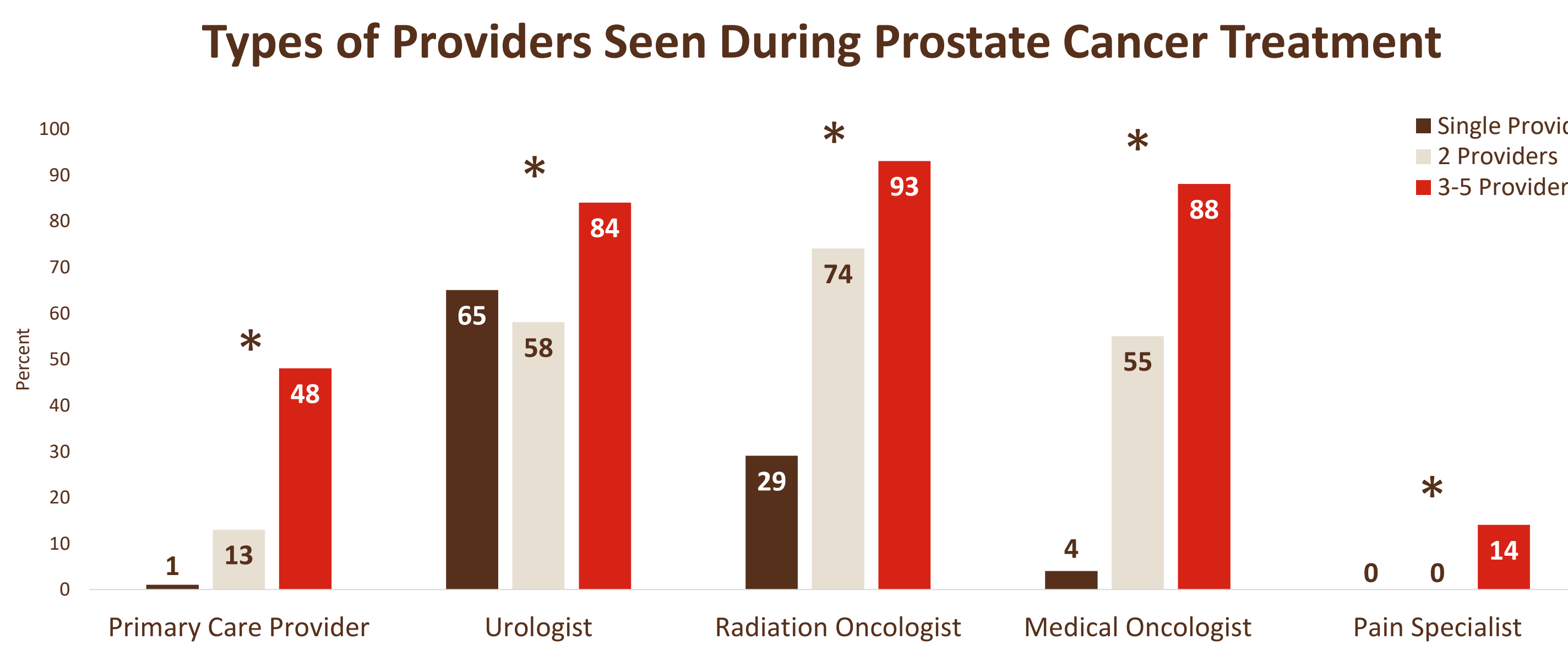
Of 311 PC patients enrolled in the Cancer Support Community's online Cancer Experience Registry, 181 indicated seeing one or more physician providers during treatment (primary care provider, urologist, radiation oncologist, medical oncologist, pain specialist). Informed decision-making and treatment regret were measured using the Prostate Cancer Outcomes Measures; each scale was calculated as the sum of 5 individual items (1=not at all to 5=very much) and standardized to range between 0 and 100. In logistic regression analysis, we modeled high levels of informed decision-making (≥ 75 out of 100) and treatment regret (< 25 out of 100), adjusting for stage at diagnosis and number of treatments discussed.

Participants

	Total Sample N = 181	1 Provider n = 72	2 Providers n = 53	3-5 Providers n = 56	Chi-square p-value
	%	%	%	%	
Age >65 years	59	69	57	48	.06
Non-Hispanic White	87	92	87	82	.27
College Graduate	70	72	69	69	.89
Geographic region					
Rural	23	20	19	30	
Suburban	35	39	28	37	.28
Urban	42	41	53	33	
Time since diagnosis					
< 2 years	36	35	37	38	
2-5 years	31	25	37	32	.50
5+ years	33	41	27	30	
Stage at diagnosis					
0, I, II	37	43	40	27	
III, IV	34	15	36	55	<.001
Don't know	29	42	25	18	
Ever Metastatic	30	17	28	48	.001

