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13. ABSTRACT (Maximum 200 Words)

Work in Year 2 surveying nonstainers to determine major factors related to their not returning for screening. In addition, information sessions on prostate cancer were conducted at area African American churches. The purpose of these analysis were done to estimate the proportion of regular use of free screening services for prostate cancer and to identify factors associated with utilization that can help characterize likely non-participants for improved participation. The overall number of African American men who presented for free screening increased by 13 participants from 246 in 2002 to 259 in 2003. Analysis at this point in the study suggests that despite the similar findings among African American and White men for sustained participation, men with less formal education (did not graduate from high school) are less likely to sustain screening. When sustainer and nonsustainers data are compared, what seemed more significant is the relationship of race to frequency of screening as one aged. We found that while sustained screening increased with increasing age among White men, in African American men the reverse was true. African American men tended to present for screening more often in the younger ages (40's and 50's). As they aged, their participation decreased.

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Introduction

This is the second year progress report DAMD17-02-1-0235.

The report starts with an overview of the study. Next, a report of the training and research accomplishments are described that are associated with tasks in Year 2 (as outlined in the approved Statement of Work).

This study is being conducted to determine factors associated with sustaining regular participation in free prostate cancer screening clinics among African American men. From those factors, a risk profile will be developed to determine which men are less likely to return to annual prostate cancer screening clinics. The study objectives are to (1) to identify facilitators and barriers to regular adherence to prostate cancer screening among African American men in Durham, N.C. (2) to determine barriers and facilitators that sustain screening, and (3) define strategies that will encourage consistency in participation of lower-income African American men in prostate cancer screening clinics. In Year 1, a longitudinal database of the total population of men ever screened was updated. From the total, a subset of participants who did not return for subsequent screening was determined (non-sustainers). Next, focus groups were conducted among community leaders (African American physicians and African American church pastors) to uncover attitudes about prostate cancer screening. The study objective in three years will be to define a set of intervention strategies to encourage regular screening.

Hypothesis/Rationale/Purpose: The hypothesis for this study is that profiles can be determined that will predict which men are likely to be consistent in annual prostate cancer screening, and men who are at risk not to engage in follow-up when their screening results are abnormal. Those profiles can lead to appropriate culturally sensitive strategies to encourage lower-income African American men to participate in free screening clinics. Men included in this study volunteered for free screening during years 1998 –2003. Year 1 participants also included focus groups of community leaders. Study participants are accrued from men who volunteer for free prostate cancer screening in years covered by this grant (2002-2005). A focus of the study is to increase study participation of low-income minority men. This group of participants is being targeted through recruitment of subjects from health centers that tend to serve more low-income patients. The study analysis should provide needed data to make recommendations for strategies that might encourage consistent use of free screening by lower-income African American men.

This three-year study uses quantitative and qualitative methods. The focus is on understanding how to sustain prostate cancer screening participation from one year to the next, especially for African American men who may be economically disadvantaged. Participants in the study come from a screening database of men who volunteered for screening at least one year covered by the study. From the database, sustainers and non-sustainers have been identified for years 1998-2003 (Non-sustainers are men who presented for free prostate cancer screening one time, but who did not return in subsequent years).

In Year 2, a major portion of the work comprised a return of the mailed questionnaires to nonsustainers who did not return for free screening in a subsequent, data entry, and analysis of those data. In addition, information sessions on prostate cancer were scheduled and conducted at area African American churches.

Body

Year 2 Statement of Work

Task 3 - Months 4-7

From among pastors who participated in the focus group, information sessions were offered to their male parishioners:

Twenty-four pastors who participated in a focus group in Year 1 were contacted on a continual basis during Year 2. An offer was made by the principal investigator to present a program for men in the various churches. The desired task was to meet with men in five African American churches to offer information sessions about prostate cancer screening and early detection. Five sessions were scheduled, but three were cancelled and the pastors have not provided a rescheduled date, stating busy church calendars when contacted by the PI as the reason that a meeting cannot be scheduled. Two church sessions were conducted. One session was conducted on June 18, 2003 with 20 male participants. A session was held at another church on March 1, 2004 with 15 male participants. In both sessions, information about the disease was presented, along with screening and detection guidelines. Participants asked very appropriate questions during the session to reach personal clarity about the disease. Participants were informed and invited to the next free prostate cancer screening clinics.

Unexpected Difficulties Encountered:

Follow through on the scheduled church information sessions has been very difficult. Church pastors are cordial when contacted, but seem to have a difficult time maintaining the scheduled sessions. The PI has employed a different strategy, which is to find leaders in the various churches who will work with the pastors to get a information session scheduled. Several church leaders have expressed interest. Continual effort is being made to schedule as many sessions in Year 3 as possible.

Task 4 – Participants who did not return for screening will be selected for the mailed questionnaire

Months 4-7

In Year 1 of the study, a list of nonsustainers had been identified (men who did not return to one of the two free clinics for annual prostate cancer screening). Work continued in Year 2 to make corrections, determine the unduplicated visits, and define an accurate nonsustainers list, which will give us an accurate count of screening sustainers. There is a small margin of error. Managers of the free screening clinics conduct them in an unique manner. Appointments are not made; participants show up in mass with approximately half arriving in the first hour of the clinic opening. Medical records of previous years visits are not made available at each subsequent year's screening clinic. Returning participants may have a change of address, or may use a different name than a previous year (for example, in the PI's comparison of screening participants' names, addresses, and birth dates, matches were made,

but as many as 60 participants were noted to have used first initials and last name only, or a middle name instead of the first name used on a previous screening visit). Also, there are participants who have the same names. The address and name changes make it somewhat difficult to reach 100% accuracy in the mailing list; however, continual effort has been made to achieve accuracy. We do not have a method to identify participants who become deceased during the study period. In some cases, spouses notified us of the death of a husband when the questionnaire was received. When a death is known, it is indicated in the database and no further information will be mailed to that address.

