Program Utilization and Participant Feedback in the Prostate Cancer Supportive Care (PCSC) Program

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Background

The Prostate Cancer Supportive Care (PCSC) Program is designed to address the challenges of decision-making and coping faced by men with Prostate Cancer (PC), their partners, and family members.

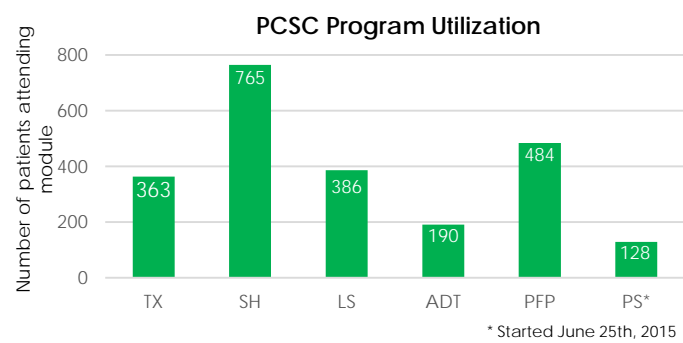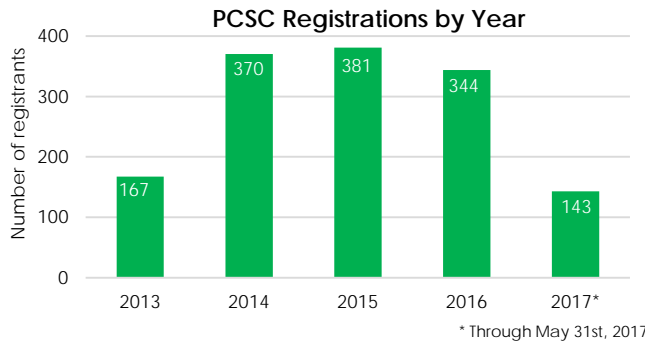**The objective of this analysis is:**

1. To assess the utilization of the PCSC program
2. To evaluate participant feedback on the educational sessions.

The program includes a series of educational sessions and individual clinical appointments in the areas of:

- Prostate cancer biology, treatment and side effects (TX)
- Sexual health and intimacy (SH);
- Lifestyle changes in diet and exercise (LS)
- Adapting to androgen deprivation therapy (ADT)
- Pelvic floor physiotherapy for urinary incontinence (PFP)
- Psychological support (PS)

PCSC Program Registrations and Utilization

As of May 31st, 2017, 1428 pts have registered with the PCSC Program, median age 68 (range 40-95 yrs). Most of the registrants (84%) participated in at least one PCSC module.

PCSC Registrations by Year
* Through May 31st, 2017

PCSC Program Utilization
* Started June 25th, 2015

Participant Feedback Methods

Subjects:

Men who registered with the PCSC program at the Vancouver Prostate Centre and attended at least one educational session between February 2013 and September 2016 (N= 1357 anonymized surveys).

Measures and Analyses:

- We designed a feedback tool with Likert-based, and Boolean response items, as well as qualitative commentary.

- The tool included questions that assessed the timing, structure, and content of each session.

- We examined rates of satisfaction across each of the five education sessions and compared scores between patients and partners using t-tests.

Results

- Participants found information presented at the sessions comprehensive, clear and easy to understand (Table 1)

- Average satisfaction score was 3.63 (out of a possible 4) ranging from 3.46 to 3.79 across the different sessions. (Table 2)

- We found no difference in satisfaction between patients and partners except for the sexual health education session, which was rated better by partners compared to patients (p=0.03).

- 86% of patients found the inclusion of their partners at the sessions useful.

- For the SH and PFP modules, attendees were more satisfied if they attended before treatment (SH: before: 3.77, after: 3.58, p=0.002. PFP: before: 3.55, after 3.39, p=0.03).

Table 1: Feedback tool responses (selection)

Module	Number (%) who answered affirmatively		
	Info clear & easy to understand?	Any info missed?	Appropriate length?
TX (N=249)	242 (97.1)	21 (8.4)	229 (92.0)
SH (N=259)	258 (99.6)	12 (4.5)	251 (96.9)
LS (N=317)	317 (100)	25 (7.9)	240 (92.7)
PFP (N=310)	306 (98.7)	26 (8.4)	294 (94.8)

Table 2: Patient and partner satisfaction scores for PCSC modules

Module	Patients	Partners	Total
TX (N=249)	3.75 (0.48)	3.85 (0.35)	3.79 (0.43)
SH (N=259)*	3.62 (0.52)	3.76 (0.43)	3.67 (0.50)
LS (N=317)	3.61 (0.54)	3.67 (0.49)	3.63 (0.52)
ADT (N=227)	3.65 (0.54)	3.70 (0.50)	3.67 (0.52)
PFP (N=310)	3.46 (0.63)	3.47 (0.64)	3.46 (0.63)

Summary & Conclusions

Implementation of a disease-specific survivorship program is feasible and well received by patients, partners, and health care providers. The data shows that SH and PFP are the most heavily attended modules.

Men with prostate cancer and their partners both expressed a high degree of satisfaction with interdisciplinary education sessions provided within a supportive care program. These results can be used to guide the future development of the PCSC program as well as supportive care for prostate cancer patients and partners more broadly.

Acknowledgements

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