



Effective Health Care

Patient Navigators for Men with Prostate Cancer

Results of Topic Selection Process & Next Steps

The nominator is interested in a new evidence review on patient navigators for men with prostate cancer to inform efforts to promote the use of patient navigators in Maine-area hospitals.

Because limited original research addresses the nomination, a new review is not feasible at this time. No further activity on this nomination will be undertaken by the Effective Health Care (EHC) Program.

Topic Brief

Topic Name: Patient Navigators for Men with Prostate Cancer

Nomination Date: 8/21/2018

Topic Brief Date: 9/26/2018

Authors

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Conflict of Interest: None of the investigators have any affiliations or financial involvement that conflicts with the material presented in this report.

Summary

- We found limited studies relevant to the nomination. A new systematic review is not feasible.

Background

- In 2015 there were about 3.1 million men living with prostate cancer in the US.¹
- Depending on the stage of cancer, different types of treatment are available. Options can include active surveillance, surgery, radiation therapy, or other treatments.
- Choosing treatments depends on the type and stage of cancer, risks and benefits of treatments, and patient preference.
- Patient navigation is one approach to overcoming healthcare system barriers and facilitating timely access to quality care. Patient navigation was initially introduced in the US to address inequitable access to cancer care.²
- While there is diversity in its definition, generally a patient navigator is a trained person or team who assists patients, families and caregivers navigate the healthcare system barriers efficiently and effectively at any point along the care continuum, to facilitate access to quality care and reduce barriers to timely access.²
- A recent review found that a patient navigation program can provide support to patients when they are having disruptions related to cancer diagnosis and treatment; can decrease the emotional isolation of cancer patients; and can provide logistic and practical help so that patients can process information.³

- The nominator is concerned about the recognition of the benefits of patient navigator programs, and concerns about cost by health systems. These concerns are reflected in a recent scoping review about factors that influencing successful implementation and maintenance of patient navigators. These factors include:⁴
 - Patient characteristics
 - Recruitment and training of patient navigators
 - Role clarity
 - Adequate human, financial, and tangible resources
 - Lack of available community services
 - Communication between providers
 - Uptake and buy-in by end users
 - Valuing of navigators
 - Evaluation of navigation programs

Nominator and Stakeholder Engagement: We reached out to the nominator and affirmed the KQ and PICOTS; clarified their rationale for an AHRQ product; and confirmed that an evidence review was desired.

The key questions for this nomination are:

KQ 1: What is the effectiveness and harms of patient navigators on outcomes of men with prostate cancer?

KQ 2: Does the effectiveness of patient navigators vary by intervention or patient characteristics?

To define the inclusion criteria for the key questions we specify the population, interventions, comparators, outcomes, timing, and setting (PICOTS) of interest (Table 1).

Table 1. Key Questions and PICOTS

	KQ 1 and 2
Population	Men with prostate cancer <ul style="list-style-type: none"> • KQ 2: Health literacy level, time of diagnosis, stage of cancer, geography, SES, race/ethnicity
Intervention	Patient navigator <ul style="list-style-type: none"> • KQ 2: intervention characteristics such as background and training of patient navigator; types of services offered by patient navigator
Comparator	Usual care
Outcomes	<ul style="list-style-type: none"> • Patient knowledge • Mortality • Healthcare utilization such as hospitalization, ED visits • Harms of prostate cancer treatment • Harms of patient navigation • Cost of patient navigation
Timing	All
Setting	Outpatient

Abbreviations: SES=socio-economic status

Methods

We assessed nomination Patient Navigators for Men with Prostate Cancer for priority for a systematic review or other AHRQ EHC report with a hierarchical process using established selection criteria (Appendix A). Assessment of each criteria determined the need for evaluation of the next one.

1. Determine the *appropriateness* of the nominated topic for inclusion in the EHC program.
2. Establish the overall *importance* of a potential topic as representing a health or healthcare issue in the United States.
3. Determine the *desirability of new evidence review* by examining whether a new systematic review or other AHRQ product would be duplicative.
4. Assess the *potential impact* a new systematic review or other AHRQ product.
5. Assess whether the *current state of the evidence* allows for a systematic review or other AHRQ product (feasibility).
6. Determine the *potential value* of a new systematic review or other AHRQ product.

Appropriateness and Importance

We assessed the nomination for appropriateness and importance.

Desirability of New Review/Duplication

We searched for high-quality, completed or in-process evidence reviews published in the last three years on the key questions of the nomination. See Appendix B for sources searched.

Impact of a New Evidence Review

The impact of a new evidence review was qualitatively assessed by analyzing the current standard of care, the existence of potential knowledge gaps, and practice variation. We considered whether it was possible for this review to influence the current state of practice through various dissemination pathways (practice recommendation, clinical guidelines, etc.).

Feasibility of New Evidence Review

We conducted a literature search in PubMed and PsycInfo from 9/10/2013 to 9/10/2018. We reviewed all identified titles and abstracts for inclusion and classified them by study design, to assess the size and scope of a potential evidence review.

See Appendix C for the search strategies and links to the ClinicalTrials.gov search.

