



**Lakeridge
Health**

Diagnosis of Prostate Cancer: The Role of Diagnostic Assessment Units

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Faculty/Presenter Disclosure

- **Faculty:** Dr. A. Li, MD
- **Faculty:** Patti Marchand, RN, MN, CON(C)

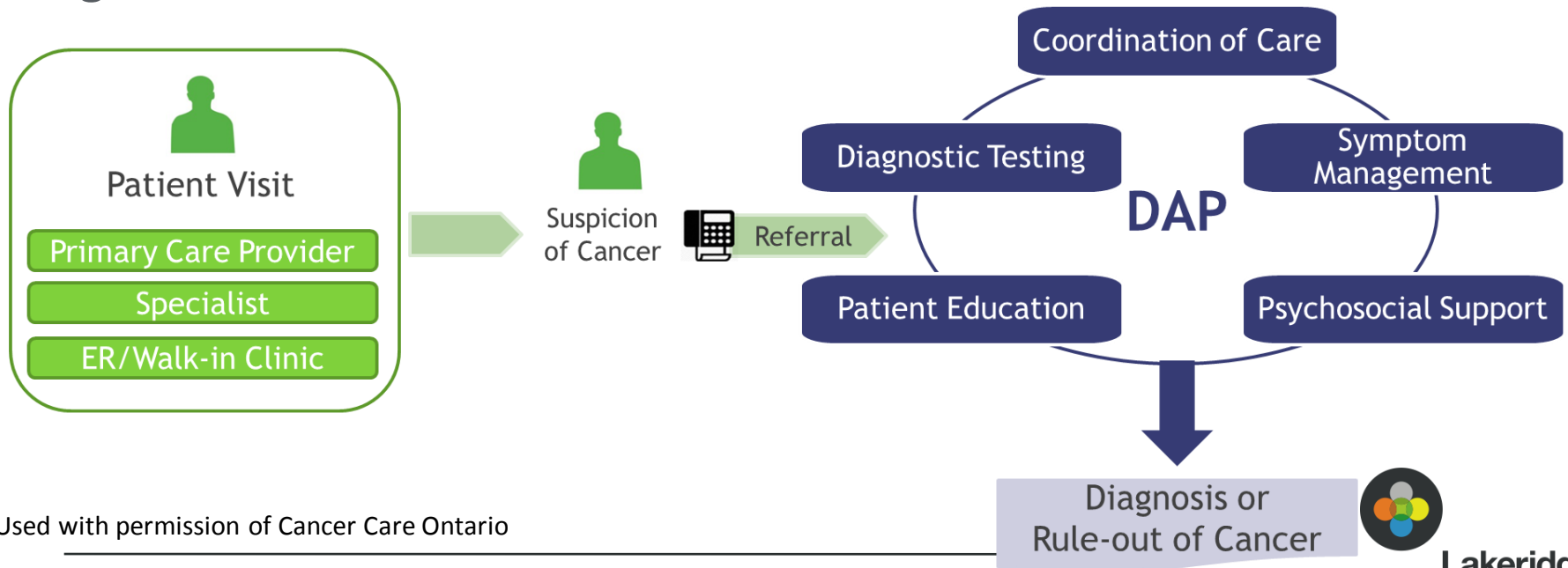
- **Relationships with commercial interests:**
 - **Unrestricted educational grants – Abbvie, Paladin, Astro-Zeneca, Sanofi**

