



2024 Prostate Cancer Screening **IMPACT ECHO** ECHO Guide | January 2024





2024 Prostate Cancer Screening IMPACT ECHO

This document is an overview and “how to” guide for individuals engaged in the **Prostate Cancer Screening IMPACT ECHO** program. The primary users of this guide include the Participant Sites (participating FQHCs and Safety-net Primary Care Centers), ACS regional team members supporting these health systems, and ECHO subject matter experts.

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PROJECT OVERVIEW

Problem/Background

Prostate cancer is the 2nd leading cause of cancer death in U.S. men with an estimated 35,250 deaths from prostate cancer expected in 2024. Since 2011, the diagnosis of advanced-stage prostate cancer has increased 4%-5% annually.¹ Shared decision-making and appropriate PSA testing is underutilized even with high-risk patients. Too many patients lack the access and opportunity for diagnosis at an early stage when prostate cancer has a 99% relative survival rate. Alternatively, diagnosis of prostate cancer at a late stage has a 32% relative survival rate.³ We must address these shifts to improve prostate cancer outcomes for all men, especially for Black/African American men who carry a disproportionate burden of occurrences and deaths in the U.S.

Utilizing [Project ECHO](#) (Extension for Community Healthcare Outcomes) proven model, ACS is excited to launch our Prostate Cancer Screening IMPACT ECHO bringing together clinical teams from over 10 Federally Qualified Health Centers and other safety-net primary care clinics serving a large population of Black/African American patients with national Subject Matter Experts. This ECHO is part of our [IMPACT Initiative – Improving Mortality from Prostate Cancer Together](#) to improve outcomes for all and reverse disparities for Black/African American men.

Goals

Together with our Participant Sites and Subject Matter Experts using the ECHO's all-teach, all-learn approach, we aim to:

- Increase appropriate prostate cancer screening.
- Increase utilization of prostate cancer shared decision-making tools by primary care teams.
- Increase relationships and streamline referral pathways with urologists/other specialty providers within the medical neighborhood.
- Increase data capacity to:
 - risk-stratify patients,
 - track shared decision-making processes,
 - track PSA results,
 - identify trends, and
 - collect and utilize data for pre-biopsy risk calculator and/or referral to specialty care.

Expectations of Primary Care Participant Sites

ECHO participants report improved professional satisfaction, reduced isolation, rapid learning and best-practice dissemination, reduced variations in care, and better health outcomes for their patients. To ensure our participants receive full benefits of the ECHO Model, we ask that each participant site:

- Build a small multidisciplinary ECHO team including a combination of clinic/system team members.
- Join each monthly 60-minute ECHO session with 3 or more team members and participate in discussion with video on.
- Submit and deliver at least one (1) case presentation over the course of the ECHO series.



An estimated **299,010** new cases of prostate cancer will be diagnosed, and about **35,250** people will die from prostate cancer in 2024.¹



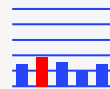
2nd leading cause of cancer death in U.S. men, **+3%** per year, 2014-2019, after two decades of decline.¹



Diagnosis of advanced-stage prostate cancer has increased **4%-5%** annually.¹



2.1x higher likelihood of death in Black men versus White men.²



Only **35%** of men 50 years and older received a PSA test in the past year and only **31%** of Black men and **28%** of Hispanic men in 2021.³

¹ American Cancer Society. [Cancer Facts & Figures 2024](#). Atlanta: American Cancer Society; 2023 ² [Cancer Facts & Figures for African American/Black People 2022-2024](#). Atlanta: American Cancer Society, Inc. 2022. ³ [Cancer Prevention & Early Detection Facts & Figures 2023-2024](#). Atlanta: American Cancer Society; 2023-2024.

- Integrate tools, strategies and processes learned into your clinical practice.
- Utilize grant funds (within established parameters) to support systems change within your setting to meet our shared goals.
- Submit data collection forms, surveys, and assessments on or before due dates.

