A Pilot Study to Compare a Community Health Worker-led vs a Physician-led Intervention for Prostate Cancer Screening Decision-making Among Black Men

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Background

Prostate cancer is the second leading cause of cancer deaths amongst men in the US and harms Black men disproportionately

- Black men have a 60% higher incidence compared to other groups
- Mortality is 2-3 times higher in Black men compared to other groups

The US Preventative Services Task Force encourages prostate cancer screening decisions to happen in a shared decision making (SDM)

- Men should make informed screening decisions
- Men should be well-informed of risks, benefits of screening
However…

Most men are insufficiently knowledgeable to make informed decision about prostate cancer screening

Physicians counseling all men is likely to be time consuming and prohibitively expensive

Need for an effective and efficient way to make decisions about PSA screening

Therefore…

Can a CHW-led intervention be as effective as a physician-led intervention in improving prostate cancer knowledge and lowering decisional conflict?
Objectives

AIM 1
DETERMINE FEASIBILITY OF OFFERING PSA SCREENING DECISION AID TO BLACK MEN IN NON-CLINICAL SETTING

AIM 2
ASSESS EFFECT OF DECISION AID INTERVENTION ON KNOWLEDGE AND DECISIONAL CONFLICT

AIM 3
COMPARE EFFECT OF CHW VS MD ON KNOWLEDGE AND DECISION OUTCOMES
Methods

• 118 Black men from 8 mostly Black churches

• Attend education session with race-congruent:
  – Community Health Work or
  – Medical Doctor

• Pre- and post-visit surveys to assess:
  ✓ prostate cancer knowledge
  ✓ decisional conflict
  ✓ perceptions about intervention

• Linear regression to compare scores
CHW-led intervention improved knowledge more than physician-led intervention

- CHW-led (sd=3.19)
- Physician-led (sd=2.81)
- Whole Sample (sd=3.17)
CHW-led intervention had same effect on decision conflict as physician-led intervention

**AVERAGE DECISIONAL CONFLICT SCORE CHANGE FOR ENTIRE SAMPLE:**
0.53

**NO SIGNIFICANT CHANGE IN BETWEEN GROUP DECISIONAL CONFLICT SCORE:**

- **CHW-LED (0.62)**
- **PHYSICIAN-LED (0.49)**
Conclusions

Compared to physician-led PSA screening intervention, CHW-led intervention demonstrated greater improvements in prostate cancer knowledge and similar improvements in decisional conflict. CHWs can effectively relay complex health decision making information in community-based settings.
Disparities in BPH Progression: Predictors of Presentation to the Emergency Department in Urinary Retention

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Background

- Lower urinary tract symptoms associated with benign prostatic hyperplasia (LUTS/BPH) → acute urinary retention (AUR)
- AUR = downstream event in BPH natural history

Are there groups of patients who are untreated or undertreated in the outpatient setting?

Objective: retrospectively evaluate patients who present to the emergency room with AUR secondary to LUTS/BPH
Study Design

• Retrospective cohort study
• Healthcare Cost and Utilization Project (HCUP) State Emergency Department Databases (SEDD)
• Florida 2005-2015
• Male patients >45 years old
• Diagnosis codes: AUR, LUTS/BPH
• Demographic information:
  • Age
  • Race/ethnicity
  • Primary insurance
  • Rural-urban commuting area (RUCA) codes
Results and Discussion

Patients who present with AUR to the ED:

- Highest risk age group: 75-85 years old
- Medicare or Private insurance
- African-American or Hispanic
- More urban
Conclusion

• Socioeconomic, demographic, and environmental factors as predictors of LUTS/BPH insufficiently studied
• AUR is a LUTS/BPH progression end point
• AUR $\rightarrow$ proxy for BPH quality of care

Are there groups of patients who are untreated or undertreated in the outpatient setting?

Our data suggest that African-American and Hispanic patients may be at higher risk for undertreatment
Thank you! Please reach out to our department on Twitter with questions or comments!

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