789 participants identified as nonsustainers were mailed questionnaires. These were men who attended either of two prostate cancer screening clinics between 1998 and 2002; they came one time only, and did not return. A careful check of each years list of participants found that some participants skipped a year or two, or several years, but returned in a subsequent year. Therefore, the nonsustainers list came from men who only presented for screening one time between 1998 and 2002. Reminder postcards were mailed four weeks later to the 789 nonsustainers. 42 questionnaires were undeliverable by the U.S. postal system due to insufficient address (no longer at the address, or the addressee was unknown). 399 (54%) nonsustainers questionnaires were completed and returned.

The questionnaire includes a set of identifiable barriers and facilitators that could influence a participant's attendance at free prostate cancer clinics. Men are asked to check any of the items listed that would make it difficult for them to participate in free prostate cancer screening. Selected Items in the questionnaire were informed by the physician's focus group, and scale items in the Weinrich Barrier Scale (1999). Additional barriers and facilitators were added. Responses by screening participants who returned a subsequent year will be compared to responses of non-sustainers. Reasons for non-participation from one year to the next are being investigated. A limited number of studies have examined aspects of prostate cancer screening. Questionnaires were used primarily with African American men in community settings to learn about their intention to engage in prostate cancer screening and their attitudes and knowledge about prostate cancer as a predictor to seek timely screening. Discussions of prostate cancer screening participation by African American men has been explored by other researchers (Abbot, Taylor, & Barber, 1998; Robinson, Tingen, Weinrich, 1998; Collins, 1997; Weinrich, Boyd, & Weinrich, 1997; Ashley & Haynes, 1996; Demark-Wahnefried, et al., 1995; Gelfand, Parzuchowski, Cort, & Powell, 1995; and Millon-Underwood, 1992).

Task 5 – Months 5-10, 11-12:

A database was prepared from the returned questionnaires. Data verification was conducted; data were compiled, and a preliminary analysis was completed.

Task 6 – Year 2:

Interim statistical analyses completed on nonsustainers who returned the mailed questionnaire. To ensure privacy of protected health information, the name of the person (nonsustainers) completing the questionnaire nor his home address was collected or identified on the form. Race and age (not date of birth) were collected.

Analysis of the questionnaires focuses on identifying facilitators and barriers for men who are non-sustainers (do not engage in regular screening), and how they compare to the sustainers (those who engaged in screening in the subsequent year). Such analyses will help us understand the barriers faced by African American men. Identified predictors will guide the development and testing of tailored messages in Year 3 that can be targeted in community based settings.

In September 2003, free prostate cancer free screening clinics were conducted at two sites by volunteer clinic managers. Four hundred seventy four men participated. Among participants across the two sites, 259 identified themselves as African American, 193 identified themselves as White, and 22 as 'Other'. In 2003, the PI continued to promote increased participation among African American men. She worked with the Lincoln Community Health Center to send personal announcement of the screening to 1,000 of their male African American patients ages 40 and over. However, it should be noted that Lincoln Health Center patients might attend either screening site (Lincoln clinic or Duke University Medical Center). 100% of the 2003 screening clinic participants signed consent forms authorizing the PI to enter their names in the screening database, and collect information specifics about their screening participation.

Training Activities:
PI discussed with the mentors (Cary Robertson, MD, and Paul Godley, MD) on a monthly basis to discuss study progress and reviewed newly published articles about prostate cancer.

PI attended sessions related to prostate cancer, and other cancers at-

- Duke University Cancer Control Program
- University of North Carolina ECHO seminars

Research Administrative Activities:
PI had regular meetings with the biostatistician and student research assistant to discuss study progress, data entry, data analyses, and project issues.

Key Research Accomplishments:

- Determined that African American men are more likely to participate in mass prostate screening clinics in their 40's and 50's, and decrease in participation with increasing age, when prostate cancer is more prevalent.
- Sustained participation is related to the clinics being free of a fee for the service, and
- Familiarity with the clinic (having attended before and liking the reputation of the medical center that sponsors the free clinic).
- Observed that there can be variability, though within a normal range (less than 4ng/ml) among PSA values across screening years for a small number of screening participants.

Reportable Outcomes:
Abstracts for Presentations April 2003-May 30, 3004

Price, M.M. (2003, October). "Increasing Sustained Participation in Free Mass Prostate

Cancer Screening Clinics in Durham, North Carolina" Sixth Annual Sigma Theta Tau Research Day Conference: Health Disparities in Underserved Minority Populations from a Global Perspective. North Carolina A&T State University School of Nursing, Greensboro, N.C. p.13.

Price, M.M., & Combs, I. (2003, November 7-9)."How to Use Innovative Health Education and Screening Programs to Promote Health in the African American Community: Durham, North Carolina and Omaha, Nebraska". Symposium conducted at the 4th Annual Institutes of Learning Conference. Oncology Nursing Society, Philadelphia, P.A. p. 27-31.