Data & Evaluation

Data collected throughout the Prostate Cancer Screening IMPACT ECHO program will inform those apart of the project on both system and programmatic level practices by evaluating information gathered from each participant with the goal to improve futures initiatives in prostate cancer screening. Data will be collected at various points during the ECHO through surveys and polls including the Capacity, Systems & Strategies Inventory (C-SASI), pre- and post-program, as well as inter-session. Dissemination of results to promote this important topic, and other efforts, will be shared widely.

Data Collection Tool	Completed By
ECHO Session Polls and Surveys	Each participant site team member
Pre-ECHO Assessment	Each participant site team member
Capacity, Systems and Strategies Inventory (C-SASI) - Baseline	Each system
Mid Program Progress & Grant Spend Update	Each system
Post- ECHO Assessment	Each participant site team member
Final C-SASI and Grant Spend Report	Each system
6 Month Post-ECHO Series Assessment	Each participant site team member

Consent and Confidentiality

Project ECHO will use the information provided through the data collection tools to improve future sessions and series and learn about the series' impact on prostate cancer screening work.

Your responses will be analyzed anonymously and used confidentially. Your personal information will be protected so no one will be able to connect your responses with any other information that identifies you. By completing the polls, surveys, and assessments you are indicating that you have read this information and voluntarily agree to take part in this data collection to gather your feedback for the ECHO.

Prostate Cancer Screening Capacity Building Grant

Participant sites receive a \$20,000 Prostate Cancer Screening Capacity Building Grant to support meeting the goals of this ECHO. Each selected Participant Site has an executed Grant Agreement and should refer to their individual scope of work and budget.

Permitted Expenses: 100% of the grant funds shall be used to support:

- active participation in all ECHO sessions
- integration of tools, strategies, and learnings from this ECHO into clinical practice
- data collection, utilization, and reporting

Restricted (not permitted) Expenses:

- Conducting research (beyond those activities required to capture the project impact measures)
- Reimbursement for expenses incurred prior to the grant term
- Influencing the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body

- Cancer treatment
- General equipment including, but not limited to, phones and printers

Payments: First payment of \$10,000 will be issued within 60 days following execution of the Grant Agreement by 12/15/2023. Second payment of \$10,000 to be issued within 120 days following approved submission of the Mid-Program Progress Assessment and Grant Spend Update due on or before 7/31/2024.

	Permitted	Not Permitted
Personnel <i>Maximum: 75% (\$15,000)</i>	<ul style="list-style-type: none"> • Salaries and benefits for ECHO team members • IT personnel working on EHR or data related to project • Clinical or non-clinical staff working on integration of tools, strategies, and learnings into clinical practice 	
HIT/EHR <i>Maximum: 75% (\$15,000)</i>	<ul style="list-style-type: none"> • Upgrading existing software or new platforms for improved data management and tracking/monitoring/analysis of shared decision-making, risk stratification and screening related tracking • Consulting fees for EHR / Population Management modifications 	<ul style="list-style-type: none"> • Creation of or updates to patient-facing websites
Meetings, Travel, & Trainings <i>Maximum: 15% (\$3,000)</i>	<ul style="list-style-type: none"> • Food and beverages for hosted meetings • Meeting materials • Conference and training attendance fees • Gas/mileage reimbursement and/or flights and hotels for meetings, conference and/or training 	
Printing, Supplies, & Postage <i>Maximum: 15% (\$3,000)</i>	<ul style="list-style-type: none"> • ACS-branded materials available • Printing of EXISTING materials (e.g. decision aids) (funds cannot be put towards design of NEW materials) • Translate/trans-create EXISTING materials into languages needed to reach populations of focus • Postage for patient communication (e.g. reminder postcards) 	<ul style="list-style-type: none"> • Designing NEW materials
Screening Expenses <i>Maximum: 20% (\$4,000)</i>	<ul style="list-style-type: none"> • Subsidized coverage for PSA screening and diagnostic services where need exists 	<ul style="list-style-type: none"> • Cancer treatment • No screening equipment (e.g. imaging machines, mobile screening van)
Overhead/Indirect <i>Maximum: 10% (\$2,000)</i>	<ul style="list-style-type: none"> • Administrative expenses/Facilities • Telephone line/internet expenses for project purposes 	

ECHO OVERVIEW

Project ECHO is a telementoring program for health professionals that uses adult learning techniques and interactive video technology to connect distal community providers with specialist and multi-disciplinary teams in real-time collaborative session. Founded in 2003 by Dr. Sanjeev Arora at the University of New Mexico, Project ECHO uses the ECHO model to address the needs of the most vulnerable populations by equipping communities with the right knowledge, at the right place, at the right time.

