Mobile Advice & Testing Service (MATS)

Introduction of a novel, nurse-led prostate cancer education and testing service.

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INTRODUCTION & OBJECTIVES

In Australia, as in other countries, there is confusion in the community about the need for prostate cancer (PCa) testing. Divided opinions amongst health professionals about the benefits or harm of PCa treatment add to this confusion. As a consequence, many men in the recommended age group for testing do not have access to information about their personal risk of developing PCa, in order to make a choice of whether or not to undergo testing. We established a workplace Mobile Advice & Testing Service (MATS) to give men easy access to this information. We piloted the service and evaluated the effectiveness, feasibility and acceptance of the program.

RESULTS

101 men attended sessions at 3 worksites, 67 in the target age population (40–70 years). Of these, 56% had not previously been tested, or offered testing, for PCa. Of those who had previously been tested 86% had a Prostate Specific Antigen (PSA) test, and 53% a digital rectal examination (DRE). 44% of those who attended do not regularly attend a GP. 26 men (25.4%) reported their GP had recommended they should be tested for PCa, only one GP had discouraged testing, but 46% reported their GP had not discussed the risks and benefits of PCa testing, and neither encouraged nor discouraged testing.

Comparison of pre- and post-PCKQs demonstrated improved PCa knowledge amongst participants following the group education and individual consultation sessions.

<table>
<thead>
<tr>
<th>PROSTATE CANCER KNOWLEDGE</th>
<th>No Knowledge</th>
<th>Little Knowledge</th>
<th>Moderate Knowledge</th>
<th>High Knowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRE</td>
<td>11%</td>
<td>32%</td>
<td>31%</td>
<td>4%</td>
</tr>
<tr>
<td>POST</td>
<td>3%</td>
<td>31%</td>
<td>56%</td>
<td>10%</td>
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7 (6.9%) of those who attended the nurse consultations were found to have an abnormal PSA and/or DRE and were recommended for urologist review and further investigation. The remainder were notified of their results and advised regarding frequency of future testing. 100% of participants reported they were “Highly satisfied” or “Satisfied” with the MATS program. Comments included: “Very friendly staff”, “Very informative”, “Great communication & knowledge”, “Very professional, great to come to workplace”, “Quick & convenient”.

CONCLUSIONS

This pilot study has demonstrated that the nurse-led MATS program provides an alternative, convenient forum for men to access information about PCa, and to undergo testing if they wish to be tested. We determined that this information is not being reliably accessed by Australian men as they either do not regularly attend their GP, or if they do, more than half of GPs do not provide men with information about their risks of developing PCa and the associated risks and benefits of testing and treatment. The MATS program was well received by those who attended.

We believe the MATS program provides a model of care that could be adopted in settings both within Australia and internationally.