MP21-09

INFORMED DECISION MAKING PRIOR TO PSA SCREENING: INITIAL RESULTS USING THE AMERICAN CANCER SOCIETY (ACS) DECSION AID (DA) AMONG A MEDICALLY UNDERSERVED COHORT

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INTRODUCTION AND OBJECTIVES: Many organizations recommend an informed decision making (IDM) approach prior to testing for prostate cancer (Pca) utilizing prostate specific antigen (PSA) given recent controversy. We determined the feasibility and efficacy of the ACS DA in a cohort of indigent medically underserved males (MUM).

METHODS: Subjects (n=285) were either referred by their physicians or solicited via flyer in an outpatient clinic that serves a MUM population. Baseline demographic data and Pca knowledge were collected and subjects were then provided the DA consisting of a 20 slide power-point presentation adapted verbatum from the ACS instrument. Post-test assessment of knowledge was performed using the same 11 question instrument used for baseline assessment. In addition, intention to screen as well as actual screening was determined. Informed consent was obtained prior to PSA testing. Answering 8 of eleven questions correctly was termed adequate knowledge of Pca. Surveys were completed to determine participant's opinion about the information provided to make a decision regarding testing and the DA.

RESULTS: The mean age was 57±7 years with baseline demographic data depicting a MUM African American and Hispanic population (see Table). At baseline, 79 patients (33.1%) exhibited adequate Pca knowledge. Post DA, 174 patients (77%) were shown to have adequate knowledge (p= 0.001). Post DA, 206 (94.5%), 8 (3.7%), and 4 (1.8%) patients, respectively, stated they either wanted to be tested, were unsure, or did not want to be tested for Pca. The DA was found to present clear information to make a decision regarding screening for Pca in 77.3-95.6% of subjects. Most patients rated the DA favorably in terms of amount, length, clarity, and balance of information and would recommend to others. Two hundred eighty one men (98.5%) had a PSA test performed. Median PSA was 0.9ng/ml (0.1-10.7). DRE was performed in 180 men with 29 (16.1%) abnormal. Either an abnormal DRE or serum PSA was noted in 51 patients. Six of 16 biopsied patients (37.5%) exhibited Pca.

CONCLUSIONS: Use of the ACS DA was feasible among MUM in a clinic setting and lead to increased Pca knowledge, and was associated with high rates of PSA screening among this cohort

Variable	Levels	Totals	%
Race	African American	179	62,8
	Caucasian	14	4,9
	Hispanic	50	17,5
	Asian	1	0,4
	Other	1	0,4
	Missing	40	14,0
Insurance	Yes	204	71,6
	No	30	10,5
	Missing	51	17,9
Education	8th grade or less	26	9,1
	9th to 11th grade	48	16,8
	high school	117	41,1
	technical school	27	9,5
	associates dgree	23	8,1
	bachelors degree	11	3,9
	Missing	33	11,6
Family history of Pca	Yes	39	13,7
	No	102	35,8
	Not known	91	31,9
	Missing	53	18,6
Household income	I do not know	32	11,2
	<15,000	115	40,4
	15-25,000	38	13,3
	26-35,000	15	5,3
	36-45,000	3	1,1
	46-55,000	2	0,7
	56-65,000	1	0,4
	66-75,000	1	0,4
	Missing	78	27,4

Source of Funding: Texas Us Too Prostate Cancer Support Group

MP21-10

THE IMPACT OF MEDICARE ELIGIBILITY ON PROSTATE CANCER SCREENING BEHAVIORS

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INTRODUCTION AND OBJECTIVES: Lack of health insurance limits access to preventive services, including cancer screening. We examined effects of Medicare eligibility on the appropriate use of prostate cancer screening in the United States.

METHODS: We performed a cross-sectional analysis of the 2012 Behavioral Risk Factor and Surveillance System (analyzed in 2014). Univariable and logistic regression analyses were performed for participants aged 60-64 and 66-70 to examine effects of Medicare eligibility on the prevalence of self-reported screening for prostate cancer. Sub-analyses were performed among low-income (<$25,000 annual/household) and among insured and uninsured individuals.

RESULTS: Medicare-eligible individuals were significantly more likely to undergo prostate cancer screening OR: 1.29; 95%CI 1.17-1.43; and the effect was most pronounced among low-income individuals OR: 1.39; 95%CI 1.12-1.72. Access to a health care provider was the strongest independent predictor of undergoing screening in the entire cohort (OR 4.0; 95% CI 3.35-4.80) and the low income bracket (OR 3.71; 95%CI 2.58-5.33). The difference in screening was more pronounced when comparing Medicare-eligible participants to uninsured Medicare-ineligible participants (+33.2%), than to insured Medicare-ineligible participants (+4.9%).

CONCLUSIONS: Medicare eligibility impacts prostate cancer screening rates, likely as a result of increased access to primary care providers. Low-income individuals benefit most from Medicare eligibility. Expanded public insurance coverage to these individuals may improve access to preventive services.

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MP21-11

AGE DEPENDENT VARIATION IN THE EFFECT OF PHYSICIAN RECOMMENDATIONS TO UNDERGO PROSTATE SPECIFIC ANTIGEN (PSA) SCREENING FOLLOWING THE UNITED STATES PREVENTIVE SERVICES TASK FORCE 2012 STATEMENT AGAINST PSA SCREENING.

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INTRODUCTION AND OBJECTIVES: Men's acceptance of prostate specific antigen (PSA) screening has been strongly linked to their physician's recommendation for the same. However, the impact of the United States Preventive Services Task Force (USPSTF) 2012 statement against PSA screening in mediating this association is unknown.

METHODS: Data from 2010 and 2013 National Health Interview Survey (NHIS) were extracted. The study cohort consisted of male respondents >=50 years old, who visited a physician within the last 12 months and reported receiving PSA screening recommendation. Logistic regression model (adjusted for all available socio-demographic variables) with an interaction term between age group and survey year was then used to identify the independent effect of survey year on receipt of PSA screening across different age strata among men who were recommended to undergo screening.

RESULTS: Among men recommended PSA screening (46.8% of the male population), fewer reported undergoing screening in survey year 2013 vs. 2010 overall (41.3 vs. 46.5% respectively, p<0.001) (Figure). Over the study period, the proportion of men aged 50-64 who

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