



2012 Prostate Cancer Symposia Series

PROGRAM SUMMARY

Prostate cancer is the 2nd leading cause of male cancer death globally and the most commonly diagnosed cancer in American men. As the baby boom generation matures and other factors of socio-economic impact, more and more men will be diagnosed with this cancer. While there has been some progress in disease mortality over the past decade, there still remains many significant disease specific issues relative to risk awareness, advanced stage disease management, treatment options, reduction and/or elimination of pain and suffering attendant to a diagnosis.

Contributing to the impediments against this goal are the following factors:

1. The media tends to focus on the issue of screening versus the over-riding concerns for risk awareness, appropriate diagnostics, informed decisions on treatment and on-going management of advanced stage disease
2. Physicians, engaged in the treatment and/or management of prostate and breast cancer, often are not able to implement the latest, evidence-based, information in their practices because of lack of awareness or access to the detail
3. Patients need to have awareness of, and access to, that information which will enable them to engage with their doctors to make the appropriate informed decisions as to their treatment

Building on the strength of experience learned through three previous years of this initiative, we have been able to craft a specific awareness/educational effort, targeted to both patients/spouses and healthcare professionals engaged in the care and treatment of patients.

We hypothesized that patients would be drawn to attend through the recognizable names of the world-renowned faculty and an agenda that addresses many of the issues confronting them. Both the renowned faculty covering relevant medical topics while also having an opportunity to interact with patients and their peers should draw physicians. Interviews conducted with the participants in each location, as well as Audience Response System questions have provided us with the following data:

1. Physician attendance is predicated on several factors, ranked in order of comment:
 - a. Will CME credit be offered
 - b. Potential to reach new patients
 - c. Time available to participate
2. Public Health workers have largely been overlooked as a target for disease specific information relative to:
 - a. Screening/detection
 - b. Treatment options
 - c. Emerging therapeutic protocols
 - d. Side effects and disease progression management
3. Patients, advocates, caregivers and family members expressed these key concerns:
 - a. They don't know enough about the disease
 - b. Media coverage is too often not relevant to their current disease state
 - c. There is MAJOR confusion centered around the new armamentarium of drugs for advanced stage disease, i.e. what do they do; when should they be used; not knowing how to have a dialogue with their
 - d. Clinical trial awareness/acceptance/participation varies widely by institution; key factors for success:
 - i. Positive historical presence in the community
 - ii. On-going communication with the local community
 - iii. Involvement of community stakeholders
 - e. The screening controversy is impacting the motivation for men to be involved with the health care system in general
 - f. Advocacy groups are a principal source of "credible" information, second only to doctors of involved patients. There is a general distrust of the medical establishment, government and pharma regarding information dissemination

These concerns have been consistent over the years and were main emphasis points addressed in the agendas of all symposiums. Additionally we sought to position those conditions of co-morbid disease relating to policies that de-emphasize screening and early detection. Specific discussions as to appropriate disease management policy and/or best standard of care that focus on change to the paradigm of health disparity in America were also incorporated into our content mix. More importantly, this program focused on the downstream impact on the public and private healthcare systems, the negative potential of service reduction and/or displacement on high-risk and medically underserved communities as well as highlighting the needed changes in public health policy that will insure the best quality of life for our communities.

TARGET AUDIENCE

The target audience for this dual-track educational initiative is two-fold:

1. Prostate cancer patients and their spouses; patient advocates, seeking to discover relevant information on the best standards of care in treating, and

2. Healthcare professionals (surgical oncologists, radiation oncologists and medical oncologists) seeking to improve care, outcomes and quality of life for their patients diagnosed with, and/or being treated for, prostate.

As noted earlier, physician participation did not meet desired levels; primary category of attending physicians was medical oncologists, followed by radiation oncologists. The greatest increase in professional attendance came from public health workers (government agencies, social service agencies, etc.) followed by nurse practitioners, physician assistants and oncology nurses. However, this group did express interest in receiving on-going information on patient-centered standards of care and emerging therapeutic protocols. There was an additional need for more “patient stories” that could be used in their practices to better engage constituents in participating in the health care system.

