Unmet demand for and satisfaction with a community-based prostate cancer detection programme

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A community programme was conducted to raise men’s awareness about prostate health and to provide free prostate-specific antigen testing. In this article, the authors assess men’s experiences of these sessions and their satisfaction with the process.

Prostate cancer is the most common cancer to affect men in the UK and is gaining wider recognition with men in the community.1 The blood test of prostate-specific antigen (PSA) is currently available in the primary care setting on an informed choice basis – referred to as the Prostate Cancer Risk Management Programme.2 Uptake of this request is variable and affected by both men’s own knowledge and GPs’ attitudes to the relative harms and benefits of having the PSA test.3–5

This study sought to evaluate the uptake of and satisfaction with a community-based prostate awareness initiative, which has been run in several regions of the UK, and also to determine men’s attitudes to their testing and their satisfaction with the process.

PROSTATE CANCER DETECTION PROGRAMME

Prostate health awareness sessions were provided around the country free of charge by the Graham Fulford Charitable Trust and were advertised both in the local newspapers and on local radio programmes. Each event included a talk from a consultant urologist and covered an overview of prostate diseases and the utility and limitations of the blood test for PSA measurement. Participants gave informed written consent and had blood taken by a qualified phlebotomist, which was then assayed at a fully accredited hospital biochemistry laboratory.

Figure 1. Experience score of men attending prostate cancer awareness and PSA test sessions
Attendees were sent feedback of their result by first-class post. Each letter was headed with one of the following: ‘green’ if the test result was within the normal range, ‘amber’ if the result was borderline abnormal and ‘red’ if the result was above the accepted threshold. These were used as indicators for further action concerning the men’s prostate health and all men receiving amber and red letters were advised to visit their GP for further assessment and were given a telephone number to speak to a consultant urologist.

FOLLOW-UP QUESTIONNAIRE
A three-page, 15-question follow-up questionnaire was sent to men who had attended the prostate health awareness sessions from the year 2004 onwards. All men who had received red or amber letters and a random selection of men who had received a green letter (based on sampling two greens for every amber) were sent the questionnaire. Consent was sought from all participants in this follow-up exercise. Each participant was assigned an identification number and data were analysed anonymously.

The analyses were performed using SPSS PASW statistic version 18. The chi-square test was carried out to test the null hypothesis of no difference of distribution between groups.

RESULTS OF THE STUDY
From the three groups, 2971 men were identified according to their initial PSA results: red (abnormal PSA value), amber (borderline abnormal PSA value) and green (normal PSA value). Of these, 2120 men returned the questionnaire, making an overall response rate of 71.4 per cent. The red group had the highest response rate (red, 747/956, 78.1 per cent; amber, 470/644, 73.0 per cent; green, 903/1371, 65.9 per cent).

The mean age of the men completing the questionnaire was 65 years. The majority of men in each group reported that they had attended the session because of curiosity about their prostate health (red, 40 per cent; amber, 58 per cent; green, 64 per cent). Other reasons included being asked to attend by a friend or family member, having problems with their waterworks, or a history of prostate cancer in their family.

Figure 1 shows the experience score of men attending prostate cancer awareness sessions and PSA tests. Men were asked to rank their overall experience of attending the session from the beginning to receiving their results as a score of 1 (the worst) to 10 (the best). Each group had a median score of 8, indicative of a positive experience.

Table 1 presents the distribution of men in each group regarding their level of concern with the PSA test result. The majority of men in the red and amber groups expressed concern (91 and 76 per cent, respectively), while men in the green group had lower levels of concern (19.7 per cent). There was a statistically significant difference in the distribution (chi-square, p<0.001).

Table 2 shows the distribution of men in each group who would go through the process again in the future. Men in the green and amber groups showed similar percentages, suggesting that they would be happy to go through the process again; a marginally lower percentage (95.3 per cent) of men in the red group would repeat the process. A chi-square test suggests a significant difference in distribution (p<0.001), but the magnitude of the effect was small.

DISCUSSION
This survey was conducted to assess men’s attitudes to prostate disease
awareness sessions and satisfaction with test sessions carried out around the country. Men joined the session primarily because of curiosity about their prostate health. Chapple et al.6 conducted semi-structured interviews with 30 men who were PSA tested, or who considered having a test, and reported that the majority of men requested the test because of health-conscious behaviour. Rai et al.4 suggested that men’s awareness was largely based on personal accounts and media stories.

CONCLUSION
This study suggests that significant numbers of men in the community would join prostate disease awareness and testing sessions. Men who responded to the survey suggested a good experience and most would go through the process again, regardless of their initial concern over their PSA results. Given that there is a need to improve men’s awareness of prostate diseases, including prostate cancer, and there are improvements already available for diagnosing prostate cancer, greater promotion of community-based detection programmes for prostate cancer should be recommended.

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REFERENCES