De-Implementation of Low Value Castration for Men with Prostate Cancer

Jane Forman, ScD, MHS, Sarah T. Hawley, PhD, MPH, Megan EV Caram, MD, MS, Brent K. Hollenbeck, MD, MS, Daniela Wittmann, PhD, Jordan Sparks, MPH, Vanessa R. Pruitt, MSW, Kevin Y. Zhu, Alan Paniagua Cruz, BS, Tabitha Metreger, MA, Srinivasaraghavan Sriram, PhD, Ted A. Skolarus, MD, MPH

De-Implementation

Stopping low value medical practices. It has the potential to:
1) Improve patient health
2) Decrease healthcare costs for patients

Background

• One in three men with prostate cancer will eventually receive castration with long-acting injectable drugs (i.e., androgen deprivation therapy or ADT)
• ADT is still prescribed in low value cases where it has little to no health benefits for patients
• Prescribing low value ADT can expose patients to side effects and impair quality of life
• The best ways to stop overprescribing are unknown

Objective

To identify, tailor and pilot two different de-implementation strategies for reducing ADT use among those unlikely to benefit.

Methods

Aim 1: Conduct patient and provider interviews to assess preferences and barriers to chemical castration for prostate cancer

Aim 2: Prioritize provider barriers and facilitators identified in Aim 1 through the use of discrete choice surveys

Aim 3: Pilot two tailored de-implementation strategies to reduce castration as localized prostate cancer treatment

What providers are saying

“... it might be nice to have some sort of quick reference about when I should be giving hormones. What are the indications for androgen deprivation therapy? ... like a very easy summary with eight bullet points about here are the things that could go wrong with hormones. Here are the things you need to be most concerned about in a very bite-sized way. That could be useful.” – VHA Urologist

Progress (Year 1)

Publications

Next Steps (Year 2 & 3)

• Publish patient/provider interview results
• Create and administer discrete choice experiments amongst urologists
• Generate de-implementation strategies

Low Value ADT Varies Widely Across VHA Facilities

De-implementation of low value castration for men with prostate cancer: protocol for a theory-based, mixed methods approach to minimizing low value androgen deprivation therapy (DeADT)

Ted A. Skolarus¹, Sarah T. Hawley¹, Danielle A. Wittmann¹, Jane Forman¹, Tabitha Metreger¹, Jordan R. Sparks¹, Karen D. Yang¹, Megan EV Caram¹, Brent K. Hollenbeck¹, Alan Paniagua Cruz¹, John T. Kapoor¹, Jeremy B. Saltz¹, Walter Mohrman¹, Graham Sinnowadjahan¹, and Anne E. Salski¹

Patient & Provider Interviews

Providers

Patients

What providers are saying

Providers

Patients