Cost-effectiveness of Initial Treatment Strategies for Localized Prostate Cancer: A Systematic Review

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ABSTRACT IMPACT: We compare the cost-effectiveness of treatments for early prostate cancer, and propose how to maximize the value of care within an increasingly cost-constrained healthcare climate. OBJECTIVES/GOALS: Each year 192,000 men in the United States are diagnosed with prostate cancer. With various treatment options available, there is a growing role for cost-effectiveness analyses which may help maximize the value of care to the patient. In this review we compare the cost-effectiveness of primary treatments for clinically localized prostate cancer. METHODS/STUDY POPULATION: In this systematic review we aim to compare the cost-effectiveness or cost-utility of primary treatment strategies for clinically localized prostate cancer. This review, which adheres to 2009 PRISMA guidelines, included studies of men with clinically localized prostate cancer comparing at least two treatment strategies using the incremental cost-effectiveness ratio (ICER). We included analyses only of the United States healthcare system with at least 10 years of follow-up. These studies were published from 2006 to 2019 and generally included men with low or low to intermediate risk prostate cancer. Most studies reported outcomes for men age 65-70. All studies were prospective simulated trials and used a Markov model to simulate patient outcomes. RESULTS/ANTICIPATED RESULTS: Ten articles were included in the analysis. All studies used a Markov model to simulate a randomized trial. Six studies primarily compared radiation modalities, and four compared observation with immediate treatment. There was substantial heterogeneity in treatment protocols and the patients being simulated. Sensitivity analyses showed these models to be influenced by utility values and length of follow-up. A meta-analysis was not possible as no studies reported the variance of the primary outcome. Heterogeneity in study design limited comparisons of treatments across studies. However, these models were sensitive to patient-specific clinical factors, including life expectancy and the utility during and after each treatment. DISCUSSION/SIGNIFICANCE OF FINDINGS: These studies indicate collectively that the cost-effectiveness of prostate cancer treatment for similarly staged men may be heavily impacted by comorbidities and personal preferences. As the US moves towards value-based care, patient preferences may continue to drive the preferred treatment for newly diagnosed prostate cancer.

Patient Reports of New Diagnosis Compared to Electronic Medical Record Documentation following Emergency Department Visit

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ABSTRACT IMPACT: We conducted a study to understand how a patient's report of a new diagnosis compares with what was documented in the electronic medical record, since it is critical to the diagnostic process that the patient both understands and agrees with a new diagnosis. OBJECTIVES/GOALS: We sought feedback on patient's understanding of their diagnosis and health status follow Emergency Department discharge. We compared patient report of a new diagnosis to documentation in the electronic medical record. METHODS/STUDY POPULATION: To compare patient reported diagnoses to documented diagnoses, we employed a longitudinal cohort study design at 3 of emergency departments in an academic health system in the Mid-Atlantic. Patients consented to complete questionnaires regarding their understanding of their diagnosis and/or follow-up steps and their health status at 2 weeks, 1 month, and 3 months following emergency department discharge. Inclusion criteria: adult ED patients aged 18 and older seen within the last 7 days with one or more of the following common chief complaints: chest pain, upper back pain, abdominal pain, shortness of breath/cough, dizziness, and headache. We compared patient report of a new diagnosis following discharge to documentation in the electronic medical record. RESULTS/ANTICIPATED RESULTS: Of the sample recruited (n=137), the majority were women (66%, n=91), the average age was 42 (SD 16). A third (n=45) were black and 56% (n=76) were white. The majority of participants (84%, n=115) reported that they either understood the diagnosis they received on ED discharge, or were not given a diagnosis but they understood follow-up steps. At two weeks following discharge, 25% of participants (n=36) had a new diagnosis identified after discharge and 33% (n=45) reported that their health status stayed the same or worsened. There was 85% agreement (kappa 0.49) between patient report of a new diagnosis and a new diagnosis identified in the electronic medical record. Only one of the participants who reported a new diagnosis also reported seeking healthcare outside of the health system. DISCUSSION/SIGNIFICANCE OF FINDINGS: Patient report of a new diagnosis following emergency department discharge had moderate agreement with new diagnoses identified in the electronic medical record, and differences in agreement were not explained by outside healthcare visits.

Intimate Partner Violence and HIV Testing among Women in Rural Southwestern Uganda

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ABSTRACT IMPACT: This research shows that physical intimate partner violence was associated with never testing for HIV while verbal intimate partner violence was associated with increased testing for HIV suggesting that HIV testing interventions should consider intimate partner violence prevention. OBJECTIVES/GOALS: HIV incidence is higher among women who experience intimate partner violence (IPV). However, few studies have assessed the association between HIV testing (regardless of the result) and the experience of IPV. Our objective was to assess the relationship between IPV and HIV testing among women from rural southwestern Uganda. METHODS/STUDY POPULATION: We conducted a whole-population, cross-sectional study including women ?18 years of age who