Price, M.M., Jackson, S.A., & Robertson, C.N. (2004, March). "Utility of Longitudinal Prostate Specific Antigen Measures in a Screening Population", Intercultural Cancer Council and Baylor College of Medicine: 9th Biennial Symposium on Minorities, The Medically Underserved & Cancer, Washington, D.C. p. 37. Abstracted accepted November 2003.

Conclusions:

The following discussion presents results of data analysis comparing participants of all racial groups who used free screening clinics regularly, and those who used the clinics only once. Participation trends among African American men are delineated. The purpose of this analysis was done to estimate the proportion of regular use of free screening services for prostate cancer in Durham city and county and to identify factors associated with utilization that can help characterize likely non-participants for improved participation.

The overall number of African American men who present for free screening increased by 13 participants from 246 in 2002 to 259 in 2003. Analysis at this point in the study suggests that despite the similar findings among African American and White men for sustained participation, men with less formal education (did not graduate from high school) are less likely to sustain screening.

Between 1998 and September 2003, there were 1,593 participants in free screening who consented to become a part of the screening database. During those years, 933 all races (60.94%) did not return for screening in any subsequent years, meaning that they attended screening only once. Among these participants, 737 (79%) self-identified as African American, 715 (76%) as White. 79 as Asian, Latino, or 'Other; and 31 did not indicate or answer the item for race (total 'Other' & 'question not answered'=110). While the focus of this study is to increase sustained screening participation among African American men, the study includes White participants as well. Free screening clinics are open to men of any racial background. Consent to participate in this study was open to any man who presented for screening. Including men of various racial groups allows us to compare participation and sustaining rates.

The average screening participant was aged 50-59, employed, with some college education, and had a regular physician. These characteristics did not differ by race. Less than 12% of the study participants had missing demographic information and were thus excluded. The majority of participants (51%) self-identified their race as White, while 44% reported being Black/African-American, and four percent were from other races. Thirty-three percent of participants were generally between the ages of 50-59 at the time of their initial screening. African American men appeared to screen more frequently at younger ages, but decreased in screening frequency with increasing age. For White men the screening frequency increased with increasing age. Most participants were well educated with 50% having at least some college education. An additional 17% and 15% graduated high school and attended technical school, respectively. More than half were still employed, while 36% were retired. Sixty-one percent of the participants had a regular primary care provider and most (51%) did not indicate having a relative or someone close to them with prostate cancer. Ninety-one percent of participants had a normal PSA value (less than 4ng/ml) at their initial screening.

Thirty-six percent of participants screened frequently. Logistic regression indicated that blacks were less likely than whites to be present for regular screening, independent of age. However, this association was not statistically significant OR=0.95 (0.73, 1.23). Men with a high school education or higher were more likely to screen regularly compared to those that did not graduate from high school Access to care as measured by employment, and having a usual site of care, *did not* appear to predict sustained participation in a prostate cancer screening program. However, perception of risk, as measured by having a family or friend diagnosed with prostate cancer *did not* appear to influence sustained screening practices. Elevated PSA values were associated with increased screening practices (OR=0.51; 95%CI: 0.28, 0.93), however, at >10 ng/ml, no association was found. In the questionnaire, men were asked to identify their primary reason for having participated in free screening. Responses were categorized into the following categories: access, trust, knowledge/awareness, risk factor, publicity, and social reasons. The most frequently cited reasons for participating in the free screening program were access to screening based on no cost associated with the screening clinic (n=368); convenience (n=182); and trust due to previous participation in the program or trust in the sponsoring medical center (n=115).

When sustainer and nonsustainers data are compared, what seemed more significant is the relationship of race to frequency of screening as one got older. We found that while sustained screening increased with increasing age among White men, in African American men the reverse was true. African American men tended to present for screening more often in the younger ages (40's and 50's). As they aged, their participation decreased. Participants who always had normal PSA values (<4ng/ml) were more likely than those with abnormal PSA values to sustain participation. What we do not know are the numbers of men who are diagnosed with prostate cancer as a result of attending one of the free screening clinics. Data is collected on prostatic specific antigen (PSA) values and Digital rectal examination (DRE) results. Abnormal findings on either test trigger a referral for follow-up by the urologist who provides the screening examination. Participants are instructed to seek follow up care with their personal health care provider. Once men seek care for abnormal results, physicians differ in how they manage abnormal PSA results.

We are beginning to observe that there are age related variations or PSA velocity among PSA values for participants in the screening database. Thus far, the PSA values fall with a normal range. We feel that with recent research about normal PSA values and incidence of prostate cancer, we must observe variability among our participants and with further observations, if this should appear significant, we will advise participants to report these findings to their physician.

