

Informing Patients about Prostate Cancer: Study Highlights Income-Related Disparities

1 ■ ATLANTA—Men with prostate
2 cancer who have lower incomes are less
3 informed about treatment options, less
4 likely to seek a second opinion, and less
5 likely to be pleased with the treatment
6 they selected relative to their counter-
7 parts with higher incomes, finds a survey
8 reported at the 46th Annual Meeting of
9 the American Society for Therapeutic Ra-
10 diology and Oncology (abstract 2387).

11 Survey participants were either regis-
12 trants of NexCura's online treatment de-
13 cision tool for prostate cancer or indi-
14 viduals listed in the database of Us TOO
15 International, who were sent an e-mail
16 inviting them to participate. In all, 4,587
17 individuals completed the online survey,
18 a remarkable number that supports the
19 feasibility of doing certain types of re-
20 search on the Internet, said lead author
21 Peter D. Grimm, DO, a radiation on-
22 cologist at the Seattle Prostate Institute.
23 "This is one of the few studies that I have
24 seen that was large-scale and was done
25 just simply by Internet questionnaire,"
26 he commented.

27 Most respondents (87%) were pa-
28 tients, while 13% were caregivers. Most
29 were white (94%) and had at least a col-
30 lege degree (66%); 74% were between
31 the ages of 55 and 74, and the diagnosis
32 of prostate cancer had been made in the
33 2 years before the survey in 72% of cases.

34 Respondents were stratified into seven
35 categories according to total annual
36 household income, ranging from the low-
37 est-income category of less than \$20,000
38 per year to the highest of \$120,000 or
39 more per year. Respondents most often
40 fell into the highest-income category
41 (21%), followed by the \$40,000 to \$59,999
42 category (19%) and the \$60,000 to
43 \$79,999 category (18%).

44 The proportion of respondents who
45 indicated that they felt informed about
46 prostate cancer in general increased sig-
47 nificantly with income, from 69% in the
48 lowest-income category to 95% in the
49 highest. There was also a significant in-
50 crease with income in the proportion re-

51 porting that they felt informed about
52 Gleason score (from 62% to 90%) and
53 "watchful waiting" (from 48% to 77%).

54 When asked if they had sought a sec-
55 ond opinion when making decisions
56 about treatment options, the proportion
57 of respondents answering yes increased
58 significantly with income, from 47% in
59 the lowest-income group to 79% in the
60 highest-income group. Finally, there was
61 a significant increase with income in the
62 proportion of respondents who said they
63 were delighted or pleased with their treat-
64 ment decision (from 33% to 60%) and
65 who said they would make the same treat-
66 ment decision again (from 77% to 92%).

67 "We've got to find out what it is about
68 the lower-income groups that keeps us
69 from reaching them as well as the higher-
70 income groups," Dr. Grimm told *ONI* in
71 an interview. "The assumption that we
72 can reach all patients with the Internet
73 was clearly shown not to be true in this
74 case. Those with lower income, even
75 though they had Internet access, didn't
76 get all of the information, so they may be
77 accessing information in different ways."
78 He added that sources of information
79 may be the team's next topic for research.

80 According to Dr. Grimm, the findings
81 have important implications for all pro-
82 fessionals in the "cancer information
83 business," whether they interface with
84 patients and caregivers in the setting of
85 diagnosis, treatment, or support. "I think
86 the take-home message is that we need to
87 look at multiple ways to get information
88 to patients rather than looking for one
89 single way," he said. In addition to the
90 Internet, he said, "it may be just as im-
91 portant for patients and caregivers to have
92 direct contact with professionals plus
93 written and video materials." **ONI**

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