Inspired by the way clinicians learn from medical rounds during residencies, the [ECHO Model®](#) has evolved into a learning framework that applies across disciplines for sustainable and profound change.

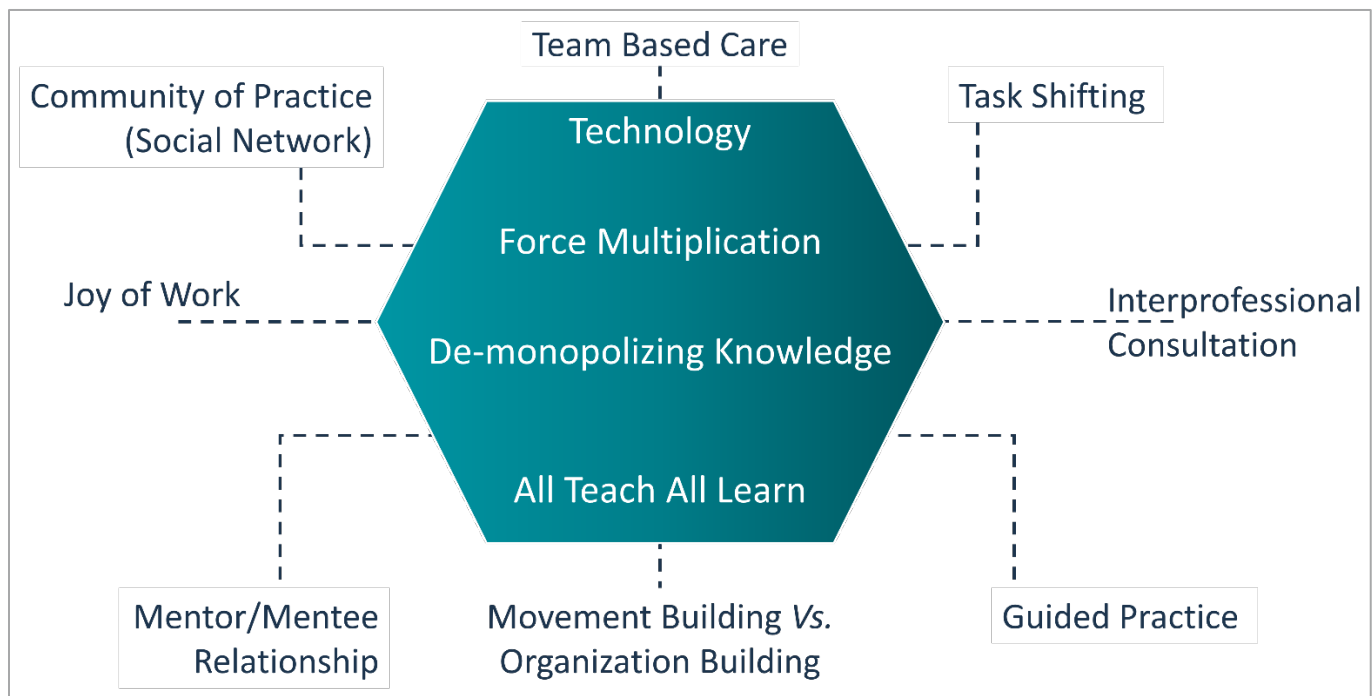
About Project ECHO

- Moving Knowledge, Not People.
- Empowering people to make a difference in their communities with the right knowledge, at the right place, at the right time.
- Builds communities of practice through virtual mentoring & learning.
- One-to-many intervention proven effective to reduce disparities, strengthen health systems, & drive collaborative solutions for local priorities.
- Effective/Efficient vehicle for dissemination of evidence-based strategies to improve cancer outcomes.
- Participants attend virtual case-based sessions with subject-matter experts.
- The participants and subject-matter experts all learn from each other: knowledge is generated, refined and tested by local experience. This “all teach, all learn” method democratizes expertise and makes it relevant to local cultural contexts.