Objectives

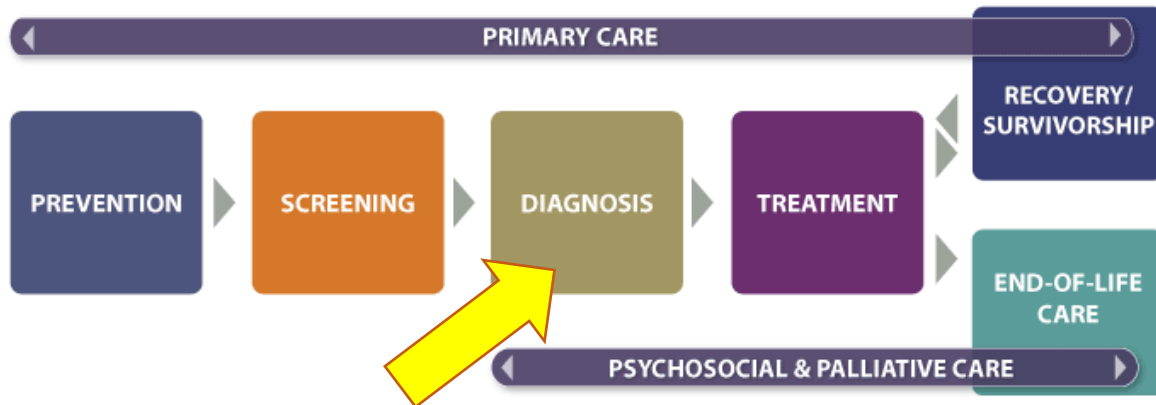
- Define Diagnostic Assessment Units/Programs and their role in the cancer journey
- Review current DAPs throughout CE-LHIN
- Share the experience of the Prostate DAU at the Durham Regional Cancer Center

Defining Diagnostic Assessment Programs

- Evidenced-based programs based on CCO's disease pathway maps and developed by Regional Cancer Programs across Ontario
- Made up of multi-disciplinary healthcare teams that manage and coordinate a patient's diagnostic care from testing to a definitive diagnosis or rule-out of cancer



Why focus Diagnostic Phase of the Cancer Journey?



- Diagnosis poses many coordination challenges
- Diagnosis involves many system handoffs
- Opportunity for improvements in wait times
- Opportunity to improve patient satisfaction

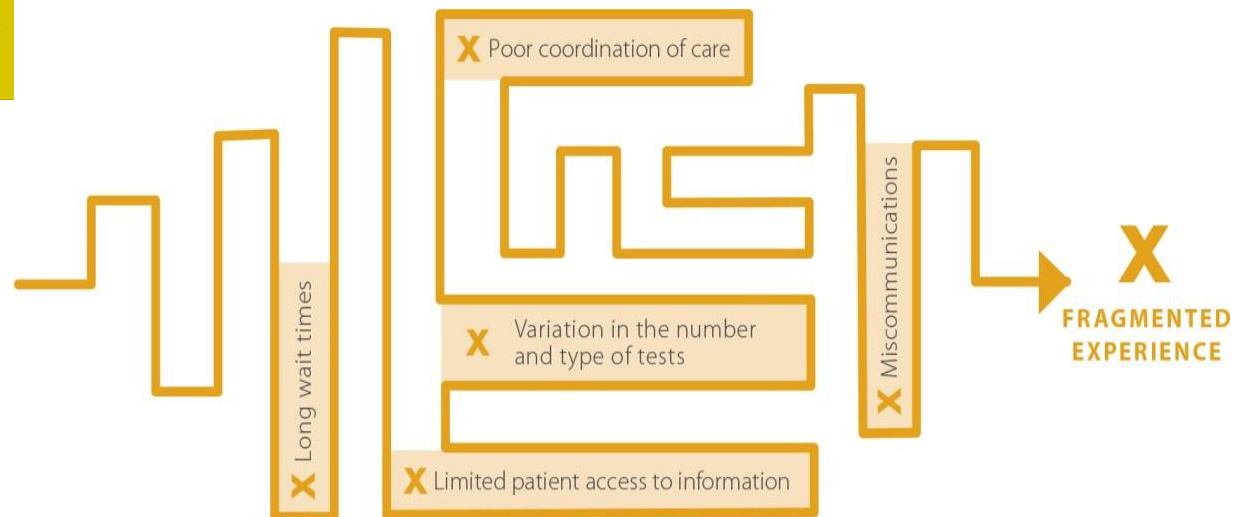
The Patient Experience



“This was really my first introduction to the cancer system and I saw very quickly how overwhelming it was to keep track of things when you’re not only feeling unwell, but are also under stress from the fear and anxiety of what’s going on. It would be very easy to get lost along the way.” – *DAP Patient*



THE
PATIENT
JOURNEY



Aligning with Current Cancer Care Initiatives

- Ensure timely access to accurate diagnosis and safe, high-quality care.
- Improve the patient experience along every step of the cancer journey.

