

The Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP):

A mixed-methods evaluation of its role in enhancing the clinical care of men with early-stage prostate cancer.

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Background

- Patient self-reported health and well-being status through the use of validated **patient-reported outcome measures (PROMs)** is increasingly recognized by as a key component of person-centred care processes
- Cancer Care Ontario requires the use of the **Edmonton Symptom Assessment System – Revised (ESAS-r)** across its cancer programs
- **ESAS-r** evaluates nine symptoms common to many cancer patients as a “generic” measure
- **ESAS-r** does not capture common symptoms of men with early-stage prostate cancer
- **The Expanded Prostate Cancer Index Composite for Clinical Practice (EPIC-CP)** is a disease-specific PROM that may be useful for use in clinical practice

Objective

- To test the **feasibility** of implementing the EPIC-CP PROM in routine ambulatory care and evaluate its **acceptability** and role in customizing care from the perspective of patients and clinicians.

Methods

- **Prostate cancer patients** were recruited to complete EPIC from four cancer centres between November 2014 and June 2015. Eligible patients were those attending radiation or surgical consultation, follow-up or on-treatment review.
- EPIC-CP tool was given to patients and results were reviewed with a nurse and/or physician.
- Evaluation involved a **9-item Patient Experience Survey** and **semi-structured, qualitative interviews** for providers.
- Results from patient and provider perspectives were analyzed and compared to identify **common themes**.

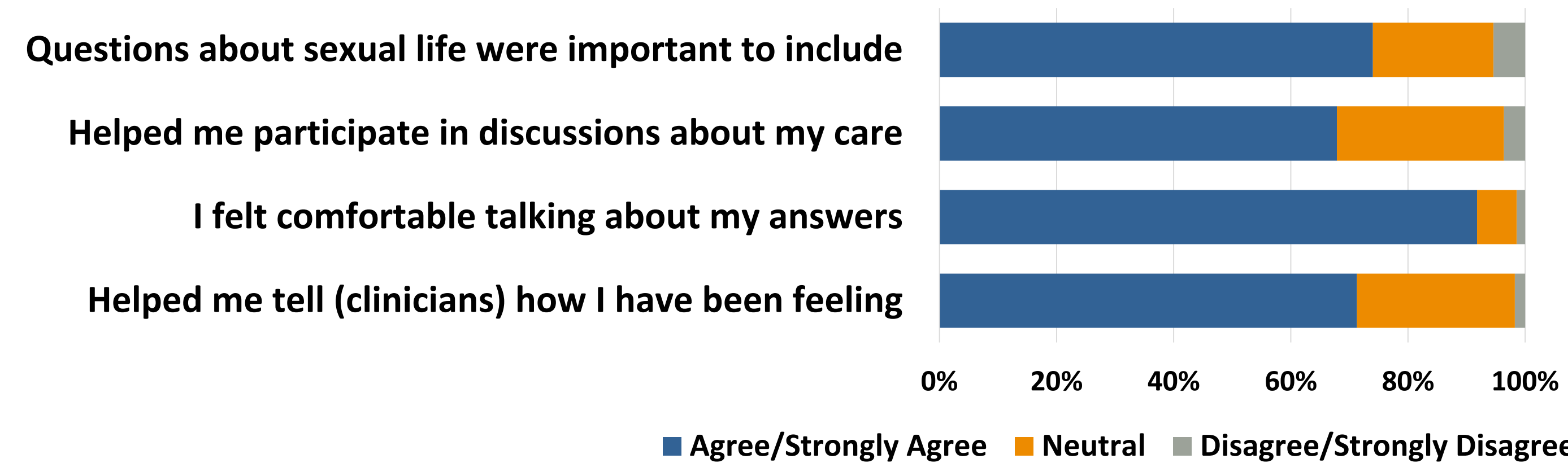
Participants/Feasibility

- 287 men completed exit surveys from four regional clinics
- 38% were aged 60-69; 43% were over 70
- 52% completed post-secondary school education
- 31 clinicians were interviewed (range 6-11 per centre)
- 25% recruited from surgical clinics, 75% from radiotherapy
- Item completion rate was very high:
 - 90-92% for items relating to sexual function
 - 98% or higher for all other items