Compilation of Findings

We constructed a table with the selection criteria and our assessments (Appendix A).

Results

Appropriateness and Importance

This is an appropriate and important topic.

Desirability of New Review/Duplication

A new evidence review would not be duplicative of an existing product. We did not identify systematic reviews of patient navigation focused specifically on men with prostate cancer. See Table 2, Duplication column.

Impact of a New Evidence Review

A new systematic review may have moderate impact. There is uncertainty about the most important components of patient navigation and who would most benefit from these services.

Feasibility of a New Evidence Review

A new evidence review examining is not feasible. We identified five studies of patient navigation in men with prostate cancer. We identified additional studies that studied populations with other cancers; while not directly relevant to the nomination these may be useful to the nominator (Appendix A). See Table 2, Feasibility column.

Table 2. Key questions and Results for Duplication and Feasibility

Key Question	Duplication (9/2015-9/2018)	Feasibility (9/2013-9/2018)
KQ: effectiveness and harms of patient navigation	Total number of identified systematic reviews: 0	<u>Size/scope of review</u> Relevant Studies Identified: 3 <ul style="list-style-type: none"> ○ RCT: 1⁵ ○ Obs: 1⁶ ○ Quasi-exp: 1⁷ Clinicaltrials.gov: 0
KQ: intervention and patient characteristics	Total number of identified systematic reviews: 0	<u>Size/scope of review</u> Relevant Studies Identified: 1 <ul style="list-style-type: none"> ○ Obs-1⁶ Clinicaltrials.gov:0

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question;

Summary of Findings

- Appropriateness and importance: The topic is both appropriate and important.
- Duplication: A new review would not be duplicative of an existing product. We identified no relevant systematic reviews.
- Impact: A new systematic review has moderate impact potential.
- Feasibility: A new review is not feasible. The evidence base is likely small.

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Appendix A. Selection Criteria Summary

Selection Criteria	Assessment
1. Appropriateness	
1a. Does the nomination represent a health care drug, intervention, device, technology, or health care system/setting available (or soon to be available) in the U.S.?	Yes
1b. Is the nomination a request for a systematic review?	Yes
1c. Is the focus on effectiveness or comparative effectiveness?	Yes
1d. Is the nomination focus supported by a logic model or biologic plausibility? Is it consistent or coherent with what is known about the topic?	Yes
2. Importance	
2a. Represents a significant disease burden; large proportion of the population	In 2015 there were about 3.1 men living with prostate cancer in the US.
2b. Is of high public interest; affects health care decision making, outcomes, or costs for a large proportion of the US population or for a vulnerable population	There are various treatment options available for prostate cancer, and patients require assistance in making treatment decisions. Patient navigators may be one avenue for this type of assistance. Health systems are considering whether to invest and maintain patient navigator programs.
2c. Represents important uncertainty for decision makers	Yes. Health systems are considering whether to invest and maintain patient navigator programs.
2d. Incorporates issues around both clinical benefits and potential clinical harms	Yes, related to treatment choices.
2e. Represents high costs due to common use, high unit costs, or high associated costs to consumers, to patients, to health care systems, or to payers	Yes. Health systems are concerned about the cost of patient navigator programs.
3. Desirability of a New Evidence Review/Duplication	

Selection Criteria	Assessment
<p>3. Would not be redundant (i.e., the proposed topic is not already covered by available or soon-to-be available high-quality systematic review by AHRQ or others)</p>	<p>We did not find systematic reviews of patient navigation focused specifically on men with prostate cancer.</p> <p>We did however find several reviews on patient navigation that included people with different types of cancers, which may be informative for the nominator.</p> <ul style="list-style-type: none"> • Tho et al. The effectiveness of patient navigation programs for adult cancer patients undergoing treatment: a systematic review. JBI. 2016.⁸ • Ranaghan et al. Effectiveness of a patient navigator on patient satisfaction in adult patients in an ambulatory care setting. JBI Database of Systematic Reviews and Implementation Reports: August 2016⁹ • Ali-Faisal et al. The effectiveness of patient navigators to improve healthcare utilization outcomes: a Meta-Analysis.¹⁰ • In-process AHRQ rapid evidence product on patient navigation for lung cancer (https://effectivehealthcare.ahrq.gov/system/files/docs/topic-brief-patient-navigator.pdf).
<p>4. Impact of a New Evidence Review</p>	
<p>4a. Is the standard of care unclear (guidelines not available or guidelines inconsistent, indicating an information gap that may be addressed by a new evidence review)?</p>	<p>It is unclear what components of patient navigation are most important and who should be targeted.¹¹ Definitions of the patient navigator role, qualifications, and responsibilities vary considerably.²</p>
<p>4b. Is there practice variation (guideline inconsistent with current practice, indicating a potential implementation gap and not best addressed by a new evidence review)?</p>	<p>Yes likely there is variation because of the above.</p>
<p>5. Primary Research</p>	
<p>5. Effectively utilizes existing research and knowledge by considering:</p> <ul style="list-style-type: none"> - Adequacy (type and volume) of research for conducting a systematic review - Newly available evidence (particularly for updates or new technologies) 	<p>Studies focused on prostate cancer. We identified 3 studies focused on men with prostate cancer.⁵⁻⁷</p> <ul style="list-style-type: none"> • One study focused on decisional conflict⁵ • 2 studies assessed time to care^{6, 7} • One study assessed subgroups such as low-risk, distance to care, and treatment type.⁶ <p>Studies across multiple cancers are included because they may be useful to the nominator. We identified six studies focused on populations with various cancers, most commonly breast, lung, colon, and prostate cancer.¹²⁻¹⁷ Outcomes studied were:</p> <ul style="list-style-type: none"> • Cost¹³ • Diagnostic resolution after screening¹³⁻¹⁷ • Time to care^{15, 17} <p>We also identified ongoing studies in ClinicalTrials.gov. Almost all included populations with various cancers, and none focused exclusively on men with prostate cancer.</p> <ul style="list-style-type: none"> • Redes III Patient Navigator QoI Study NCT02275754. • Cancer Prevention and Treatment Demonstration for Ethnic and Racial Minorities. NCT00453661. • Cancer Prevention and Treatment Among African American Older Adults: Treatment Trial (CPTD) NCT00509444