So What

We will continue to examine participation and sustaining factors in Year 3. A recent report (Thompson, et al, 2004) suggested that many men with PSA values at 4ng/ml or lower, still might be a risk for prostate cancer. Therefore, it is even more important that we continue to work with vigilance to identify factors that sustain screening participation

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Appendices

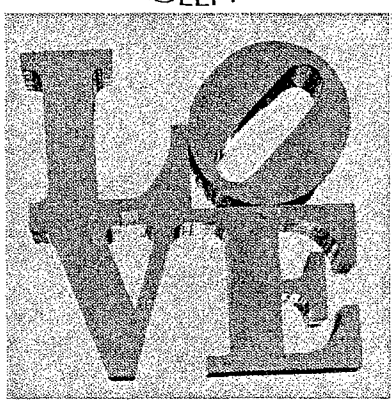
- Abstracts/Presentations
- Duke University Medical Center IRB Report, May 2004
- Prostate Health Questionnaires/Survey used for sustainers and nonsustainers
- PI Curriculum Vitae

ONCOLOGY NURSING SOCIETY

Oncology Nursing Society
4th Annual Institutes of Learning

November 7–9, 2003 ■ Philadelphia, PA ■ Pennsylvania Convention Center

SYLLABUS



FOCUSED, FLEXIBLE LEARNING

OPEN SESSION G

How to Use Innovative Health Education and Screening Programs to Promote Health in the African American Community

Sponsored by the Transcultural Nursing Issues Special Interest Group

Coordinator & Presenter — Marva Price, DrPH, FN, FNP, FAAN
Assistant Professor
Duke University School of Nursing
Durham, NC

Presenter — Ira Combs, RN, BS
Community Liaison, Nurse Coordinator
University of Nebraska Medical Center
Omaha, NE

The presenters listed below have voluntarily disclosed the following vested interests with a commercial concern.
Marva Price – Nothing to disclose
Ira Combs – Nothing to disclose

2003 ONS Institutes of Learning
Decreasing Health Disparities in African American
By Using
Innovative Health Education and Screening Programs

Presenters:
Ira F. Combs RN, BS
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I. Prostate Cancer Background Information and Screening Information

A. Prostate Cancer Prevalence: Prostate cancer is the most commonly diagnosed malignancy in males
except for skin cancer
B. Most prevalent malignancy in older men
C. Second cause of deaths for African American men *(50% higher)*

II. Why the Concern...Disease Burden
A. Cases
1. African American men
2. Two times higher than for whites
B. Deaths
1. African American men
C. Prevalence of Prostate Cancer in African American Men by Age
1. 20-29 2%
2. 30-39 29%
3. 40-49 32%
4. 50-59 55%
5. 60-69 64%

D. Survival
1. Overall 5-year survival rate for African American men *(81%) and whites (95%)*
2. Af. Am. Forty-four percent diagnosed in later stages
3. Af. Am. Survival rate drops to 30% when diagnosed at the distant stage

III. Promises of Screening
A. Education improves screening rates
B. Improved screening and treatment result in higher survival rate in early stage disease
C. Country wide shift to
1. Improving education and recruitment
2. Community based screening

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- A. Lack of consensus on PSA / DRE screening
- B. Screen with PSA/DRE at 40 versus 50 years of age
  1. ACS
  2. American Urological Association
  3. National Medical Association
- C. No recommendation / or discuss with patient
  1. NCI
  2. U.S. Preventative Services Task Force
  3. American College of Physician
  4. American Medical Association

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- A. PSA/DRE may not be the best screening test
- B. Slow growing cancer
- C. To treat or "Watchful Waiting"

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- A. Prescription Medications
- B. Vitamins and Herbals
- C. Clinical Evidence

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- A. To address prostate cancer from a population based focus in a community setting
  1. Partner with established community health organizations
     a. Hospitals
     b. Clinics
     c. Healthcare Organization
  2. Partner with established community non-health organizations
     a. Social Service Agencies
     b. Churches
     c. Civic Groups
     d. Fraternities, Sororities, and Societies
  3. Collaborating with trusted agencies

- B. Increase the knowledge of African American men regarding Prostate Cancer
  1. Traditional Approaches
     a. Seminars
     b. Classes
     c. Discussion Groups
  2. Nontraditional Approaches
     a. Men's Night Out
     b. Health Fair /Sporting Event
     c. Call-in Line

- C. Increase Numbers of African American Males Making Informed Decisions about Screening and Getting Screened
  1. Informed Decision Making
  2. Culturally Sensitive Marketing

a. Radio
b. Print
c. Television
d. Event Presentation

3. Creative Marketing/Programs

D. Building trust in the community

1. Becoming a presence in the Community
2. Investing in the Community
3. Recruit volunteers
4. Establish a research agenda
5. Establish and cultivate an evaluation tool

Intercultural Cancer Council and
Baylor College of Medicine Present

9TH BIENNIAL SYMPOSIUM ON MINORITIES, THE MEDICALLY UNDERSERVED & CANCER






FROM AWARENESS TO **ACTION**

THE **UNEQUAL BURDEN** OF **CANCER**






MARCH 24-28, 2004 • OMNI SHOREHAM HOTEL, WASHINGTON, DC

ABSTRACTS

affected with liver cancer 2 to 4 times more than women. The hepatitis B vaccine prevents HBV diseases; however, many immigrants do not have access to the vaccine.

A survey conducted with New York City taxi drivers, the city's largest immigrant workforce, revealed that 67% of drivers had not received the Hepatitis B vaccine and 77% of drivers were uninsured. NYAANCART partnered with the New York Taxi Workers Alliance (NYTWA) to conduct a Hepatitis B screening and vaccination intervention.

Methods: NYAANCART assisted NYTWA in coordinating the first-ever health fair for drivers, where a variety of screenings were offered, including Hepatitis B screenings. 185 drivers received a blood screen for the HBV virus and filled out a short questionnaire.

Results: On average, drivers had lived in the U.S. for 11 years. The mean age of drivers was 46 years and 76% were married. 81% of drivers were uninsured. Of the drivers screened, 96% did not have the HBV virus. All drivers were contacted by phone and letter at least three times to relay their results. HBV- negative drivers were given a coupon to receive the 3- series Hepatitis B vaccination for free at local health clinics. HBV- positive drivers were referred to a community physician for follow-up treatment and given a list of low-cost clinics and hospitals where they could receive services at discounted rates.