Ontario Cancer Plan (2011-2015); <http://ocp.cancercare.on.ca>
*... a great system that will give all Ontarians
access to high-quality, timely, and patient-focused cancer care*

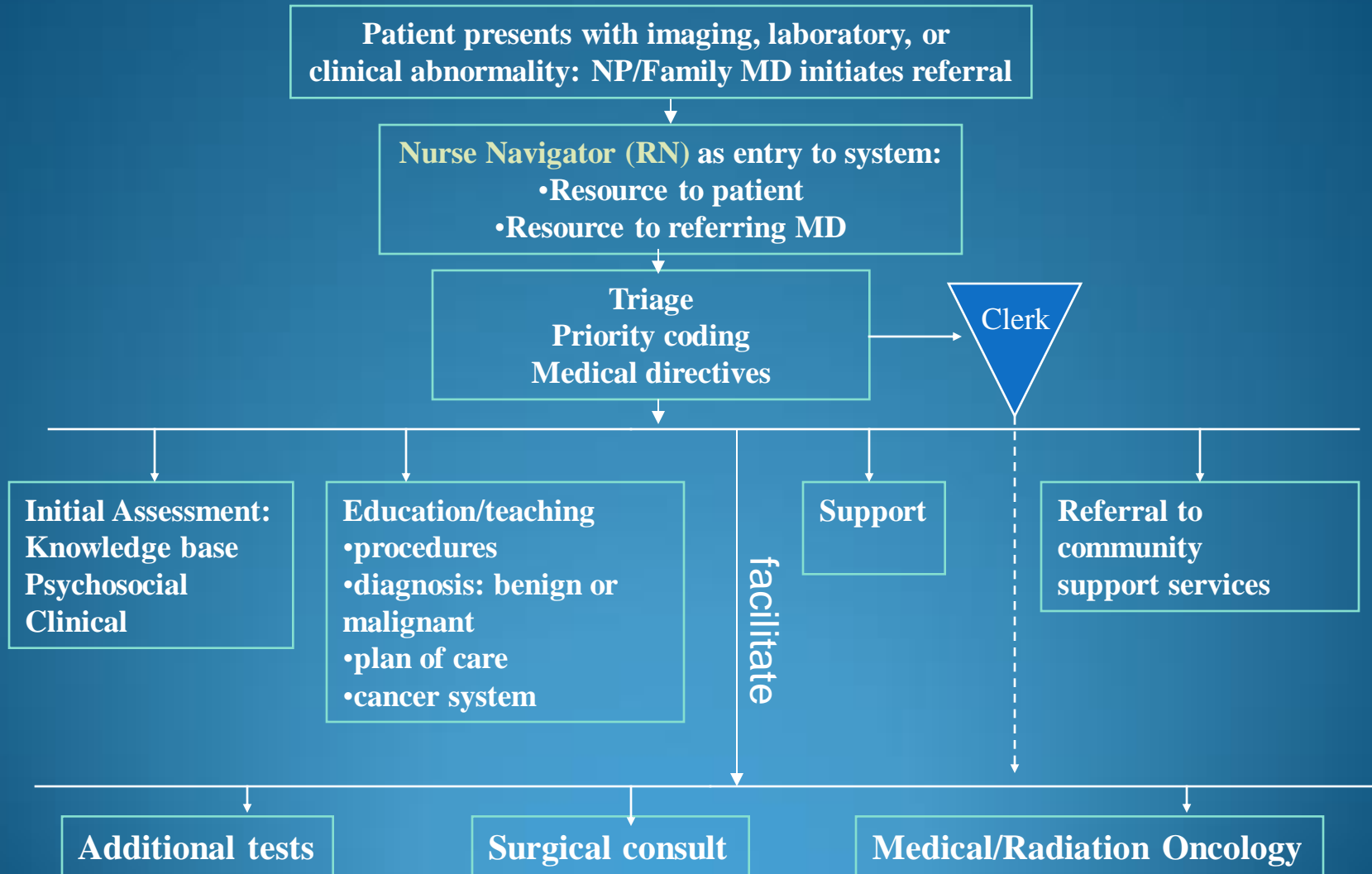


Essential Components of Diagnostic Assessment Programs

- Coordinated pathway of assessment
 - captures clinical interactions and account for timelines
 - coordinated referral and follow-up processes
- A referral process to allow for consistent, reliable and straightforward access to timely consultation and diagnosis
- Quality indicators



