

# De-Implementation of Low Value Castration for Men with Prostate Cancer



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## De-Implementation

**Stopping low value medical practices. It has the potential to:**

- 1) Improve patient health
- 2) Decrease healthcare costs for patients

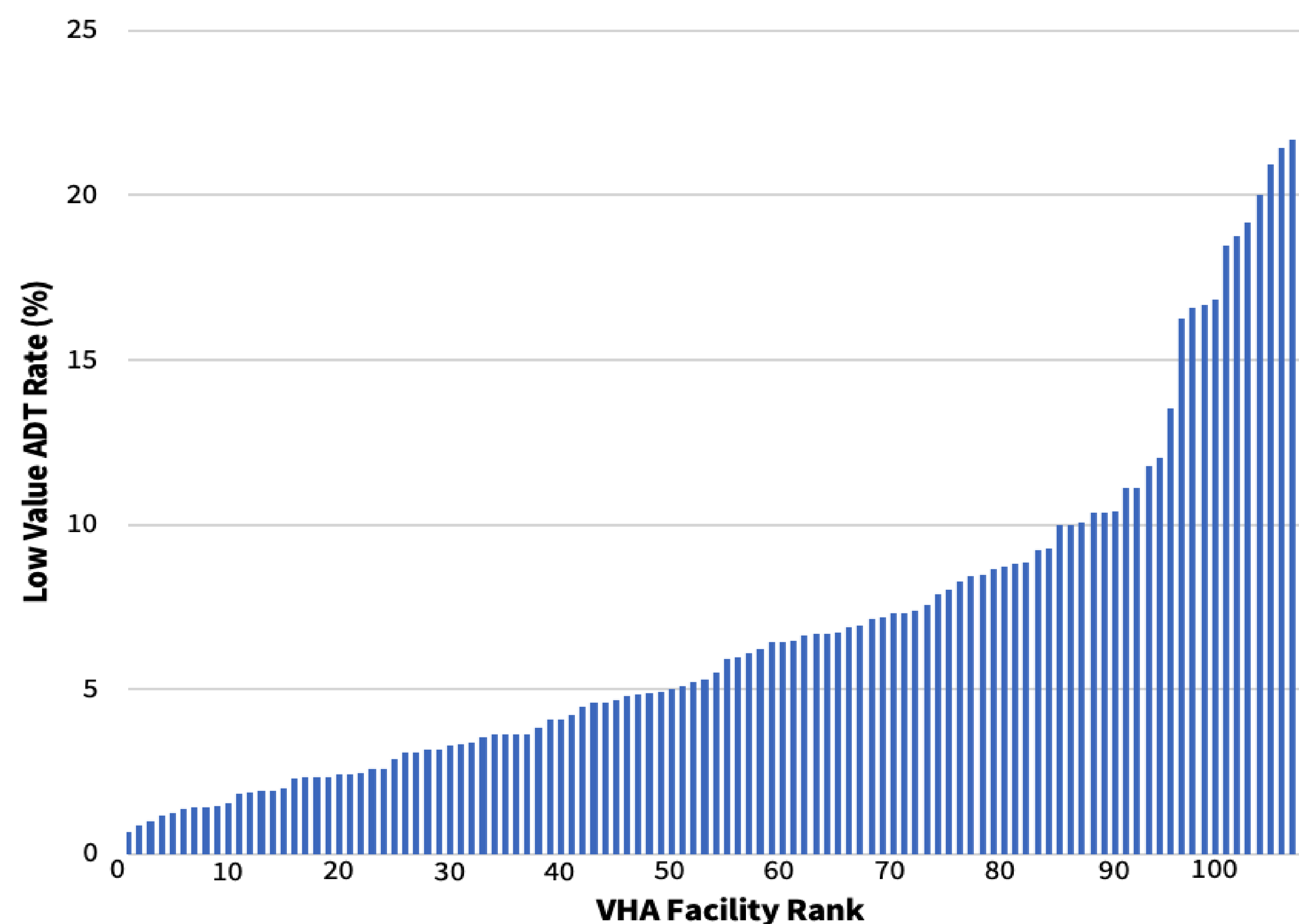
## Background

- One in three men with prostate cancer will eventually receive castration with long-acting injectable drugs (i.e., androgen deprivation therapy or ADT)
- ADT is still prescribed in low value cases where it has little to no health benefits for patients
- Prescribing low value ADT can expose patients to side effects and impair quality of life
- The best ways to stop overprescribing are unknown

## Objective

To identify, tailor and pilot two different de-implementation strategies for reducing ADT use among those unlikely to benefit.