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What makes ECHO work?



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ECHO Hub Team

The Hub Team consists of a ACS ECHO Office Team Members, ACS ECHO Topic Lead, Facilitator and Subject Matter Experts. Each role is critical to the success of every monthly ECHO session and collectively, ensure the Participant Sites (participating primary care teams) have the best opportunity to learn and grow in their expertise.

Molly Black

Facilitator & ACS ECHO Lead

Director, Screening

American Cancer Society



Molly Black joined the American Cancer Society in 2008. Her work has focused on the development of health system quality improvement strategies to reduce health disparities via evidence-based interventions to increase cancer screening and HPV vaccination rates. In 2018, Molly developed a quality improvement learning collaborative framework (piloted in North Carolina to increase Colorectal Cancer Screening with Federally Qualified Health Centers), it is a model that has now been replicated across the country consistently increasing colorectal, breast, cervical, and lung cancer screening and HPV vaccination rates despite the decreases due to disruptions caused by COVID. Currently, Molly serves as the ACS's national Director of Cancer

Screening, providing subject matter expertise through thought leadership and analysis of current trends in cancer screening disparities, clinical uptake, and emerging screening innovations. In this role she works to activate science cancer screening evidence into practice with a focus on communities with access barriers to opportunities for early detection.

Andrew M.D. Wolf, MD, MACP

Subject Matter Expert

Professor, Internal Medicine

University of Virginia, School of Medicine



Dr. Wolf is Professor of Medicine at the University of Virginia School of Medicine. He graduated from Harvard College in 1979 and the University of Virginia School of Medicine in 1984. He completed his internal medicine residency at Brown University. Dr. Wolf started his career as Assistant Professor of Medicine at Boston University and as a general internist at the Carney Hospital, an inner-city community hospital in Boston. He joined the faculty of the University of Virginia School of Medicine in Charlottesville, Virginia in 1993, where he serves as Associate

Program Director for UVA's Internal Medicine Residency Program. Starting with an American Cancer Society Cancer Control Career Development Award, Dr. Wolf has almost three decades of experience in the area of cancer early detection and cancer control and has research expertise in shared doctor-patient decision making for cancer screening. He was lead author on the American Cancer Society (ACS) 2010 Guideline for the Early Detection of Prostate Cancer, the 2018 Colorectal Cancer Screening Guideline, and the 2023 Lung Cancer Screening Guideline, and has co-authored the ACS breast, and cervical cancer screening guidelines, as well as their prostate cancer survivorship guideline. He currently serves as Chair of the ACS Guideline Development Group. For his service to the medical profession and to society, Dr. Wolf was awarded Mastership in the American College of Physicians in 2019. Dr. Wolf has won over 20 teaching awards, and in 2021 received a Virginia Outstanding Faculty Award, the Commonwealth's highest honor for faculty at Virginia's colleges and universities.

Quoc-Dien Trinh, MD, MBA**Subject Matter Expert***Section Chief of Urology**Brigham and Women's Hospital*

Quoc-Dien Trinh, MD, MBA, is the Section Chief of Urology at Brigham and Women's Faulkner Hospital, an Associate Professor of Surgery at Harvard Medical School, and Co-Director of the Dana-Farber/Brigham and Women's Prostate Cancer Center. Dr. Trinh is the 2021 recipient of the Outstanding Citizenship Award of Brigham and Women's Hospital and the 2022 American Urological Association Young Urologist of the Year. He is a Core Faculty and member of the Internal Advisory Board at the Center for Surgery and Public Health, a joint program of Harvard Medical School and the Harvard School of Public Health. Dr. Trinh's research focuses

primarily on inequity and outcomes of cancer care delivery. He co-founded the Mass General Brigham Prostate Cancer Outreach Clinic, a United Against Racism initiative. His publications include over 500 peer-reviewed articles, book chapters, and videos. His research has been funded by the American Cancer Society, the Conquer Cancer Foundation, the Department of Defense, and the Henry M. Jackson Foundation for the Advancement of Military Medicine. Dr. Trinh received his medical degree from the Université de Montréal in Montreal, Canada, where he also completed his residency training in Urology. He completed his fellowship in minimally invasive urologic oncology at the Vattikuti Urology Institute in Detroit, Michigan.