DAU: Active Coordination Navigation Model



Role of Nurse Navigator

- Facilitate and support patients
- Enhance and bridge interdisciplinary interaction and communication
- Guide patients proactively through diagnostics with mindful adherence to targeted timelines
- Provide education regarding the health care system, procedures, and disease process
- Refer to allied health members i.e. social work



Nurse Navigator Video

(2 minutes)



DAPs throughout the CE LHIN



DAP sites:

- Regional Thoracic Program
DAP sites located in:
 - RVHS
 - PRHC
 - LH/DRCC
- Local DAPs and disease sites
 - TSH: Breast
 - RVHS: Breast, ***Prostate**
 - PRHC: Breast
 - LH/DRCC: Breast, Colorectal, ***Prostate**

Prostate DAU at DRCC

- Began in 2009 with 2 Urologists (Dr. Arthur Grabowski & Dr. Steven Smith).
- 3rd Urologist (Dr. Arun Mathur) joined in March 2013

Goals of the Prostate DAU:

1. Coordinated and timely pathway for diagnosis
2. Improved access to appropriate treatment options
 - Ensure patients are informed of treatment options through coordinate consultations with Urologists and Radiation Oncology



Program Flow

1. Consult at Urologist's office.

- When decision is made to proceed with a biopsy, a referral is made to the DAU & Nurse Navigator

2. Nurse Navigator contact: Initial Telephone consult

- Navigator completes a telephone assessment, reviews medication, provides education regarding biopsy and preparation.

3. Biopsy Appointment

- Dr. Mathur patients have biopsies completed by Dr. Gibson
- Dr. Grabowski and Dr. Smith patients have their biopsy completed in clinic at DRCC

4. Appointment to review biopsy results

- Patients return to DRCC for biopsy results.
 - Results reviewed as benign, next steps will take place at the Urologist's office.
 - Results indicate a diagnosis of cancer, education material provided. Patients receive appointments for treatment decision the following week

5. Appointment to review treatment options

Patients with positive biopsies return to clinic at DRCC for coordinated appointments

- a. Appointment with Radiation Oncologist to review radiation therapy and active surveillance
- b. Appointment with Urologist to review surgery and active surveillance

Radiation Therapy as chosen treatment	Surgery as chosen treatment	Active Surveillance as chosen treatment
<ul style="list-style-type: none">• Radiation therapy education provided• Nurse Navigators transfers care to RO Primary Nurse	<ul style="list-style-type: none">• Surgical education provided• Navigator assists with OR paperwork and teaching• Patient returns to clinic for a post-op appointment	<ul style="list-style-type: none">• Follow up at Urologist's office or with Radiation Oncologist• Return to DAU if/when another biopsy is required



Program Stats:

2014/15 Q1 & Q2 data

April 1-September 30, 2014	
Number biopsies completed	122
<ul style="list-style-type: none">• # Positive for cancer• # Negative for cancer	<ul style="list-style-type: none">7151
Average wait time between referral – diagnosis (positive or negative)	27.5 days
Average wait time between referral – Navigator contact	4 days
% Patient with POSITIVE biopsy who have RO consult (Target: 75%)	80.3%

What patients are telling us:

- The nurse was very knowledgeable friendly and she made it a less stressful experience.
- I was pleased with how quickly the process went from decision to have a biopsy to the decision on treatment.
- The Nurse Navigator not only answered my concerns and kept me informed but also made sure my spouse was fully aware of everything that was going on.
- The process was done very efficiently and I was kept informed throughout the process of what was being done.