### Low Value ADT Varies Widely Across VHA Facilities



## Methods

**Aim 1:** Conduct patient and provider interviews to assess preferences and barriers to chemical castration for prostate cancer



**Aim 2:** Prioritize provider barriers and facilitators identified in Aim 1 through the use of discrete choice surveys



Urologist Discrete Choice Experiment

**Aim 3:** Pilot two tailored de-implementation strategies to reduce castration as localized prostate cancer treatment

### De-implementation interventions



Patient/Provider Level Organizational Level

## Progress (Year 1)

### Publications

Skolarus et al. *Implementation Science* (2018) 13:144  
<https://doi.org/10.1186/s13012-018-0833-7> Implementation Science

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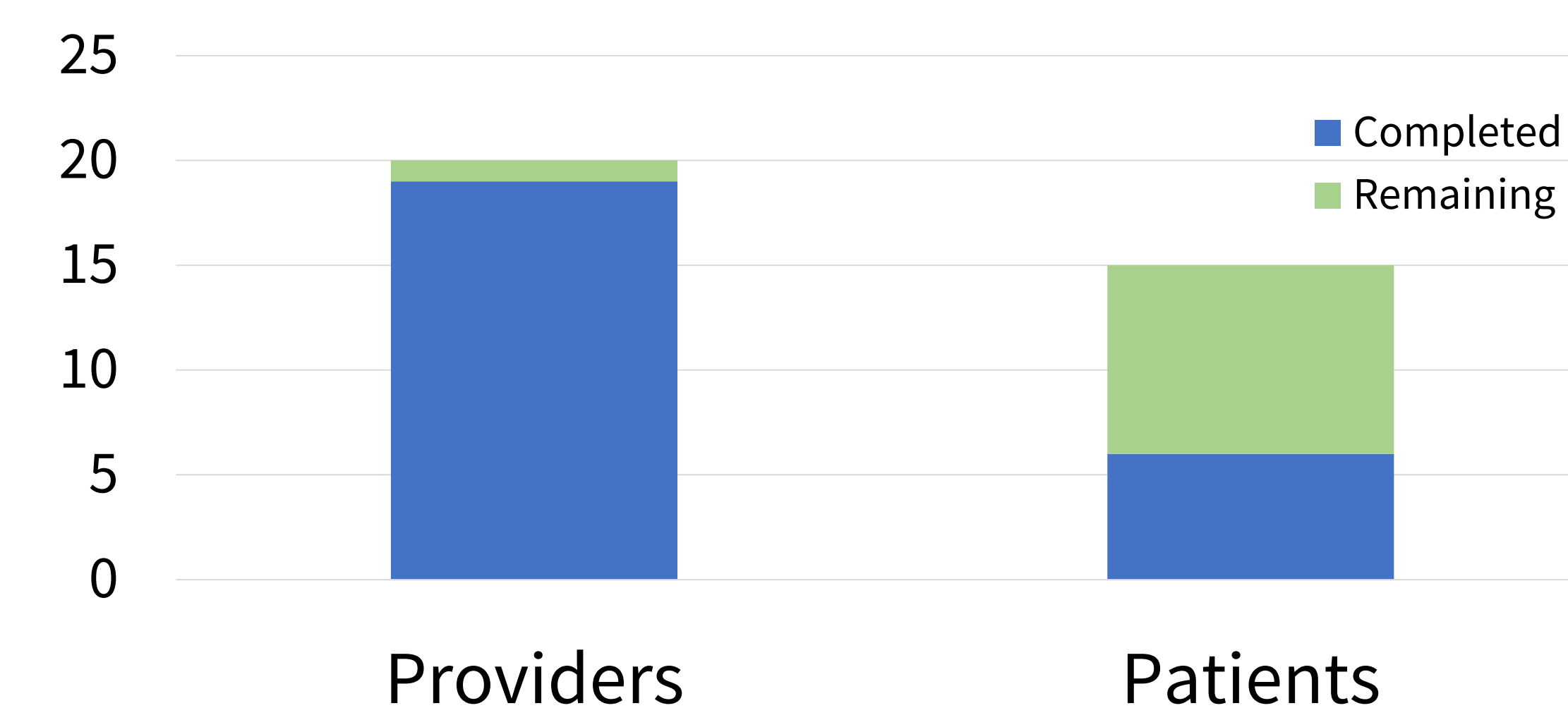
De-implementation of low value castration for men with prostate cancer: protocol for a theory-based, mixed methods approach to minimizing low value androgen deprivation therapy (DeADT)

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### What providers are saying

“... it might be nice to have some sort of quick reference about when I should be giving hormones. What are the indications for androgen deprivation therapy? ... like a very easy summary with eight bullet points about here are the things that could go wrong with hormones. Here are the things you need to be most concerned about in a very bite-sized way. That could be useful.” – VHA Urologist

### Patient and Provider Interviews



### Next Steps (Year 2 & 3)

- Publish patient/provider interview results
- Create and administer discrete choice experiments amongst urologists
- Generate de-implementation strategies