Yaw A. Nyame, MD, MS, MBA**Subject Matter Expert***Assistant Professor, Director of Urology**Fred Hutch at University of Washington*

Yaw Nyame, MD, MS, MBA is a surgeon, researcher, educator, and patient advocate who specializes in urologic oncology and general urology. He is an assistant professor in the Department of Urology at UW School of Medicine. His clinical interests include open and minimally invasive kidney, prostate, bladder and testicular cancer surgeries. Dr. Nyame believes "the best solutions to complex problems leverage the power of a team-based approach. There are few dilemmas that one can phase that are more challenging than a new cancer diagnosis. Facing this challenge means that patients, families, caregivers, other physicians and clinical services, and myself need to work cooperatively, efficiently, and effectively towards patient-focused solutions that strive to meet patient expectations and goals for their cancer care."

caregivers, other physicians and clinical services, and myself need to work cooperatively, efficiently, and effectively towards patient-focused solutions that strive to meet patient expectations and goals for their cancer care."

Dr. Nyame attended medical school at the Feinberg School of Medicine at Northwestern University and business school at the Kellogg School of Management at Northwestern University, graduating in 2012. Prior to medical school, he completed a master's in health services and administration at the school of public health at the George Washington University. Dr. Nyame completed his general surgery internship and urology residency training at the Glickman Urological and Kidney Institute at the Cleveland Clinic. He came to the northwest to complete a Society of Urologic Oncology accredited fellowship at the University of Washington and joined the faculty upon the completion of his training. Dr. Nyame has a research interest in healthcare disparities in urologic cancers, with a focus in both the molecular epigenomic and health services aspects of health inequities in prostate cancer and other urologic malignancies.

William H. Boykin, Jr, MD

Subject Matter Expert

Urology Specialist

UK King's Daughters Medical Center



Dr. William Boykin, Jr. was born in Atlanta, Georgia. He received his MD from Emory University School of Medicine and received his internship and residency at Brooke Army Medical Center. As a former Army Medical Officer and specialized urologist physician with over 40 years of experience, he has seen first-hand the devastating impact of prostate cancer disparities. For the past 15 years he has practiced in the small Appalachian town of Ashland, Kentucky. Dr. Boykin's medical practice has provided a hands-on opportunity to understand the needs and challenges facing the underserved community. His particular clinical interest are in robotic surgery, management of prostate issues, urinary incontinence, urinary obstruction, male reproductive issues, vasectomies, and malignancy of the genitourinary tract.

Dr. Boykin has long and rich service history with the American Cancer Society and our affiliated advocacy organization, the American Cancer Society Cancer Action Network (ACS CAN). Throughout his service, Dr. Boykin has consistently demonstrated a high-level of commitment to the mission and strategic directions of both the American Cancer Society and ACS CAN. Not only is he dedicated to the fight against cancer, but his enthusiasm and passion for reaching the underserved and minority populations in Kentucky and beyond is commendable.

ECHO Office Team

American Cancer Society



Jennifer McBride, PhD

Sr. Data & Evaluation
Manager



Allison Rosen, MS

Director



Mindi Odom

Director



**Beth Graham, MPH,
CHES**









Program Manager

Agenda

The following agenda outlines how a typical monthly ECHO session will flow. Didactic presentations are delivered by Subject Matter Experts (SMEs) and case presentations are presented by primary care participant sites. The facilitator encourages robust conversation throughout each session.