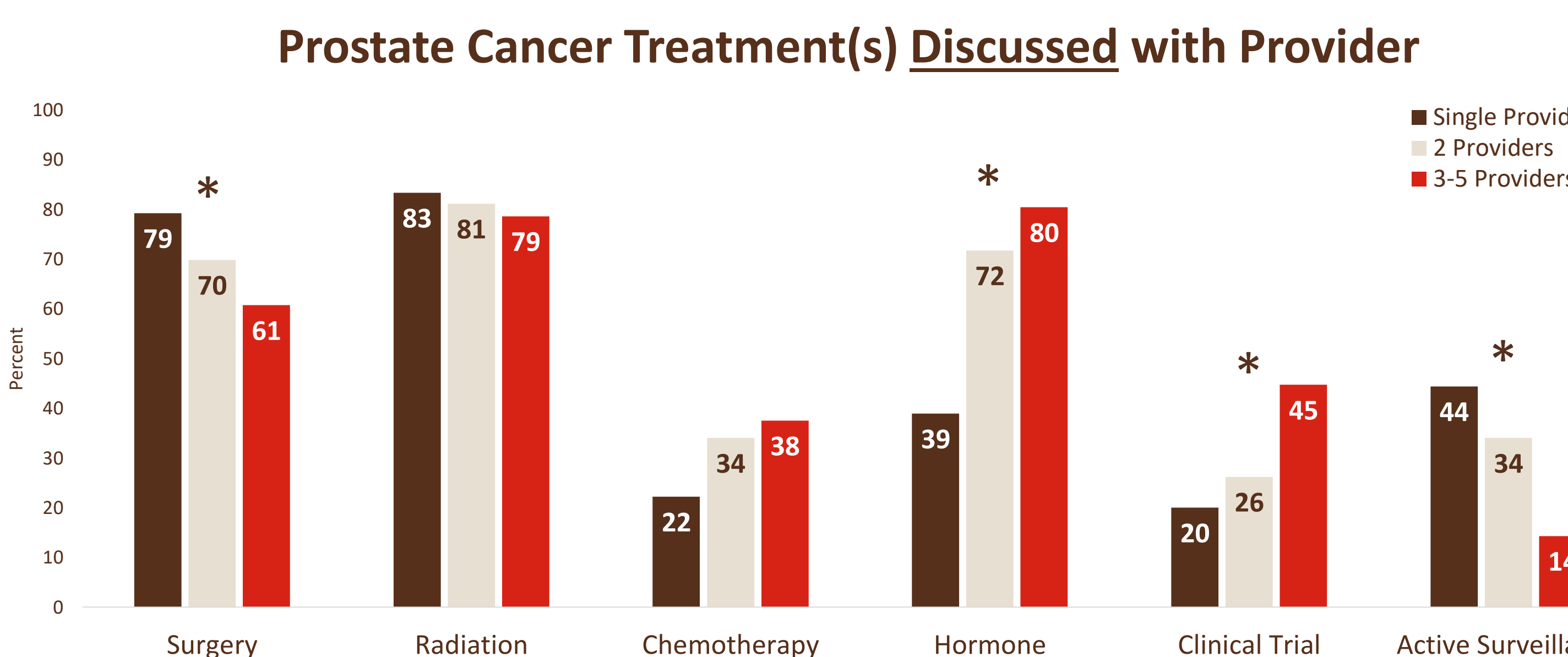
Advanced prostate cancer patients were more likely to be treated by a team of providers than a single provider.

