

The evolution of the education module for men with metastatic prostate cancer (mPC) in the Prostate Cancer Supportive Care (PCSC) Program before and after COVID-19 pandemic

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Background

The PCSC Program at the Vancouver Prostate Centre was founded in 2013 to provide a comprehensive program that includes group education sessions regarding decision-making for primary therapy, sexual health, pelvic floor physiotherapy, hormone therapy, counseling, exercise, and nutrition.

In 2016, medical oncologists from BC Cancer joined the PCSC Program. They developed 2 education sessions addressing treatment options for metastatic hormone-sensitive (mHSPC) and metastatic castration-resistant (mCRPC) disease. Initially, MDs delivered in-person sessions in Victoria. In 2019 it was also offered virtually. From 3-5/2020, the education sessions were on hold due to the COVID pandemic as well as parental leaves. In 6/2020, the group sessions resumed and were delivered by the PCSC Oncology Nurse Practitioner (NP).

In response to a changing standard of care for mHSPC as well as patient feedback, the 2 educational sessions were consolidated in 10/2020.

We report on the evolution of the educational sessions for metastatic prostate cancer in response to patient feedback, changes in standard of care, and the COVID-19 pandemic.

Methods

We prospectively collected attendance, patient characteristic metrics, and anonymous patient satisfaction questionnaires (CSQ8) for men with mPC.

Results

Attendees at education sessions Jan 2018-Nov 2021

- 91 men
- 49 partners
- 3 family members

Demographics

- 64/91 (70.3%) white
- 44/91 (48%) retired
- 68/91 (74.7%) married

Table 1: Attendance by site and mode of delivery

PCSC sites	In person only (pre-COVID)	In person and virtual (pre-COVID)	Virtual only (post-COVID)
	1/2018-7/2019	8/2019-3/2020	6/2020-11/2021
Victoria	12	22	20
Vancouver	N/A	6	17
Kelowna	N/A	9	1
Prince George	N/A	0	7
Surrey	N/A	0	1
Total	12	37	46

*4 patients attended educational sessions twice

Table 2: Content of ES provided

Content	N=31 sessions
mHSPC only	12
mCRPC only	7
mPC (combined)	12

MDs presented 18 sessions while NP presented 13.

79 anonymous attendee satisfaction surveys were collected

- Satisfaction results were similar for MD vs NP practitioner presenters
- 17/18 responders agreed (8) or strongly agreed (9) that it was beneficial to attend and watch the education session virtually on home computer.

Summary & Conclusions

- We modified the education modules for metastatic disease based on changes in standard of care and patient feedback.
- Consolidation of mHSPC and mCRPC content resulted in a decreased number of sessions per month.
- Live virtual delivery of the sessions provided greater access to those living in distant areas of the province and those in isolation due to COVID-19.
- There was no difference in patient satisfaction based on who presented the material, MD or NP.
- Decreasing the number of sessions per month and delivery to a group of attendees by an NP educator was very efficient.
- The consolidated mPC education session content and the virtual-only delivery were well-received by patients.

Disclosure

The authors have no conflicts

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