Conclusions: The partnership between NYAANCART and NYTWA provided needed access to Hepatitis B screenings and vaccinations for a largely immigrant workforce. Plans are underway to develop this screening and vaccination intervention into a long-term campaign.

#77

Longitudinal Variations in Prostate-Specific Antigen Levels in a Screening Population

Seronda Arlette Jackson, Marva Mizell Price

Research has identified elevated prostate-specific antigen (PSA) levels and rates of change in PSA levels between consecutive visits as early clinical markers for prostate cancer development. This is the first known study evaluating the use of these measures in a community-based screening population. This is a sub-study from a larger study that annually examines free prostate cancer screening participation in Durham, North Carolina. Descriptive analyses were performed in SAS v8. There were a total of 1,565 participants, ranging in age from 21 to 100. Blacks comprised 47.22% of participants, while whites contributed 45.75%. Race was unknown for less than two percent. Most (61%) only attended one screening session. Only 2% were present for all six screenings. PSA levels of four or greater were found in 166 (10.6%) men. Fifty-one percent of these were white, while forty-two percent were black. These values were evident mostly in men between ages 60 and 79 at their first visit. The majority of blacks (38%) at this level were in their sixties while most whites (44%) were in their seventies. There were 57 men with a rate of change in PSA levels between two consecutive visits greater than or equal to one. Whites comprised 54%, and 40% were black. About 39% were ages 60-69 years at first visit while approximately 25% were in the 50 and 70 age categories. There were eighteen with a running average of rate of change over three consecutive visits greater than 0.75. There was a significant difference in races by this measure with 61% white and 39% black. Forty percent of these were between 60 and 69 at their initial visit. This analysis provides methods to examine the significance of PSA findings in an assumed well population, which could provide guidance to address current controversy about annual prostate cancer screening.

#78

Perceptions of Multi-Ethnic Asian and Pacific Islander Youth Regarding Tobacco Use Initiation

Diane Kim, Hali Robinett, Karen Ululani Loebl, Diane Mitschke, Doris Segal Matsunaga

In order to explore multi-ethnic youths□ attitudes and perceptions about tobacco use initiation in Hawai□i, Kalihi-Palama Health Center (KPHC) and the Cancer Information Service of Hawai□i (CIS-HI) conducted a study of youth to assess middle school student□s perceptions, attitudes, and beliefs about tobacco use. Results of this study will be used by KPHC and CIS-HI to develop a tobacco use prevention drama for Hawaii□s multi-ethnic youth. Fifty-four youth ranging in age from 10 to 14 participated in five focus groups in Honolulu, Hawai□i from April through October 2003 and completed an 11-question survey addressing demographic and lifestyle issues and perceptions about personal and family members□ tobacco use. Focus group discussions were analyzed and compared with survey results to extract common themes regarding tobacco use initiation among participants. Themes from the focus groups include: coping with stress and peer pressure; influence of family members in

DUKE UNIVERSITY HEALTH SYSTE

Institutional Review Board for Clinical Investigations

APPROVED

Marva,
Approval was kept 2 years/. No indentity checked & saw your credentialling was OK

NOTIFICATION OF APPROVAL

PI's Name: Marva Price   Registry Number: 34'

Title: Increased Sustained Participation in Free Mass Prostate Cancer Screenin;

Sponsor: U.S. Army, Department of Defense

IND#:   IDE#:

The Duke University Health System Institutional Review Board for Cli has conducted the following activity on the study cited above:

Activity: ○ Initial Review ⦿ Continuing Review ○ Amendment Review /Amer...

Type of Review: ○ Full Board ⦿ Expedited

Expiration Date: 6/1/2005   Review Date: 6/1/2004

Date of Declared Concordance with federally funded grant, if applicable:

DUHS IRB approval encompasses the following specific components of the study cited above:

Protocol version/date	
Consent form version/date	Mailed Survey 03/14/03 Screening Clinic 02/17/03
Investigator Brochure version/date	
Advertisement version/date	
Amendment version/date	
Amendment Activity Number	
Other	

The DUHS IRB has determined the specific components above to be in compliance with all applicable Health Insurance Portability and Accountability Act ("HIPAA") regulations.

This study must be submitted to the DUHS IRB for continuing review by the first day of the month preceding the month your protocol expires.

(Note: Expiration date is dependent upon Review Date, not final IRB approval date).

The DUHS IRB, MPA #1106, is duly constituted, fulfilling all requirements for diversity, and has written procedures for initial and continuing review of human research protocols. The DUHS IRB complies with all U.S. regulatory requirements related to the protection of human research participants. Specifically, the DUHS IRB complies with 45CFR46, 21CFR50, 21CFR56, 21CFR312, and 45CFR164.508-514. In addition, except where in conflict with 21CFR56, the DUHS IRB complies with the Guidelines of the International Conference on Harmonization. Additional policies and procedures of the DUHS IRB can be found at: http://irb.mc.duke.edu.

Jody Power

DUHS IRB Authorized Signature
JODY F. POWER, M.S., M.B.A.
ADMINISTRATIVE DIRECTOR
DUKE UNIVERSITY HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD

06/01/04

Final IRB Approval Date

(For new studies, subject accrual may begin.)

