PROJECT INFORMATION

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Helping Men with Prostate Cancer Determine Their Preferences for Treatment

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Organization

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What was the research about?

Men with localized prostate cancer, or cancer that hasn't spread beyond the prostate gland, have many treatment options, including

- **Surgery** to remove the prostate gland
- **Radiation therapy**, which uses beams of radiation to destroy cancerous tissue in the prostate gland
- **Active watching and waiting**, or active surveillance, which means getting checked every few months by a doctor to make sure the cancer isn't spreading

Each option has benefits as well as risks or side effects.

In this study, the research team developed and tested a web-based intervention called PreProCare. PreProCare helps patients think about their preferences for treatment and share them with their doctors. The team looked at whether patients who used PreProCare were more satisfied with their care and treatment decision than patients who didn't use PreProCare.

What were the results?

Compared with the patients who didn't use PreProCare, those who did

- Were more satisfied with their care and their treatment choice

- Felt less regret about their choice
- Were more likely to be on active surveillance if they were at low risk for the cancer to spread
- Were less likely to have some severe urinary problems like pain with urination or poor bladder control
- Were more likely to have bladder control that was as good as before they had the treatment
- Could get back to daily physical tasks sooner
- Were less likely to have high levels of depression
- Had better social functioning, such as feeling comfortable being around others

The two groups didn't differ in 8 ways of measuring quality of life and 13 other ways of measuring prostate-related quality of life.

Who was in the study?

The study included 743 men with localized prostate cancer getting care at one of three hospitals in Philadelphia, Pennsylvania. Of these, 82 percent were white, 14 percent were African American, and 3 percent were from other races. The average age was 64. In addition, 61 percent had a college degree or higher, and 63 percent had an annual income of at least \$75,000.

What did the research team do?

The research team assigned patients to one of two groups by chance. Patients in one group used PreProCare before talking about treatment with their doctors. Patients used PreProCare either at home or at the hospital to rank their preferences. Preferences were about aspects of treatment, such as how long it would take to feel better and how likely they would be to stay cancer-free after treatment. Patients could then get graphs and printed lists of their preferences to share with their doctors. The other group of patients received standard educational materials about prostate cancer.

Patients took surveys about their quality of life and treatment choices before their doctor visits and again 3, 6, 12, and 24 months later.

Prostate cancer survivors, nurses, and doctors helped the research team create PreProCare.

What were the limits of the study?

All patients received care in one city. Most patients in the study were white and highly educated and had high incomes. Results may differ for people in other cities or from different backgrounds. Also, doctors in the study didn't have training on how to discuss the results from PreProCare with patients.

Future research could look at how PreProCare works for people from other groups or living in other places.

How can people use the results?

Doctors can use these results when considering ways to help patients think about and share preferences about treatment for localized prostate cancer.

To learn more about this project, visit www.pcori.org/jayadevappa226.