Prostate Cancer Screening Communication Conference

CDC held a conference on cancer communication related to prostate cancer screening in Atlanta, Georgia on June 13 and 14, 2011. The objective of the meeting was for nationally recognized leaders in patient education and advocacy, health literacy, communication and behavioral sciences, and prostate cancer screening and health services to recommend how patients and health care providers can communicate effectively before, during, and after prostate cancer screenings. This project will deliver draft health communication messages, approaches, recommendations, and a publishable manuscript of those findings.

USPSTF Recommendations

The group accepted the recommendations of the U.S. Preventive Services Task Force (USPSTF), (http://www.uspreventiveservicestaskforce.org/uspstf/uspsprca.htm) which concludes that the current evidence is insufficient to assess the balance of benefits and harms of prostate cancer screening in men younger than age 75 years. The USPSTF recommends against screening for prostate cancer in men aged 75 years or older. The USPSTF is reassessing these recommendations.

At the core of these recommendations is the belief that prostate cancer screening remains inaccurate, with continued uncertainty as to the meaning of a positive or negative test. The only reasonable resolution is a shared decision that accommodates both the best science available and the values and preferences of the person being screened.

How the Conference Was Conducted

There were three plenary sessions, with the remaining time devoted to discussions and consensus building. The group’s goal was to achieve expert consensus on the basic elements of a prostate health and literacy campaign including target audiences, specific segments of those audiences, messages, channels of distribution, spokespeople, literacy issues, and mechanisms of evaluation. All sessions were interactive, and used an electronic tool that made it possible for every participant to answer each question at length and to react to the input of other participants in real time. The group answered the following questions—

1. Which groups of providers would you target as your highest priority?
   a. List strategies that are likely to change provider communication.
   b. Rank these strategies based on the likelihood of each leading to meaningful behavior change (effectiveness).
   c. Rank these strategies based on the effort required to implement them successfully (effort).
   d. What are the barriers to using each strategy effectively?

2. What are the greatest opportunities for patient communication?
   a. Rank these opportunities based on the likelihood of each leading to meaningful behavior change (effectiveness).
   b. Rank these opportunities based on the effort required to implement them successfully (effort).
   c. What are the barriers to using each opportunity effectively?
   d. What groups of patients would you target as your highest priority for cancer communication?

3. What are the greatest opportunities for public communication?
   a. Rank these opportunities based on the likelihood of each leading to meaningful behavior change (effectiveness).
   b. Rank these opportunities based on the effort required to implement them successfully (effort).
   c. What are the barriers to using each opportunity effectively?
After each section, the moderator recapped the previous section's key points, sought clarification, and encouraged elaboration on the written input. When there was no evidence of disagreement in the transcript and notes, consensus was assumed. The paper currently in development will summarize and comment on the panel's discussion and key recommendations.

Outcomes

The panel reached consensus in the following areas—

Confusing messages. The panel agreed that communication about prostate cancer screening is confusing to both the public and the primary care clinical community. They worried that the public may misinterpret messages with the tone of "take time and carefully consider the advantages and disadvantages of testing" as an attempt to cut health care costs by not providing a test that they think reduces cancer risk. Members of the public often assume any test is a good test.

What is prostate cancer? The panel expressed the need to redefine prostate cancer as a lethal disease for a few but a chronic, often inconsequential abnormality for many more. The group addressed cultural differences both in the biology of prostate cancer as well as how screening tests are misunderstood by different communities.

New technology. The panel believed that technology offers new communication and education strategies that could allow men to make a more informed decision, but worried about the public's health literacy. They also worried that useful and accurate information is often difficult to find on the Web, and hard to differentiate from information posted by partisan groups.

Online communities. Social networks, interactive communications among support groups, and expert communities that provide stories and narratives, interactive animations, and teaching tools can offer insight, but the group raised concerns about security and privacy. Employers and health systems have addressed the health behaviors of employees, enrollees, and their families using a variety of creative communication strategies. The group felt that rather than leave the development of such innovations to the academic community (which is often slow to endorse innovations) or the business community (which may not have a feel for practical implementation), private-public partnerships offer many advantages to overcome these limitations.

Doctor education. Another important area for future development is doctor education. The group felt that tools were needed to provide doctors with clinical evidence on screening tests and help them facilitate evidence-based, efficient, sensitive discussions based on patient values.