DGIM Project Summary

Name of Project: PreView: A Randomized Controlled Trial

Investigator(s). (Include phone numbers and email address, indicate PI and primary contact)
Judith Walsh, MD, MPH (PI and primary contact)
Barbara Gerbert, PhD
Rene Salazar, MD
Ralph Gonzales, MD, MSPH
Michael Potter, MD
Lawrence W. Green, DrPH
Ginny Gildengorin, PhD

Research question(s):
Are patients who use the PreView program before seeing their physician more likely than patients who receive usual care to demonstrate increased rates of cancer screening for breast, cervical and colon cancer? Are they more likely to engage in shared decision-making with primary care physicians about prostate cancer screening?

Brief Background/Significance:
Routine cancer screening for several cancers is recommended for men and women aged 50 to 70, but screening rates are often low (e.g., colorectal cancer (CRC) screening), patients are sometimes screened inappropriately (e.g., Pap tests), and opportunities for patient-provider discussions of screening controversies (e.g., PSA tests) are often missed. Supporting and simplifying the efforts of primary care physicians to provide cancer screening are critical. Most cancer screening interventions focus on only one type of screening. In addition, interventions are rarely tailored to different ethnic groups.

Physicians are busy and have established modes of practice. To support providers, PRE-View’s “Provider Alert” is produced after the patient’s interactive Video Doctor encounter. It indicates the patient’s interest in cancer screening, readiness to change and his/her perceived barriers to each screening test, and offers suggestions for tailored messages about such screening. The goal is not to “direct” or standardize physician behavior, but to provide an opportunity for a discussion that focuses on what is important to the patient. To simplify the provider’s role, PRE-View assesses participants’ needs and delivers a brief tailored Video Doctor intervention designed to increase participants’ readiness to change, enable them to overcome perceived barriers to screening and facilitate discussions with their physicians.

Inclusion/exclusion criteria (list)
Men and women ages 50 to 70 with no previous history of cancer.

Method of contact/recruitment (be specific)
Telephone
Benefits/burden for participants (clearly identify potential for harm)
The potential benefit for participants is that they may learn information about cancer screening that they did not know. The potential burden is that some of the questions that are asked may make them uncomfortable.

Any benefits or burden to DGIM practitioners?
No

Timeline for recruitment (projected start and stop dates)
We would like to start recruiting in DGIM in December 2012 and be done by January 2013.

Funding source
NIH/NCI R01CA158027

Potential for DGIM collaborators? (We encourage DGIM resident and fellow involvement in particular)
We are not asking for DGIM physicians to participate in this part of the study.

Do you agree to notify us when recruitment is completed?
Yes

Date form completed:
11/15/2012