Informed Decision Making

- Evidence-based patient choice
- Provide patients with evidence based information about their health care options
 - What is the treatment?
 - What is the effectiveness of treatment? (outcomes, risks and benefits)
 - Alternative interventions (or no intervention)
- Promote involvement in decisions about their treatment



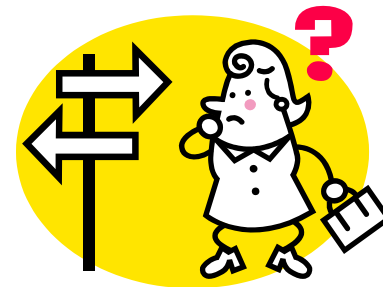
Multidisciplinary Approach

- Urologists
 - Drs. Mathur, Grabowski and Smith
- Radiation Oncologists
 - Drs. Koll and Li
- Multidisciplinary tumor board rounds weekly
 - Urology, RO, MO, nursing, SW, clinical trials, pathology
- Patients given treatment information from specialists in respective treatment options



Advantages to DAP approach in Treatment Decision Making

- “One stop” shopping
- Provides opportunity for evidence-based informed choice on treatment options
- Information re: treatment options given in timely fashion by dedicated specialists
- Experienced navigator to aid patient experience



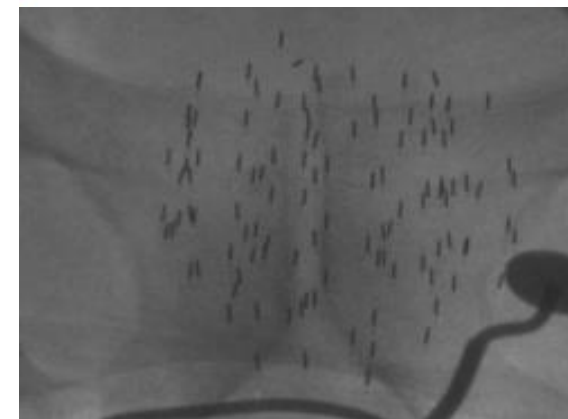
How do we decide on what treatment to offer?

- Size/Stage
- PSA
- Gleason Score
- ❖ Low risk
- ❖ Intermediate risk
- ❖ High risk
- Urinary function
- Erectile function
- GI issues
- ✓ Patient preference



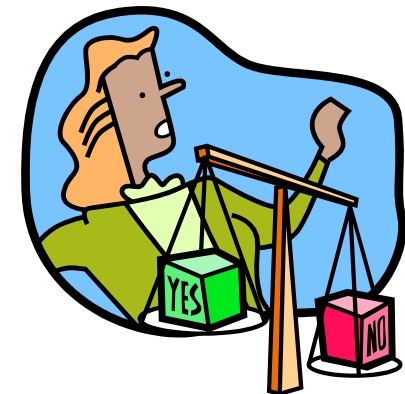
Treatment Options for Prostate Cancer

- Active Surveillance
- Surgery – Radical Prostatectomy
- Radiation:
 - a. External beam
 - b. Brachytherapy (LDR vs HDR)
- Hormone therapy
- Chemotherapy
- Other



PSA screening

- Canadian Task Force on Preventative Health Care recommendations that PSA test should be eliminated as screening tool for prostate cancer
- Era before the made in Canada approach of active surveillance
- PSA screening is an integral part of personalized approach to prostate cancer screening (e.g. risk factors, family history)
- Modelling estimates, if PSA testing was eliminated, cases of advanced/metastatic prostate cancer would double, resulting in 13-20% increase in prostate cancer deaths annually (Gulati et al, 2014)



Cancer Care Ontario: Expression of Interest

- *Navigating the Diagnostic Phase of Cancer: Ontario's Strategic Directions 2014-2018*, the provincial Diagnostic Assessment Program (DAP)
- This year, work is underway to establish standard entry and transfer of care criteria for lung DAPs, with colorectal and prostate criteria planned for 2015-16.
- Dr. Marla Ash (Regional Primary Care Lead, Central) is a member of the DAP Lung Entry and Transfer of Care Criteria Working Group.
- The DAP program will also convene an expert panel for a face-to-face event in March/April 2015 to finalize the standard entry and transfer of care criteria for lung DAP. If you are interested in participating in this expert panel event, please email the DAP program at [**dap@cancercare.on.ca**](mailto:dap@cancercare.on.ca) to express your interest.
- Responses are requested back by **Friday, December 19, 2014.**



Thank you!

Questions?

