Primary theme: Shared decision-making and patient/family engagement
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Differences in Provider communication behaviors when interacting with Caucasian and African Americans during treatment decision-making consultation for prostate cancer

Authors: Latorya Hill¹, Christina Tyler², Song Lixin¹, Eleanor Rodriguez-Rassi

¹School of Nursing, University of North Carolina (UNC), Chapel Hill, USA
²Office of Human Research Ethics (OHRE), University of North Carolina (UNC), Chapel Hill, USA

Introduction/Objectives: African American (AA) men are more likely to be diagnosed with prostate cancer than any other race; and are twice as likely to die of prostate cancer as Caucasian men. African Americans are less likely to receive optimal treatment and to complete treatment. This may be partially attributed to less satisfactory patient-provider communication during treatment consultations for African American than Caucasian cancer patients. This study is a conversational analysis that aimed to explore the differences in provider communication behaviors among African Americans and Caucasian patients during treatment decision-making consultations for localized prostate cancer.

Methods: Fifty-three de-identified interview transcripts were analyzed from a randomized clinical trial testing the effectiveness of an intervention designed to improve informed treatment decision-making for patients with localized prostate cancer. To reduce impacts of the intervention on patient-physician communication behaviors, only patients from the usual care, control group were included in the analyses (African-American: n=16; Caucasian: n = 37). Verbatim transcribed audio-recordings of treatment decision-making consultations were coded using Atlas.Ti. Based on decision-making and conversation analysis theories, along with NCCN guidelines, researchers developed a coding tool that categorized communication behavior (e.g., information seeking, clarifying and verifying, and information giving), communication content domains (e.g., cancer diagnosis, treatment options, treatment impact, and treatment values and preferences), and the communicator/role (e.g., physician or patient). Fisher’s exact tests were used to compare the differences in percentages of provider communication behaviors when interacting with African Americans and with Caucasians. False discovery rate was used to adjust for multiple testing.

Results: The agreement between the two coders, evaluated in a random sample of 25% of the consultation transcripts, was above 80% for patient and physician communication behaviors across consultation domains, respectively, supporting high inter-rate relatability. When assessing treatment options, higher percentage of physicians engaged in information clarifying related to surgery when talking to Caucasian patients than when talking to African-American (p = 0.02). Although Physicians engaged in more information clarifying/verifying behaviors when talking to Caucasian patients than when talking to African-American patients across treatment consultation...
content domains including cancer risk level, cancer diagnosis, treatment options (watchful waiting, radiation and surgery), treatment side effects (bowel, urinary and sexual), and values/preferences (MD Recommendation and patient life arrangement), no further statistical significant differences were found at p = 0.05 level between provider communications with African-Americans and with Caucasians.

**Conclusions:** In this study analyzing real time conversations during treatment consultations, we found that more physicians engaged in information seeking/clarifying when talking with Caucasians about surgery than when talking to African American patients. Future research is needed to link this real time conversation analysis results with treatment patients received and further explore whether patient-provider communication indeed contributed to patient treatment decision-making. Future studies should incorporate a larger sample size with more African American patients to assess whether patient-provider communication behaviors vary by race and other socio-demographic factors.