Title

MP44-19 ADHERENCE TO A BEHAVIOR MODIFICATION INTERVENTION FOR PROSTATE CANCER: THE MEN′S EATING AND LIVING (MEAL) STUDY (CALGB 70807 [ALLIANCE])

Authors

Parsons*, J
Natarajan, Loki
Pierce, John
et al.

Publication Date

2019-04-01

DOI

10.1097/01.ju.0000556262.63624.34

Peer reviewed

Lack of using such tools was associated with low utilization of AS for low-risk PCa.

Source of Funding: Conquer Cancer Foundation

MP44-18

P-SCAN: A COMPREHENSIVE PROSTATE CANCER SCREENING PROGRAM IN LOW-INCOME MEN

River Black, Hascal Humes, Eyitemi Owens, Nashville, TN; Lisa Bolton, Nashvlle, TN; Kelvin Moses, Nashville, TN*

INTRODUCTION AND OBJECTIVES: African-American (AA) men are disproportionately affected by socio-economic factors that limit their access to care. AA men are also less likely to receive prostate cancer (PCa) screening, and when diagnosed with PCa, have an increased morbidity and mortality when compared to patients of other ethnicities. Despite controversy regarding PSA screening, it is not known if targeted screening in a high-risk population is valuable, or whether screening provides an opportunity for identification of other comorbid conditions. We designed a community-based and literacy-appropriate PCa screening program, with attention to other general health concerns.

METHODS: The Prostate Screening and Cancer Awareness-Nashville (P-SCAN) program invited men 40 and older who had never received PCa screening to receive education about the disease. Literature written at a sixth grade level was given to all participants, and they spoke with a nurse practitioner about the risks and benefits of screening. Patients who chose to undergo screening had PSA and digital rectal examination (DRE), as well as serum lipid panel, basic metabolic panel (BMP), and blood pressure measurements. Demographic data, family history, and current medication information were also collected.

RESULTS: A total of 249 men participated in the program from February 2017-April 2018, of which 218 (87.6%) were AA. Median PSA was 1.07 (range 0.13-28.89 ng/ml), median age was 54.9, and 5.2% of men had an abnormal DRE. Testing resulted in 36 referrals to Urology for elevated PSA or abnormal DRE (83% attendance), 21 referrals to Internal Medicine (85% attendance), 27 referrals to Family Medicine (33% attendance), and 7 referrals to Emergency Medicine for hypertensive crises (100% attendance). Subsequent new diagnoses included hypertension, diabetes, diabetic ketoacidosis, chronic obstructive pulmonary disease, heart failure, metastatic colon cancer, and metastatic renal cell carcinoma.

CONCLUSIONS: The P-SCAN program represents an opportunity for comprehensive health care in a high-risk, low-income population. We demonstrate the ability to provide health-literacy appropriate education regarding screening in a group characterized by minimal exposure to primary healthcare. Community-based comprehensive screening offers a unique opportunity to improve overall health outcomes in disadvantaged populations outside of traditionally singular diagnoses. In high-risk populations targeted by these plans, overall health status may be improved through implementation of similar programs.

Source of Funding: Astellas

MP44-19

ADHERENCE TO A BEHAVIOR MODIFICATION INTERVENTION FOR PROSTATE CANCER: THE MEN'S EATING AND LIVING (MEAL) STUDY (CALGB 70807 [ALLIANCE])

J Parsons, Loki Natarajan, John Pierce, La Jolla, CA; James Mohler, Buffalo, NY; Electra Paskett, Columbus, OH; Cheryl Rock, La Jolla, CA; James Marshall, Buffalo, NY*

INTRODUCTION AND OBJECTIVES: Clinical guidelines endorsing lifestyle-based therapies for prostate cancer survivors are based on expert opinion and observational studies. There are limited data on the efficacy of structured, behavior-based interventions to affect beneficial change in urological cancers.

METHODS: As part of the Men's Eating and Living (MEAL) Study (CALGB 70807 [Alliance]), we assessed adherence to an intervention promoting vegetable intake in men on active surveillance for prostate cancer. Eligible patients were randomized (1:1) to a validated, telephone-based counseling intervention or a control condition in which they received printed materials from the Prostate Cancer Foundation (PCF) recommending consumption of a healthy diet. Intervention participants were assigned to a counselor who encouraged consumption of $\geq$ 7 daily vegetable-fruit servings. During follow-up, an independent team evaluated the diets of participants by telephone interview using the Nutrition Data Systems for Research (NDS-R, current version 2010, University of Minnesota Nutrition Coordinating Center, University of Minnesota, Minneapolis, MN). Fasting blood samples were collected at baseline, 12 months, and 24 months and analyzed for plasma carotenoids-biomarkers of vegetable intake and putative anti-carcinogens-using high-performance liquid chromatography. Changes in mean daily intakes of total vegetables, crucifers, tomato products, and fat and in plasma carotenoid concentrations were assessed using two-sample t-tests.

RESULTS: Baseline characteristics were balanced across the two study arms. Mean (SD) age was 63.5 (6.4) years and PSA 4.9 (2.1) ng/mL. Fifty (11%) participants were African-American. There were no significant differences between groups for age, race/ethnicity, region, time elapsed since prostate cancer diagnosis, PSA, clinical stage, or tumor grade. Compared to control, the intervention significantly increased from baseline-and sustained through 24-month follow-up-vegetable (+71% vs. +11% servings/day, $p < 0.0001$), crucifer (+222% vs. +8% servings/day, $p < 0.0001$), carotenoid (+114% vs. +4% mcg/day, $p < 0.0001$), and lycopene (+130% vs. -10% mcg/day, $p < 0.0001$) consumption and blood carotenoid levels (+24% vs. +10% µmol/L, $p = 0.01$).

CONCLUSIONS: The MEAL Study is the first randomized clinical trial of a behavior modification intervention in prostate cancer survivors. These data demonstrate that scalable, robust, lifestyle-focused behavior change is feasible in a urological cancer population.

Source of Funding: UG1CA189823, U10CA037447, U10CA011789, U10CA041287, U10CA059518, U10CA077651, U10CA077658, U10CA138561, U10CA180791, U10CA180850, U10CA180866, U10CA180888, National Cancer Institute 1R01 CA132951-01A1, Department of Defense PC073412, The Prostate Cancer Foundation, and Mr. William Hamilton.

MP44-20

CORRELATES OF REFUSAL OF RADICAL CYSTECTOMY IN PATIENTS WITH MUSCLE-INVASIVE BLADDER CANCER

Arpan Satsangi, Hanzhang Wang, Eric Gourley, Karen Wheeler, Robert Svatek, Deepak Pruthi, Dharam Kaushik, Michael Liss, Ahmed Mansour, San Antonio, TX*

INTRODUCTION AND OBJECTIVES: Bladder cancer is a leading cause of cancer death in the United States. Radical cystectomy (RC) is associated with significant morbidity and quality of life impairment, hence, decision making process requires robust patient counseling. Refusal of RC in index patients who are recommended the procedure remains understudied.

We aimed to investigate the National Cancer Database (NCDB) to delineate factors associated with refusal of RC, subsequent treatment decisions and the effect of these decisions on overall survival (OS).

METHODS: We queried the NCDB for patients with localized, non-metastatic muscle-invasive bladder cancer (MIBC), cT2-T4M0. Patients who were recommended RC by treating physician but refused surgery and refusal was noted in records were further identified. Patients were excluded from the analysis if surgery was not part of the planned treatment course, surgery was not recommended or if survival data was unknown.