Abbreviations: AHRQ=Agency for Healthcare Research and Quality; KQ=Key Question

Appendix B. Search for Evidence Reviews (Duplication)

Listed are the sources searched.

Search date: September 2015 to September 2018
AHRQ: Evidence reports and technology assessments, USPSTF recommendations
VA Products: PBM, and HSR&D (ESP) publications, and VA/DoD EBCPG Program
Cochrane Systematic Reviews and Protocols http://www.cochranelibrary.com/
PubMed
Joanna Briggs Institute
PROSPERO Database (international prospective register of systematic reviews and protocols) http://www.crd.york.ac.uk/prospéro/
Secondary Sources checked on an as needed basis
Campbell Collaboration http://www.campbellcollaboration.org/
Systematic Reviews (Journal) : protocols and reviews http://systematicreviewsjournal.biomedcentral.com/

Pubmed search strategy ("patient navigation"[MeSH Terms] OR ("patient"[All Fields] AND "navigation"[All Fields]) OR "patient navigation"[All Fields]) AND (("2015/08/29"[PDAT] : "2018/08/29"[PDAT]) AND "humans"[MeSH Terms])

Appendix C. Search Strategy & Results (Feasibility)

Ovid MEDLINE(R) and Epub Ahead of Print, In-Process & Other Non-Indexed Citations and Daily 1946 to September 10, 2018

Date Searched: September 11, 2018

Searched by: Robin Paynter, MLIS

#	Searches	Results
1	Patient Navigation/	489
2	((community-based or lay or layperson or nurse* or patient* or peer* or "social work*" or volunteer*) adj5 (advocate* or navigat*)).tw,kf.	7623
3	or/1-2	7798
4	(Prostate/ and (Adenocarcinoma/ or exp Neoplasms/)) or Prostatic Neoplasms/ or Prostatic Neoplasms, Castration-Resistant/	117114
5	(prostat* adj10 (adenocarcinoma* or cancer* or carcinoma* or malignan* or metast* or neoplasm* or tumor* or tumour*)).ti,ab,kf.	138862
6	or/4-5	157604
7	and/3,6	111
8	limit 7 to english language	106
9	limit 8 to (meta analysis or systematic reviews)	9
10	limit 8 to (adaptive clinical trial or clinical trial, all or clinical trial or controlled clinical trial or pragmatic clinical trial or randomized controlled trial)	11
11	8 not (9 or 10)	86

EBSCOHost CINAHL Plus with Full Text

Date Searched: September 12, 2018

#	Search Options	Actions	
S7	S3 AND S6	Limiters - Exclude MEDLINE records Search modes - Boolean/Phrase	7
S6	S4 OR S5		30,087

#	Search Options	Actions	
S5	TI ((prostat* N10 (adenocarcinoma* or cancer* or carcinoma* or malignan* or metast* or neoplasm* or tumor* or tumour*))) OR AB ((prostat* N10 (adenocarcinoma* or cancer* or carcinoma* or malignan* or metast* or neoplasm* or tumor* or tumour*)))		23,077
S4	((MH "Prostate") AND ((MH "Adenocarcinoma") OR (MH "Neoplasms+")) OR (MH "Prostatic Neoplasms+") OR (MH "Prostatic Neoplasms, Castration-Resistant"))		23,917
S3	S1 OR S2		4,194
S2	TI (((community-based or lay or layperson or nurse* or patient* or peer* or "social work*" or volunteer*) N (advocate* or navigat*))) OR AB (((community-based or lay or layperson or nurse* or patient* or peer* or "social work*" or volunteer*) N5 (advocate* or navigat*)))		3,911
S1	(MH "Patient Navigation")		513

ClinicalTrials.gov

Date Searched: September 12, 2018

CONDITION OR DISEASE: prostate AND (adenocarcinoma OR cancer OR carcinoma OR neoplasm OR neoplasms OR tumor OR tumors OR tumour OR tumours)
OTHER TERMS: navigation OR navigator OR navigators OR coordinator
= 48 results