Results



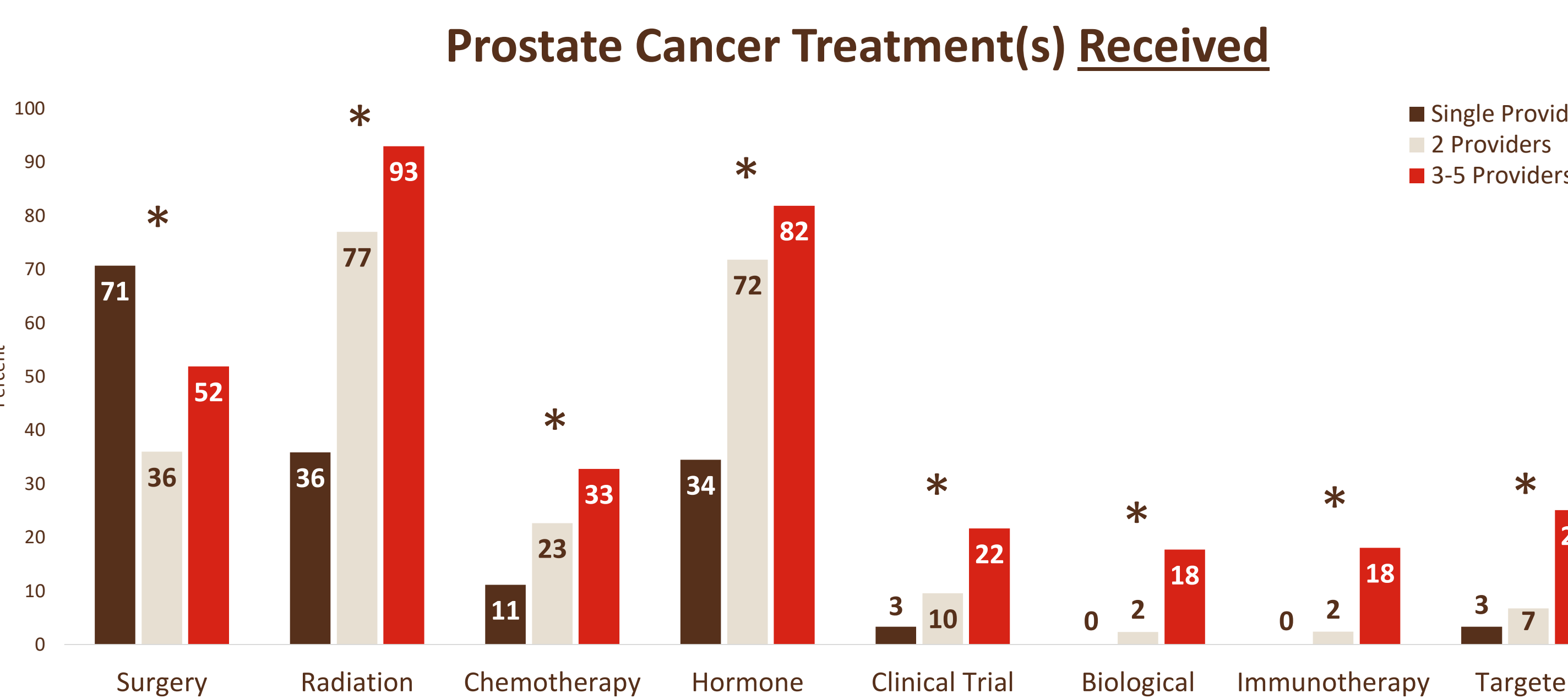
Patients reporting a single provider for treatment primarily consulted a urologist or radiation oncologist. Patients with 3-5 providers typically included a urologist and oncology specialists. Half of patients with multiple providers saw a PCP, and fewer than 1 in 5 consulted a pain specialist.

*Chi-square test, $p < .05$



Patients seeing multiple providers were more likely to discuss hormone therapy and cancer clinical trials but less likely to discuss surgery and active surveillance.

*Chi-square test, $p < .05$



Those seeing multiple providers were more likely to receive non-surgical treatment(s) and to receive treatment through a cancer clinical trial.

*Chi-square test, $p < .05$

Logistic Regression Analysis Predicting High Levels of Informed Decision-Making and Low Levels of Treatment Regret

	High Informed Decision Making* (n = 172)			Low Treatment Regret** (n = 172)		
	%	Odds ratio (95% CI)	p-value	%	Odds ratio (95% CI)	p-value
Number of Providers						
Single Provider	63.1	1.00 (Reference)		82.7	1.00 (Reference)	
2 Providers	50.5	0.59 (0.28, 1.29)	.19	66.7	0.42 (0.17, 1.01)	.053
3-5 Providers	40.2	0.39 (0.18, 0.88)	.023	55.1	0.26 (0.11, 0.62)	.003

* $p = .98$, ** $p = .48$; Hosmer and Lemeshow's goodness of fit test.

% is predicted probability holding other variables constant in the model.

Interaction between stage at diagnosis and number of providers was not significant in either model.

Models adjust for stage at diagnosis and total number of treatments discussed.

After accounting for stage at diagnosis and total number of treatments discussed:

- Having multiple providers was associated with lower informed decision-making:
 - 63% of patients with a single provider were classified as high informed decision-making
 - 51% of patient with 2 providers were classified as high informed decision-making
 - 40% of patients with 3-5 providers were classified as high informed decision making
- Having fewer providers was associated with low treatment regret:
 - 83% of patients with a single provider were classified as having low treatment regret
 - 67% of patients with 2 providers were classified as having low treatment regret
 - 55% of patients with 3-5 providers were classified as having low regret

Conclusions

Advanced prostate cancer patients are more likely than those with early stage disease at diagnosis to be treated by both a urologist and at least one oncology specialist.

Patients seeing multiple providers were more likely to discuss cancer clinical trials and more likely to receive non-surgical treatment(s).

Even after accounting for stage at diagnosis and number of treatment(s) discussed with provider(s), having multiple providers was associated with low levels of informed decision-making and high levels of treatment regret, contrary to our hypothesis.

While treatment by multiple medical providers may expand available treatment options, patients can still experience treatment regret, and access to multiple providers alone does not ensure care coordination.

Integrated care and shared decision-making between patients, families, and providers remains ever important in the evolving treatment landscape of prostate cancer.

Acknowledgments

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References

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