Agenda Item	Allotted Time	Hub Roles & Responsibilities
Housekeeping & Introductions	10 min	ECHO Lead will welcome everyone & cover general housekeeping items. Facilitator will introduce all present subject matter experts (SMEs) & preview the session. All participants will introduce themselves through Zoom chat or “live” if a smaller group.
Didactic	15 min	Subject Matter Expert(s) present on didactic topic
Didactic Q&A	5 min	Facilitator leads Q&A for participants & SMEs (<i>All Teach & All Learn</i>)
Case Presentation(s)	25 min	Participant Sites deliver case presentation(s). Peers & SMEs share experience, guidance, & recommendations. (<i>All Teach & All Learn</i>)
Wrap-Up	5 min	ECHO Lead shares next didactic topic, case presentation, and launches post-session survey

Didactic Topics

 <p>The Science of Prostate Cancer Screening: Risks, Benefits, and Strategies to Reduce Overdiagnosis and Overtreatment</p>	 <p>Increasing relationships and streamlined referral pathways with urologists within the medical neighborhood</p>
 <p>Informed Decision-Making, Effective Conversations and Decision Aids with Focus on Black/ African American Patients</p>	 <p>Utilizing data for pre-biopsy risk calculation and/or referral to urology</p>
 <p>Addressing Implicit Bias within Primary Care to Improve Patient Provider Engagement</p>	 <p>Tailoring screening frequency and using/navigating patients to secondary tests before and after biopsy</p>
 <p>Utilizing data to risk stratify patients, track SDM, and track PSA results and trends</p>	 <p>Managing/co-managing treatment strategies including active surveillance.</p>

Case Presentation

Case presentations are a vital part of every ECHO session. These presentations promote discussion and help with sharing, learning, and applying best practices. All participating primary care participant sites will present one case presentation.

Case presentations will be guided via the online [Case Presentation Form](#) allowing the participant to explain challenges and/or perceived barriers for either a patient specific or systems level/workflow issue. Please submit the Case Presentation Form [HERE](#), completing all required fields which include spaces to enter a brief (one paragraph) presenter bio and to upload a high-resolution headshot photo.

Case presentations are meant to help provide potential solutions to an existing or perceived future challenge/issue. All case presentations however, should protect patient confidentiality by avoiding any protected health information (PHI) in written form and when presenting case presentations during the ECHO sessions.

To schedule your case presentation or with questions about the case presentation form, please contact Beth Graham (beth.graham@cancer.org) Members of the ACS team are happy to meet with you to prepare and ensure your case presentation experience is both easy and valuable.

How to join/register for the ECHO sessions

All ECHO sessions are hosted on Zoom through the [iECHO](#) platform. By registering on iECHO, you gain access to a centralized hub of ECHO programs, giving you access to the Prostate Cancer Screening IMPACT ECHO, as well as public ECHO programs happening all around the world. For information on how to register on the iECHO platform, how to join your ECHO sessions and more, please find all ACS iECHO resources [HERE](#).

NOTE: An automated email reminder with an imbedded Zoom link will appear 30 minutes prior to the start of each session. Use that Zoom link to connect via your computer, mobile device, or phone.

ECHO Session Technology

We will use multiple technology solutions to create meaningful engagement during our ECHO sessions to maximize connection and learning. The primary tools will be iECHO Zoom and Slido.

iECHO Zoom

The ECHO team will be available on iECHO Zoom 10 minutes before each session for additional troubleshooting, if necessary. Additionally, contact Beth Graham (beth.graham@cancer.org) with any Zoom-related questions or concerns.

NOTE: Your individual link to join each session will be sent 30 minutes prior to the meeting from no-reply@iecho.org. There will be no link in the calendar hold.

Getting started

- Download and install Zoom Client for Meetings at the [Zoom Download Center](#). Consider downloading mobile apps, if interested.
- [Join a test meeting](#) to confirm your microphone, speaker, and videos are working correctly and to familiarize yourself with the Zoom application. Review [this resource](#) if you run into any issues.

Tips and tricks

- Zoom allows for multiple layout options. View [this resource](#) to learn about the options, including how to maximize your layout during a screenshare. If you are using dual monitors, take a look at [this](#).
- If you are joining the ECHO by phone, be sure to enter the Participant ID (displayed in Zoom) so your audio and video feeds will be connected within Zoom. [Click here](#) for more information.
- [This video](#) from ManyCam offers 11 tips on looking better on video calls, including tips on background, lighting, internet connection, and camera angle.

Troubleshooting

If your video or camera isn't working, please review these [troubleshooting tips](#). If you are using an Lenovo device, start [here](#). If you are using Windows 10, start [here](#).

