

## Improving the Content of, and Patient Access to, Prostate Cancer Treatment Decision Information

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### Abstract

**Background and Significance:** Physicians remain a key source of information regarding treatment options for men with a prostate cancer diagnosis, yet no known in-depth interview research has been conducted on the kind of information they want to provide patients, or how to reach them with new materials. **Methods:** In-depth interviews were conducted with eight physicians (i.e., four urologists, three family practice physicians, and one medical oncologist) to identify areas of improvement regarding prostate cancer treatment information and how to best reach physicians with such information, in hopes they will pass the materials along to their patients. **Results:** Physicians indicated they would be receptive to representatives from agencies contacting them directly (e.g., in-person, via phone, email) to get information to distribute to patients; however those representatives must be diligent in their attempts. Additionally, physicians stated information created should be neutral in content and easy for patients to comprehend. **Conclusion:** Expending resources to continually create and revise materials is ineffective if health promotion agencies cannot get their messages in-front of patients. Agencies should devote as much effort disseminating their resources as they do in creating them. Targeting physicians for dissemination efforts is just one step in helping men and families make more informed decisions about their treatment options.

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### Introduction

About one man in every six will be diagnosed with prostate cancer during his lifetime (American Cancer Society, 2013), meaning the need for information regarding this disease and its treatment options is great. Unfortunately, not all information available about prostate cancer is always of the utmost reliability (Black & Penson, 2006). A small in-depth interview study was conducted to determine what one of the main information intermediaries of prostate cancer treatment decision information (i.e., physicians) believe should be included in information they tell their patients to seek, and the ways physicians can be reached to help public health professionals get information into the hands of patients.

### Prostate Cancer Treatment Decision-Making Information

There are numerous resources men diagnosed with prostate cancer can go for information regarding treatment options. While a large percentage of patients go to the Internet for their health information needs (Fox, 2011), an equally large number go to their physicians (Davison et al., 2002). Research indicates nearly half of men diagnosed with prostate cancer had difficulty, and reported distress, in making a treatment decision (Gwede et al., 2006). Some of this could be due to difficulties doctors have in directing their patients to sources of quality information (Pautler et al., 2001; Rozmovits & Ziebland, 2004). The best-crafted information regarding treatment decision-making could be available, but doctors may not know it exists, meaning they cannot recommend it. Therefore, this research sought to find ways to reach physicians with quality information.

Patients may also have difficulty making treatment decisions because information available may lack details about its recency, or its source (Black & Penson, 2006), and is sometimes above their literacy levels (Fagerlin et al., 2004). Because physicians are primary gatekeepers of information to patients regarding treatment information (Davison et al., 2002), this research also sought to determine what they think is necessary to include in materials. After all, it is unlikely physicians would distribute materials if content they believe is important is not included. Numerous studies have utilized in-depth interviews with prostate cancer patients to examine attitudes toward physicians and the treatment decision-making process (e.g., Cohen & Britten, 2003; Denberg, Melhado, & Steiner, 2006). However, there are no in-depth interview studies with physicians regarding their preferences for prostate cancer treatment information they would like to provide patients.

## Methods

### Participants

Eight physicians from three healthcare systems in mid-Michigan (4 urologists, 3 family practice physicians, 1 medical oncologist) were recruited via email and then through snowball sampling. These physicians were selected because they indicated they interface with prostate cancer patients on a frequent basis. Physicians were mailed \$50 for participating.

### Measures

The author conducted the approximate 30 minute semi-structured telephone interviews following an IRB approved interview protocol. The interviews specifically discussed how public health agencies can best reach physicians with information and what kind of information should be included in prostate cancer treatment decision-making materials.

### Analyses

Interviews were transcribed by research assistants. The author then coded and analyzed the interview data using the grounded theory approach. To ensure validity of the findings, two research assistants read the transcripts and

assigned codes, corroborating the findings revealed by the primary researcher.

## Results

### How to Best Reach Physicians

The primary, recurring theme was health promoters cannot be shy in contacting physicians to get information on their radars.

