

Decision Making and Prostate Cancer Screening

Sara J. Knight, PhD^{a,b,c,*}

KEYWORDS

- Prostate cancer screening • Prostate specific antigen (PSA) test • Informed decision making
- Shared decision making • Patient decision aid • Patient preferences • Patient values
- Values clarification

KEY POINTS

- Prostate cancer screening is a significant decision for men because of the concerns about survival with prostate cancer and the downstream impacts of biopsy and treatment that may impact many years of a man's life.
- Prostate cancer screening is widely regarded as a preference-sensitive decision for men where the importance that a man places on the benefits and harms of screening and treatment is seen as central to choice of screening.
- Prostate cancer screening decisions are complex and challenging for men because of affective and cognitive factors, such as anxiety about cancer and the tendency to rely on personal experience and anecdotes about screening over scientific evidence.
- Guideline recommendations for prostate cancer screening emphasize a shared decision-making approach that involves collaboration between a man and his health professionals.
- Patient decision aids have been designed for prostate cancer screening with the aim of improving decision quality, increasing the alignment between a man's values, goals, and preferences with the ultimate choice, and reducing necessary practice variation.

Prostate cancer screening decisions are important to men and their families, involving significant consequences that will potentially influence many years of a man's life. Currently, screening for prostate cancer is surrounded by more controversy than many other health decisions. Although prostate cancer screening using prostate-specific antigen (PSA) testing has been used since the 1980s for early detection of prostate cancer with associated declines in prostate cancer mortality, concern about harms of PSA screening has been raised, including the potential for false-positive results

leading to unnecessary biopsies and the risk of pain and infection. There is also the potential for overtreatment of indolent prostate cancer that would be unlikely to progress during a man's lifetime. The adverse consequences of surgical and radiation treatment for prostate cancer have been well documented, including pain, incontinence, sexual dysfunction, and bowel problems. The benefit from prostate cancer screening has been questioned, particularly for men older than 74, especially in those who have comorbidities and life expectancy is less than 10 years.¹⁻³

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^a Health Services Research and Development Service, Office of Research and Development, Veterans Health Administration, 810 Vermont Avenue, Northwest, Washington, DC 20420, USA; ^b Department of Psychiatry, University of California San Francisco, 401 Parnassus Avenue, San Francisco, CA 94143, USA; ^c Department of Urology, University of California San Francisco, 400 Parnassus Avenue, Suite A610, San Francisco, CA 94123, USA

* Health Services Research and Development Service, Office of Research and Development, Veterans Health Administration, 810 Vermont Avenue, Northwest, Washington, DC 20420.

E-mail address: sara.knight@va.gov

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Despite two large randomized trials and several meta-analyses on the early detection of prostate cancer a lack of clarity remains for many men.⁴⁻⁷ Based on this evidence, the US Preventive Services Task Force (USPSTF) does not recommend routine prostate cancer screening using PSA testing in men of any age.⁸ However, criticism of how the USPSTF has interpreted the evidence has been raised.⁹ Other professional and scientific organizations have developed alternate guidelines.¹⁰⁻¹⁴ Recognizing the importance of the decision to men and questions about the value of screening has led professional and scientific societies to recommend that decisions about prostate cancer screening using PSA testing be based on informed decision making with consideration of the potential benefits and harms and the alternatives to screening.

This article considers decisions about prostate cancer screening, highlighting the challenges that these choices present for men, their families, and their health care professionals, including complex emotions and cognitive factors, and conflicting guideline recommendations. Shared decision making is considered as an approach to helping men make these choices, and resources, such as patient decision aids, are discussed.

WHY ARE PROSTATE CANCER SCREENING DECISIONS SO CHALLENGING?

Aside from the confusion created by conflicting guideline recommendations, prostate cancer screening decisions are emotionally and cognitively complicated. False-positive prostate cancer screening results have been associated with persistent psychological distress, even with a negative biopsy.¹⁵ High anxiety in men with a family history of prostate cancer has been associated with increased use of prostate cancer screening,¹⁶ and among men who had visited doctors frequently, anxiety was associated with increased PSA testing.¹⁷

In addition to affect, Arkes and Gaissmaier¹⁸ point to several cognitive factors that further complicate prostate cancer screening decisions. For example, anecdotal evidence and personal experience can be persuasive even in light of contradictory data. Even when data are available, the interpretation may be challenging due to tendencies to disregard contextual information such as base rates.

WHAT DO PROSTATE CANCER SCREENING GUIDELINES SAY ABOUT DECISION MAKING?

In many difficult health care choices, guidelines offer patients and health professionals clear

pathways for care that are based on evidence, consensus of experts, or best practices. Guidelines have recommended PSA screening as a population-based approach for the early detection of prostate cancer with the goal of reducing mortality from prostate cancer, and observational studies have shown a decrease in mortality starting in the 1990s when PSA testing was widely used.¹⁹ During the past decade, guidelines for prostate cancer screening have been revised to reflect evidence that PSA testing for prostate cancer is associated with significant harms related to overtesting and overtreatment of low-risk disease.

Current guidelines have been developed and disseminated by federal agencies, foundations, and professional and scientific societies, and there are considerable differences among guideline developers in the interpretation of the evidence and its implications for policy and clinical practice.^{8,10-14} **Table 1** summarizes 6 of the current guidelines for screening or early detection of prostate cancer. None of these guidelines recommends universal screening for prostate cancer using PSA or any other available method. The USPSTF presents the most limited use of screening, discouraging PSA screening for men of any age and suggests that informed decision making be used only when men request a PSA test.⁸ In contrast, the American Cancer Society (ACS) recommends that average-risk men be screened for prostate cancer using PSA testing starting at age 50 if the man is informed about the alternatives to testing, the potential benefits, and the risk of harms. The ACS guideline encourages testing at younger ages for men at higher than average risk, including African American men, for whom the ACS recommends screening starting at age 45, and those with a family history of prostate cancer for whom the ACS recommends screening starting at age 40. The ACS guideline endorses informing men about the benefits and harms of early detection and treatment and considering a man's values, goals, and preferences about using PSA testing for early detection.¹⁴

Many contemporary guidelines encourage a shared decision-making approach to prostate cancer screening. Shared decision making typically involves communication between patient and health professional, where information is shared about the options in the choice (eg, to screen or not) and the expected outcomes of each option (eg, survival, side effects with treatment, anxiety, late detection of prostate cancer), including the scientific uncertainty surrounding the expected benefits and harms.²⁰⁻²² Downstream consequences of the choice alternatives also may be described in shared decision making,

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