These [one-minute videos](#) may be particularly useful in addressing some frequently asked questions:

- [Joining a Meeting](#)
- [Meeting Controls](#)
- [Joining & Configuring Audio & Video](#)
- [Sharing Your Screen](#)

The [Zoom Help Center](#) includes resources to help you get started on a [desktop](#) or [mobile device](#), and to address issues related to [audio](#), [video](#), or [screen sharing](#).

Slido

Our ECHO is using Slido for live polls, surveys and engagement during each session. Attendees are able to join Slido without any logins or downloads. These polls and surveys can be accessed from your computer or mobile device.

Disclosures

This section includes important disclosures surrounding the ECHO.

- The ECHO series takes place on the Zoom platform
- The Zoom privacy policy is available at zoom.us/privacy
- Each ECHO session will be recorded and *may* be posted to a publicly facing website
- If you do not wish to have your image recorded, please turn off the video option
- Do not share personal information of any patient or study participant

Project ECHO Data Usage Statement

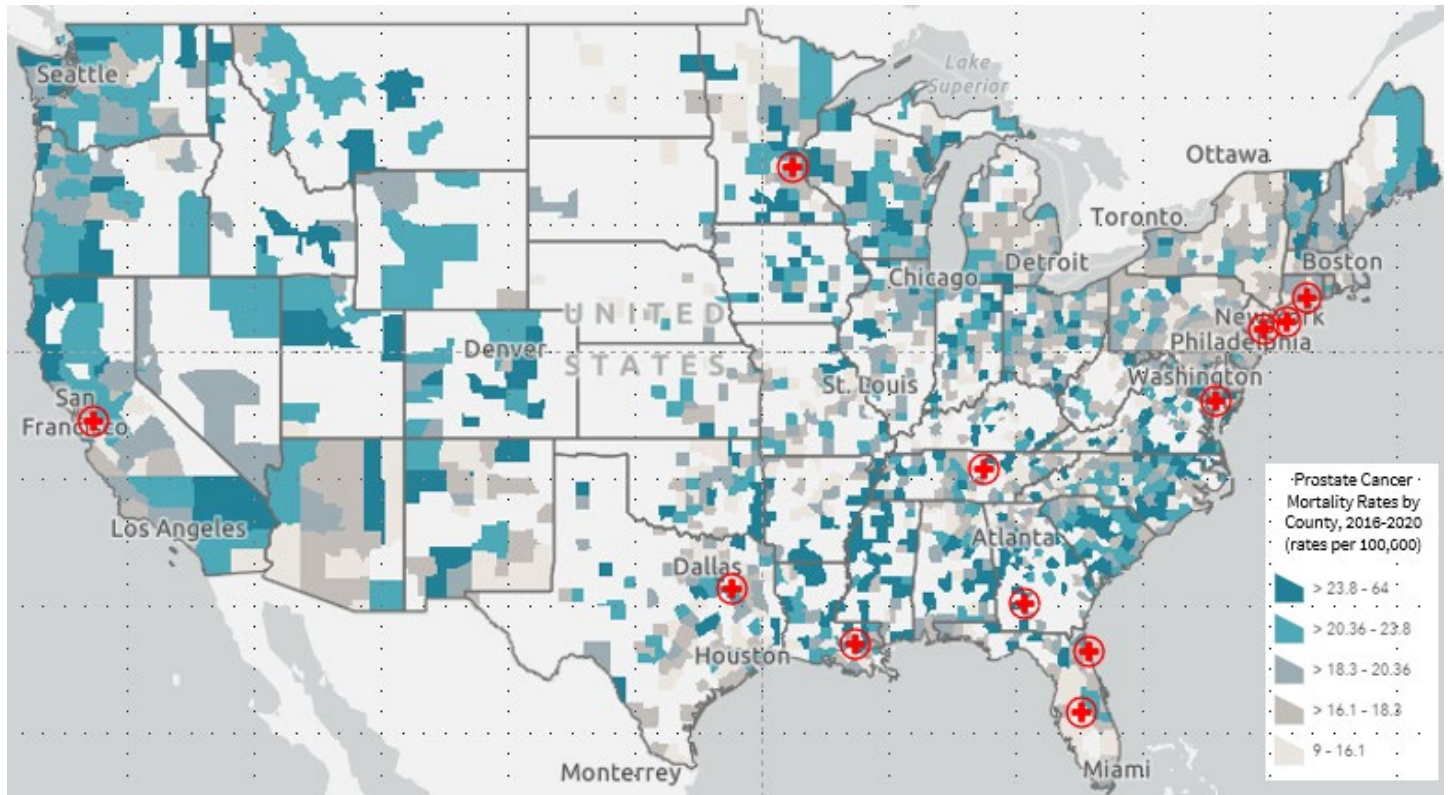
In order to support the growth of the ECHO movement, Project ECHO collects participation data for each ECHO program. This data allows Project ECHO to measure, analyze, and report on the movement's reach. It is used in reports, on maps and visualizations, for research, for communications and surveys, for data quality assurance activities, and for decision-making related to new initiatives.