Patients and other non-professional attendees were unanimously enthusiastic about the content and quality of the program, with the following as the foremost action issues:

1. Make the program a recurring one at each institution
2. Tailor the program to certain major patient concerns, e.g. sexuality, incontinence, nutrition, new drug therapies
3. Promote more discussion between faculty and participants
4. Shorten the program day

LEARNING OBJECTIVES

Educational materials were developed in accordance with all regulations, guidelines, standards and codes that apply to independent education including but not limited to OIG Compliance Program Guidance for Pharmaceutical Manufacturers and PhRMA Code on Interaction with Health Care Professionals. They were reviewed by the Mayo Clinic Jacksonville Center for Continuing Education and were found to be in accord with the guidelines.

Professional Learning Objectives:

Upon completion of this activity, attending physicians and health care professionals should be able to:

1. **Identify** the current and emerging best standards of patient-centered care for the diagnosis, treatment and management of prostate;
2. **Define** the impact of treatment-related protocols on the management of co-morbid conditions;
3. **Discuss** the latest advances in therapeutic protocols and drug developments in the treatment of primary, secondary and advanced stage prostate;
4. **Describe** the appropriate use of novel clinical therapies and emerging social and technological innovations throughout the disease’s progression; and
5. **Evaluate** the identified current and emerging regimens in considering the therapeutic interventions that might be applied in their respective patient care situations.

Patient Learning Objectives:

At no point in the past decade has there been more information and options available to the patient for the diagnosis, treatment or management of breast and prostate cancer. However, the imperative of **informed decision-making** by the patient has been complicated by the lack of true **information sharing** between the patient and his health care professionals as well as conflicting and non-definitive information as to screening and early detection benefit. Upon completion of this activity, patients, survivors, their spouses/partners and caregivers should be able to:

1. **Understand** the function and use of existing and emerging biomarkers, such as the PSA test and other emerging evaluative protocols, in the diagnosis and progression of prostate cancer;
2. **Describe** the current state of treatment options and emerging protocols and drug therapies for primary and advanced stage cancer; and
3. **Discuss** the role that the patient and his caregivers need to play in the effective management of the disease in conjunction with their health care professionals.

All of these objectives were measured via pre- and post-learning sessions.

Evaluation and Outcomes

Programmatically we have been able to meet our objectives and participant expectations. Specific event location comments are noted below.

Major impact on attendance occurred concurrent with the performance of our New York event on October 27, 2012. A major storm (Hurricane Sandy) hit the city that weekend which held attendance to reduced levels than planned. Additionally, we were able to increase the number of individual attendee filmed interviews that have been uploaded to our YouTube Channel, Facebook pages and Website to help reinforce the symposium presentations that are put in place after each symposium. (See: <http://prostatenet.com/page/>) Because of the storm we incurred additional lodging and meal costs for several of our faculty and staff due to flight cancellations and travel/accommodation issues.

At Mayo Clinic Jacksonville the event scheduled for November 12, 2012 was cancelled because of Mayo's failure to implement agreed upon marketing tactics, community outreach plans, and change in CME requirements during the accreditation process. This event was replaced on the schedule by a symposium for February 23, 2013 at Jefferson Hospital Kimmel Cancer Center in Philadelphia.

In Chicago on September 8, 2012 we had an enthusiastic group of attendees, but the total number of participants did not meet 2010's or 2011's level due to failure to maintain outreach into the African-American community organizations that were key to previous success in attracting participants from the high-risk community. Conversely, attendance from ethnic Caucasian communities was proportionately higher due to partnership with the local Us Too organization to help promote attendance from their membership.

On September 22nd in Detroit very strong community support of the program at Karmanos Cancer Center/Wayne State University, plus a focused marketing and media blitz, resulted in an excellent response for the 2nd year in this market. An increase in professional attendance was noted because of CME offerings.

On November 3, 2012 the first international symposium was held in Nassau, The Bahamas to deliver our message to a patient and professional community in conjunction with the NCI/university of Florida 2nd Biennial Congress on African-American Health. The presence of this event served as a draw to professionals, patient advocates and consumers from surrounding Caribbean communities and the establishment of a patient advocate training program.

Programmatic Outcomes:

1. Clearly there is a need to drive increased patient education around all aspects of the disease from risk awareness to detection to treatment to progression through to management of side effects and retention of quality of life. Patient reaction was universal and overwhelming for continuation of this type of program.
2. There is also an expressed need to simplify the program in order to promote increased dialogue and interaction between the faculty and audience. Of necessity at a couple of events, we explored small group discussion sessions, which had positive benefit and could form the basis for a different format in 2013 focused on two or three key topics, e.g. understanding the emerging drug therapy matrix; regaining sexuality after prostate cancer therapy; radiation vs. surgery – how to choose.