- Get it to the physician. [You] got to go through layers to get to the physician. There's always mailing stuff to the office, but whether it will make it to the doctor or not is up to the office manager...Get yourself seen (Urologist 4).

How to "get seen" is where the challenge lies. "I don't have a good answer to that," stated this urologist. Another urologist stated that mailing materials to offices might work if it was stressed they would not cost the clinics any money. Physicians also stated health promoters need to directly contact physicians (i.e., via phone, in-person, or over email) if they hope their information gets distributed.

- Make a visit to the office and bring a box of them; give them time to review them... hopefully they'll include it in their routine material handed out to patients (Urologist 2).

Urologists stated that conversations with patients about treatment options can last between 30-60 minutes.

- A lot of times they're at a loss as to what to give patients [to] review. [The patients] probably forget a lot of what was said. So to have something printed out that includes your web address, would be really good (Urologist 2).

General practitioners stated because they are not experts in treatments they will usually consult databases on electronic medical record (EMR) platforms for information to provide patients. Therefore, health promoters should connect with manufacturers of EMR platforms to get their information into these systems. Advertisements in popular academic medical journals were also discussed as an effective channel. Urologists stated office managers would be key personnel to contact to get information in physicians'

hands, and a general practitioner stated health promoters should also set-up lunch sessions with office staff.

**Information to Include**

Neutrality was a key theme - not advocating one treatment over another, and offering all potential options from credible sources. Information should also include all potential side-effects of the various treatments that exist, even effects they can have on family members.

- The outcomes of all the treatments are pretty similar, studies show they're equally as effective, but it's the side effects that are different. So the more they know about that, the more they can ask the doctor directed questions (Oncologist 1).

Information should contain lists of sample questions patients can ask their doctors during consultations. Regardless of the information presented, physicians stated it needs to be simple for all audiences to understand (e.g., including large and colorful diagrams, bolded print, and limited medical jargon). See Table 1 for key recommendations.

**Table 1.**

Key Recommendations Emerging from the In-depth Interviews

<b>How to reach physicians with information</b>
<ul style="list-style-type: none"> <li>- Direct contact with physician (in-person, phone, email, mail)</li> <li>- Electronic Medical Records (EMR) databases</li> <li>- Advertisements in academic medical journals</li> <li>- Contact office staff (i.e., office managers, nurses)</li> </ul>
<b>Important information to include</b>
<ul style="list-style-type: none"> <li>- Neutral information (not advocating one treatment over the other)</li> <li>- Simple, easy-to-use information (e.g., pictures, charts, lists, bold items)</li> <li>- Side-effects from treatments (physically, emotionally, impacts on family)</li> <li>- Questions to ask physicians during consultations</li> <li>- General information about cancer and the prostate</li> </ul>

**Discussion**

If public health agencies find themselves already having information including these components, the next step should not be to continually revamp their materials, but instead expend efforts to get the information they currently have into the hands of physicians. The majority of physicians indicated they are difficult to contact, but would be receptive to health professionals approaching them with new information, as some physicians find themselves at a loss for information to provide to patients. Because of the ever increasing demands physicians have for their time, simply mailing information to offices and hoping it reaches physicians will not always work. Health professionals need to contact physicians directly, stop by offices, and knock on doors.

**Limitations**

The limitations of the current research stem from the challenges inherently associated with conducting in-depth interviews; that is, trying to draw overarching, general conclusions from a small number of participants. Caution should be taken in trying to generalize the results to information regarding other diseases or cancers, as this study looked only at physicians' preferences for prostate cancer information.

**Conclusion**

For agencies looking to spread their information to patients, they need to heavily target individual physicians in their areas. However, this is probably easier said than done. Contacting physicians one-by-one is likely to take abundant time and resources. For cash-strapped departments, this task may be perfectly tailored to summer interns. Getting information in the hands of physicians to pass onto patients will likely take much effort, however, the payoff of helping prostate cancer patients potentially make more informed decisions regarding their treatments, should be worth the effort.

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