APPENDIX A: TIMELINE & REPORTING SCHEDULE

Monthly ECHO sessions will be held the 3rd Tuesday of each month (January – September) at 4:30 PM ET / 3:30 PM CT / 2:30 PM MT / 1:30 PM PT.

	Curriculum Topics for Didactic Component	Health System Activity	Data & Reporting
2024	January		
	February		Pre-ECHO Assessment Due: <i>On or before 2/16/2024</i> Baseline C-SASI Due: <i>on or before 2/21/2024</i>
	March	Attend monthly ECHO session.	
	April	Prepare, submit, and deliver one case presentation.	
	May	Integrate tools, strategies, and learnings into clinical practice.	
	June	Increase data capacity, complete, and submit data and reports.	
	July		Mid-Program Progress and Grant Spend Update Due: <i>on or before 7/31/2024</i>
	August		
	September		
	October	Apply strategies and learnings from ECHO sessions into clinical practice	Post-ECHO Assessment Due: <i>on or before 10/1/2024</i>
	November		
	December		
2025	January		Final C-SASI and Grant Spend Report Due: <i>on or before 1/17/2025</i>
	February		
	March		6 Month Post-ECHO Series Assessment Due: <i>March 2025</i>

APPENDIX B: PRIMARY CARE PARTICIPANT SITES



2024 Primary Care Participant Sites

Health System	Type	City	State
Agape Family Health	FQHC	Jacksonville	FL
Albany Area Primary Health Care, Inc.	FQHC	Albany	GA
BMS Family Health and Wellness Centers	FQHC	Brooklyn	NY
CareSouth Medical & Dental	FQHC	Baton Rouge	LA
Central Florida Health Care, Inc.	FQHC	Winter Haven	FL
Cornell Scott-Hill Health Corporation	FQHC	New Haven	CT
Family Circle of Care	FQHC	Tyler	TX
Greater Baden Medical Services, Inc.	FQHC	Brandywine	MD
Nashville Healthcare Center	Safety-net Primary Care (Hospital System)	Nashville	TN
North Hudson Community Action Corporation	FQHC	Jersey City	NJ
Roots Community Health Center	Safety-net Primary Care (Community Clinics)	Oakland	CA
Southside Community Health Services	FQHC	Minneapolis	MN

APPENDIX C: RESOURCE LINKS

Prostate Cancer Screening IMPACT ECHO Specific Resources

- [Prostate Cancer Screening IMPACT ECHO ACS Website](#)
- [Series Registration Form](#)
- [Case Presentation Sign-Up](#)
- [Case Presentation Form](#)

Prostate Cancer Screening Resources

For Clinicians

- [American Cancer Society Guideline for the Early Detection of Prostate Cancer: Update 2010](#)
- [ACS Prostate Cancer Screening Shared Decision-Making for Clinicians Video \(7:16\)](#)
- Cancer.org | <https://www.cancer.org/health-care-professionals/american-cancer-society-prevention-early-detection-guidelines/prostate-cancer-screening-guidelines.html>

Project ECHO Resources

- [ACS Project ECHO Website](#)
- [University of New Mexico Project ECHO Website](#)
- [About the ECHO Model](#)
- [iECHO](#)
- [Project ECHO: Changing the World Fast Video \(1:12\)](#)
- [Project ECHO: Origin Story Video \(2:00\)](#)