DUMC 2991 • 2400 Pratt Street, 9th Floor • Durham, NC 27705
tel (919) 668-5111 • fax: (919) 668-5125

DUKE UNIVERSITY HEALTH SYSTEM INSTITUTIONAL REVIEW BOARD (IRB)

MODIFICATIONS FORM

Before approval is granted, the following modifications are needed.
Studies MUST NOT BE ACTIVATED until all IRB questions/concerns have been adequately answered and all revised material has been received and approved by the IRB as indicated by the "Approval Letter" sent separately.

Review Date: 6/1/2004
Termination Date: 6/1/2005
Registry # Assigned: 3497-04-6R2ER

☐ Signature(s) required from:
- ☐ Co-PIs/Department Chairman
- ☐ Cancer Protocol Review Committee
- ☐ Center for Living
- ☐ Clinical Research Unit
- ☐ Hypo/Hyperbaric Unit
- ☐ VA Hospital
- ☐ Radiation Safety Committee

FAXED 06/01/04

☑ Required credentialing is needed for key personnel. For what specific credentialing is needed, please see the attached sheet. VAC 06/01/04 KK DONE

☐ Please see the attached document regarding modifications that need to be made to your protocol to satisfy HIPAA requirements for ascertainment of potential subjects.

☐ The following paragraph should be included in the consent form:
"Immediate necessary medical care is available at Duke University Medical Center in the event that you are injured as a result of your participation in this research study. However, there is no commitment by Duke University, Duke University Health System, Inc., or your Duke physicians to provide monetary compensation or free medical care to you in the event of a study-related injury. Further information concerning this and your rights as a research subject can be obtained from the Duke University Health System Institutional Review Board (IRB) Office at (919) 668-5111."

☐ Please revise the consent form by replacing all references to the Duke University Medical Center Office of Risk Management with the Duke University Health System Institutional Review Board as follows:
- Under the heading: "WHAT ABOUT RESEARCH RELATED INJURIES?", revise to read:
"Further information concerning this and your rights as a research subject can be obtained from the Duke University Health System Institutional Review Board (IRB) Office at (919) 668-5111."
- Under the heading: "WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?", revise to read:
"For questions about your rights as a research participant, contact the Duke University Health System Institutional Review Board (IRB) Office at (919) 668-5111."

☐ Please provide documentation from the FDA as to the IDE number and FDA Class (A or B) of your study device. The attached form should be completed and signed and returned to the IRB Office.

☐ Please see the attached page for information concerning use of a non-significant risk device.

☐ Please see the attached consent form for necessary changes. **When submitting consent form changes, please underline all changes and update the version date and the IRB registry number on each page of the consent.**

☐ Please see the attached Reviewer's comments.

☐ Please see the attached revised HIPAA language (version date: _____) and revise your consent form accordingly.

☐ Please provide the IND # for your study drug.

☐ Approval of your protocol depends upon our receipt of a fully-executed sponsor's agreement and/or indemnification agreement between Duke and the sponsoring company that verifies the following:
- ☐ Indemnification
- ☐ Certificate of Insurance
- ☐ Sponsor Liability (consent page _____)
- ☐ Compensation Statement (consent page _____)

Please submit the material requested to the IRB Office (Box 2991/Suite 9000 North Pavilion Building/Fax 668-5125/email to your specialist) promptly.

DUKE UNIVERSITY HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD RESEARCH PROTOCOL

INITIAL RESEARCH STUDY PROTOCOL SUBMISSION

Submit original + 2 copies of all materials to IRB Office

FOR IRB USE ONLY:

OFFICE OF
MAY 26 2004
RECEIVED

Assigned IRB Reviewer: Harrelson IRB Registry # 3497-04

Check only one:
[ ] Approved (ER Category 7 if applicable) [ ] Modifications Required
[ ] Deferred [ ] Disapproved

waive consent / authorization for telephone interview (under 45 CFR 46.116(d) 45 CFR 164.512 (i)(ii))

JOHN M. HARRELSON, M.D.
VICE-CHAIR
DUKE UNIVERSITY HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD

IRB Chair 6/1/04 Date

Study Title: Increased Sustained Participation in Free Mass Prostate Cancer Screening Clinics IRB##3497-02-2ER

Does Study Involve: Good Clinical Practice: Good Manufacturing Practice: Gene Transfer:
Review Preparatory to Research or Waiver filed for this Study? *(circle one)* (Y) N If yes, please attach.

1. **Principal Investigator**: Marva Price, DrPH, RN MD/PhD DUHS Faculty? : Mail Box: 3322
Email: Marva price@duke.edu Pager: Phone: 684-3786 ext 245 Fax: 681-8899 Dept & Dept: Sch. Nursing

2. **Co-PI**: Cary Robertson, MD MD/PhD DUHS Faculty? : Yes Mail Box: 3833
Email: rober010 Pager: Phone: 681-6768 Fax: 681-8074 Dept. & Division: Urology

3. **Study Coordinator**: Marva Price, DrPH, RN MD/PhD DUHS Faculty?: x Mail Box. Same as Above
Email: Marva.price@duke.edu Pager: Phone: 681-6768 Fax: 681-8074 Dept & Division: Urology n/a

4. **Duke Sponsor**: n/a MD/PhD DUHS Faculty? : Mail Box:
Email: Pager: Phone: Fax: Dept. & Division:

Please append a list of Key Personnel for this study – the list should include name, email address, and study role. Key Personnel are those individuals who are in a position to make decisions concerning study design, data or subjects, and include anyone who will have contact with the subjects as part of this study, as well as anyone who will deal with the subjects' private identifiable health information.