Resulting Themes

1. EPIC-CP fostered **person-centred communication** and discussion of sensitive topics

Proportion of Patient Exit Survey Responses

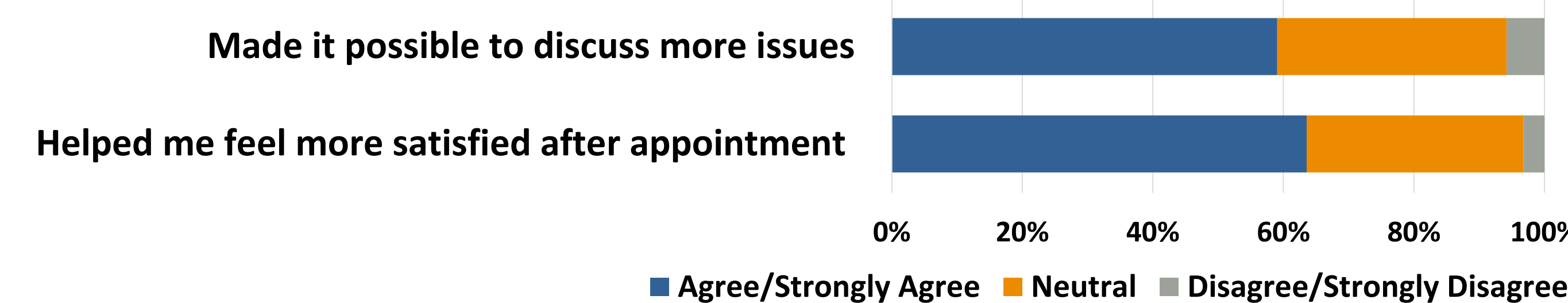


Illustrative Clinician Quotations

“[Epic CP] was a really good tool to sit down and actually focus the discussion on the things that were pertinent to their particular situation.”

“The topic that comes to mind is sexual dysfunction or erectile dysfunction. A lot of times, there might be some uneasiness about that discussion; you’re not sure when to bring it up or how to bring it up. When a patient sees this on the questionnaire they’re kind of reassured that this is a normal part of the evaluation. A patient who declines to answer ... raises the issue that maybe this is something they’re not as comfortable discussing, so we could probably take a bit more time broaching the subject”.

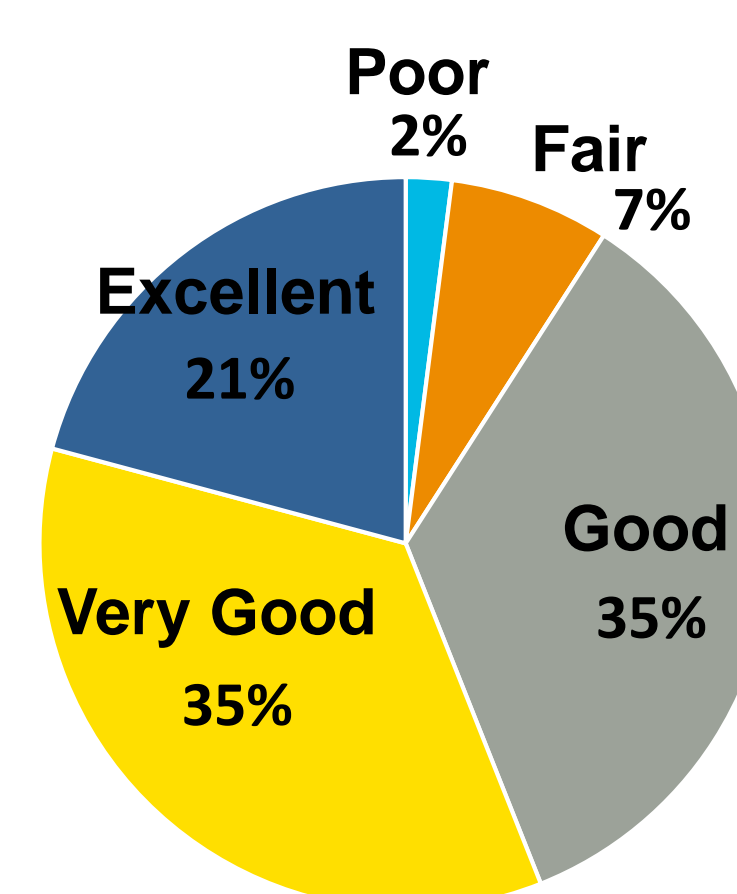
2. EPIC-CP assisted in **standardizing the assessment** and facilitated **customization of the treatment plan** by targeting problems identified in the measure



