

New program makes prostate cancer treatment decisions easier

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When the pros and cons of prostate cancer treatment are spelled out using an online interactive program developed by Thomas Jefferson University researchers, more patients choose active surveillance over therapy, according to research being presented Wednesday (October 23rd) at the Society for Medical Decision Making annual meeting in Baltimore, Maryland.

A recent clinical study showed that mortality rates for early stage [prostate cancer](#) were the same for men who choose [active surveillance](#) such as periodic PSA testing and biopsy, versus those who chose to treat their disease immediately with radiation or surgery (*N Engl J Med*, 367:203, 2012). The research suggested that in cases of low-risk prostate cancer, aggressive [treatment](#) may not offer a long term survival benefit, and yet is associated with a number of side effects such as urinary incontinence and sexual problems. However, the vast majority of men diagnosed with low-risk cancer undergo aggressive treatment rather than active surveillance.

To ensure that [patients](#) make their treatment decisions based on the most current medical evidence and their own values and preferences, a research team at Thomas Jefferson University led by Ronald E. Myers, Ph.D., developed an online program called the Decision Counseling Program (DCP) to help patients clarify their treatment preference and discuss their options with the clinical team. This online program is unique to Jefferson.

First, patients are shown a printed summary of answers to frequently asked questions by treatment type. Some of the questions include: "What treatment option is best for long term survival?" and "What are the side effects." With the help of a nurse, the patient then identifies the top 3 reasons the patient may or may not want to initiate active surveillance (pros and cons). The patient then ranks those reasons by importance. The nurse enters the reasons and rankings into the online program and generates a 1-page summary report that helps patients visualize their preference to active surveillance versus aggressive treatment. A copy of the report is given to the patient and the clinical team. The report is used as a point of discussion during the patient's clinical visit with an urologist and radiologist.

The research team tested the program with 23 low-risk prostate cancer patients. After participating in the Decision Counseling Program and speaking with the clinical team, 83 percent of the patients decided on active surveillance, rather than [aggressive treatment](#). In addition, says Dr. Myers, "patients were more knowledgeable, and reported feeling more informed, more supported and less conflicted in their decision after going through the program. They understood their options better, and felt like they were making a treatment decision that was right for them."

Provided by Thomas Jefferson University

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