Funding Source: U.S. Army, Department of Defense **Drug/Device Source:**

Protocol Source, if other than PI:

Date human subject contact began: 9/21/2002

IF NIH funding, is it: **Competing Renewal*** **Non-competing renewal****

Certification Deadline to NIH: *Attach: *Complete Grant Application ** Progress Report*

Indemnification Letter on File: Date:

[ ] **Investigational drugs/devices:** IND# If so, Sponsor held? PI held?
IDE # CMS: A or B

Attachments – check and include all that apply:
[ ] Federal Grant/Contract Annual Progress Report (if applicable)
[ ] Consent form(s)
[ ] Risk Assessment by Dept. of Pediatrics Chair – required if minors are
[ ] Additional information PI considers important for review by IRB

Version: 04/22/03

Review Date: 6/1/2004

Termination Date: 6/1/2005

Registry # Assigned: 3497-04-6R2ER

Subject Populations/Procedures/Costs - check and complete all that apply:

[✓] Adults [ ] Patients [ ] Students [✓] Pregnant Women were acceptable for Focus Groups only; study is focused on males and sustaining regular prostate cancer screening

[ ] Minors [ ] Controls [ ] Employees [ ] Fetuses

[ ] Prisoners [ ] Cooperative sites [ ] Subjects incapable of giving consent

subjects to be enrolled at DUHS: Accrued at Duke Urology: Year 2003= 270 screening participants

subjects to be enrolled at all sites: Accrued at Lincoln Health Center Free Screening Year 2003=204 screening participants

Year 1=482

Year 2=474

956 TOTAL (screening participants accrued for this study; this sample represents screening participants, and focus group participants of community leaders in year 2002)

[✓] Exclusion of pregnant women (Male only screening for Prostate Cancer; in Year 1 pregnant females were appropriate for the physician's or ministers focus groups for discussion of the subject matter. However, there were no pregnant subjects in any phase of the study.)

[ ] Blood: maximum amount to be drawn in any 8-week period Prostatic Specific Antigen (PSA) samples were drawn as a part of the screening program, but is not a part of this study. PI's involvement with the PSA screening test is only to store test results in locked files in the Duke University School of Nursing. Results and recommendations for follow up of abnormal results are provided to participants through the Duke Univ. Comprehensive Cancer Center which facilitates the free screening.

[ ] Extra costs to patients/insurance as a result of the research (e.g., tests, hospitalization) **NONE**

[ ] Genetic testing **NONE**

[ ] Gene Transfer Therapy **NONE**

[ ] DNA Banking **NONE**

[ ] HIV testing **NONE**

[ ] Human cell banking **NONE**

[x] Subject compensation: travel/lost-income expenses Surveys mailed to non-sustainers (male subjects who did not return for free screening in any subsequent year were mailed surveys which contained a crisp dollar bill to encourage return of the survey.

Subcommittee Reviews – check and obtain approvals as appropriate before submission to department reviewer. Check all that apply.

	Signature	*Printed Name*	*Date:*
[ ] VA Hospital – VA IRB:			
[ ] Rankin Ward – CRU Comm:			
[ ] Cancer Related – CPRC:			
[ ] Hypo/Hyperbaric Unit – Safety Comm:			
[ ] Radiation – Radiation Safety Comm:			
[ ] Institutional Biosafety Comm:			
[ ] Center for Living – Res Comm:			
[ ] Durham Regional Hospital Comm:			
[ ] Raleigh Community Hospital Comm:			
[ ] Other Hospital Comm_____:			

[ ] Operating Room/Anesthesia Time – Minutes required: (for research purposes only) _____

Certification of Principal Investigator/Faculty Sponsor: Signature certifies that all Investigators have reviewed the proposed protocol and grant, if HHS sponsored, that the documents are in agreement (or if not, an explanation is attached), and that the research will be conducted in full compliance with federal/state regulations and DUHS procedures/guidelines. It is understood that: 1) continuing IRB review is required in order to maintain the approval status and that the investigator must submit a progress report for this review; 2) all changes in the study must be approved by the IRB prior to implementation; and 3) serious, unexpected study related adverse events must be promptly reported to the IRB.

Signature of Principal Investigator	May 26, 2004 Date
Signature(s) of Co-PI/Faculty Sponsor	May 26, 2004 Date

Certification of Departmental Review (by other than PI/Faculty Sponsor): The department IRB member's signature signifies that the protocol has been reviewed and is ready for presentation to the Department Chairperson who is responsible for scientific review of the proposed research. The Chair's signature certifies that the proposed research study has been so reviewed and is recommended for submission to the IRB.

Dept IRB Member *(clinical depts. only)*	Date	Department Chairperson *(all depts.)*	Date

Copy - Original contained signatures and was dated

Annual Review Summary

1. Provide a summary of your protocol for the upcoming year.

A. To date, participants for this study were accrued in Years 1 and 2 from the annual free prostate cancer screening clinics held in September 2002 and September 2003, from focus group interviews with community leaders in 2002, and from surveys in 2003 submitted by non-sustainers (male participants who chose not to return for screening in a subsequent year).