“I guess prior to EPIC, the questions I tended to ask patients are quite random ... Now that there is EPIC we actually have something to go by and know that there are issues that we need to cover with them”

“It is helpful to remind us that patients that do have concerns or problems based on their scores... We have got the printout to see they do need something addressed”

Overall experience completing EPIC-CP questionnaire



3. EPIC-CP helped to **inform the understanding of patient experience of prostate cancer treatment effects for routine care**

“Well...I think it provides a measureable comparison from week to week, which is valuable. And it’s how they feel their symptoms are, even though we may not agree that a two is a two, it’s still how they perceive it to be in their mind.”

“It’s specific to prostate cancer patients...with EPIC and other patient reported quality of life, I find they’re (patients) much more in tune with what the patient is experiencing so they’re are much more likely that they are going to want to fill it out rather than a generalized question about fatigue and things like that.”

4. A comparison of responses to **EPIC-CP and ESAS-r** in prostate cancer patient clinical practice

		EPIC Depression Scores					EPIC Vitality Scores		
		0 - 1	2 +	Total			0 - 1	2 +	Total
ESAS Depression scores	0 - 3	87% (718)	7% (59)	94% (777)	ESAS fatigue/tiredness scores	0 - 3	76% (623)	8% (68)	84% (691)
	4 +	0% (3)	6% (47)	6% (50)		4 +	4% (30)	12% (101)	16% (131)
	Total	87% (721)	13% (106)	100% (827)		Total	79% (653)	21% (169)	100% (827)

- Tables show a cross-tabulation for encounters where men completed both instruments
- Blue shaded cells indicate the frequency of encounters where ESAS-r would detect distress that would be not seen on EPIC

Conclusions

Use of EPIC-CP is feasible and well received. EPIC-CP use in clinic was:

- Superior to ESAS-R in capturing prostate-specific symptoms and treatment impact for men with early-stage prostate cancer
- Comparable to ESAS-R in detecting a patient’s emotional distress
- **Highly endorsed** by both health practitioners and prostate cancer patients.

Recommendations

1. **Implement EPIC-CP across Ontario**
 - In surgical and radiation consultation and follow-up clinics, and radiation review clinics
2. **Limited role for ESAS-r**, which should not be used routinely for early-stage patients (still useful in advanced stage)
3. **EPIC-CP** should be presented at the following **time-points**:
 - At first consultation (i.e. clinic baseline) for all men with early stage prostate cancer
 - At last review for radiation patients
 - At first follow-up for surgery patients
 - At every visit thereafter for both radiation and surgery patients (unless completed within the last four months)
4. **Review and adapt** (if necessary) clinic flow processes to integrate EPIC-CP into practice and facilitate its uptake for routine use.
5. **Develop training and resources** for patients and clinicians that facilitate the interpretation of PROMs and improve comfort with completing PROMs using technology.

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