The sample size to reach adequate statistical power (80%) was reached in study Year 2, for screening sustainers (those who return for screening between 1998 and 2002) and non-sustainers (those who did not return for screening between 1998 and 2002, but returned a study survey in 2003). The sample size for this phase of the study is currently 956 male participants; the goal was a minimum of 614 for a 95% confidence level. In Year 3 (the upcoming final year), additional participants will be accrued for the sustaining and non-sustaining groups. Primary objective of the upcoming year will be to continue data analysis to determine factors that sustain screening (based on survey data) in a voluntary nurse run clinic, determine which participants nurses should target for regular screening, and to evaluate the effectiveness of this study's methodology to decrease the disparity in regular attendance in free prostate cancer screening among African American men.

B. Survey data collection will continue in September 2004 with the next round of Free Prostate Screening Clinics at Duke University Medical Center, and at Lincoln Health Center; and survey data will be obtained from 2002 participants who failed to return for screening in 2003 and 2004.

2. Answer the following questions

a) Discuss any study related adverse events or unanticipated problems involving risks to human subjects since the last IRB review. NONE OCCURED Have these events changed your current risk/benefit assessment? n/a

b) Discuss any complaints about the research since the last IRB review. NONE

c) Discuss any substantive changes in the research since the last IRB review. NONE

d) Discuss any proposed substantive changes to the research. Do these changes require changes in the consent? NONE ARE PROPOSED

e) Discuss any new information or literature on possible risks to human subjects associated with this research topic.

f)

There is no new information on the possible physical risks or harms, but more vigorous debate continued in 2003 on to screen or not, and discussion that screening include an emphasis on informed decision making process between the man and his health care provider. However, the PI collaborates with the nurse run Free Screening Program to access screening data independent of the research process.

g) Discuss any preliminary results of the research, if available.

Between 1998 and 2002, 1,427 men sought free prostate cancer screening. 61.46% only attended once. Among all ethnic groups, the number of non-sustainers between 1998 and 2002 was 877 men.

Surveys were sent to 971 nonsustainers (this included returned surveys that could not be delivered) with 431 surveys returned. Data has been entered is being analyzed to determine the primary reasons why participants choose not to return (survey participants are included in the number of screening participants between 1998 and 2002).

Another finding is that African American participants tend to start prostate cancer screening close to age 40, but decrease in regular screening as they age into the 60 and older range when this cancer is more prevalent. Contrastingly, White participants tended to increase in screening practices as they aged into the 60 and older range.

h) Was the study audited in the past year by internal or external auditors and were copies of the audit report sent to the IRB and to the Compliance Officer in the Dean's Office? THERE WAS NO AUDIT.

Provide a subject status report:

	During the Past Year (2003)	Cumulative Accrual
Number of subjects enrolled/participating to date: A minimum of a total of 614 sustaining and nonparticipants was sought.	# 956	# 956
Number of subjects who refused to participate: # 8 screening participants completed the prostate screening but indicated their wishes not to be included in study		#8
Number of subjects terminated early: (8 obtained free screening who will not be included in the study)	# 8	# 8
Number of subjects who completed the study:	# 948	

Has enrollment ended? _____Yes _____x No
Additional participants will be accrued from the annual free prostate screening clinic in September 2004.

Are any subjects still receiving study drug? _____ Yes _____ No n/a

Are any subjects receiving protocol required follow-up procedures not otherwise done as standard care and which involve more than minimal risk (such as involving radiation exposure or injection of radiographic contrast material)? _____Yes x No

Cumulative Accrual by Race/Ethnic Group (from screening participants; this does not include focus group Participants who were included in Year 2002 Renewal report)

	African Am.	Caucasian	Am. Indian	Hispanic	Asian	Others	Totals
Screening Participants Year 2002	251	187	0	10	6	13	467
Year 2003	259	193				22	474
Totals	510	380	0	10	6	35	**Total=941**

Attach to Submission(check all that are included):

[x] Current consent form(s) ALWAYS REQUIRED! [ ] Reasons for early termination of subjects (if applicable)
[ ] Pediatric Risk Form (if applicable)
[] Description of amendments to IRB approved protocol
[ ] Relevant literature on risks
[x] Grant progress report if federally-funded

For MCHeal Survey

Form M0345

DUKE UNIVERSITY HEALTH SYSTEM

Location:
☐ Lincoln Comm Health Center
☐ Duke University Medical Center

Participant #_____

Last Name_____

First Name

DUKE UNIVERSITY
Duke University MEDICAL CENTER
SCHOOL OF NURSING

Consent For Research

PROSTATE CANCER FREE SCREENING
INFORMATION AND CONSENT FORM
IRB Protocol #3497-02-2ER

identifier in study records disclosed outside of Duke University Health System (DUHS). For records disclosed outside of DUHS, you will be assigned a unique code number. The key to the code will be kept in a locked file in Dr. Price's office. Your study records may he reviewed in order to meet federal or state regulations. Reviewers may include representatives of the U.S. Army Medical Research and Materiel Command (also known as the U.S. Department of Defense), which has funded this study, and the Duke University Health System Institutional Review Board.

The study results will be retained in your research record for at least six years or until after the study is completed, whichever is longer. At that time either the research information will be destroyed or information identifying you will be removed from such study results at DUHS.

"The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask the questions I have, and my questions have been answered to my satisfaction. I have been told whom to contact if I have additional questions. I have read this consent form and agree to be in this study with the understanding that I may withdraw at ay time. I have read the attached information and have been given the opportunity to discuss it and ask questions. I have been informed that I may contact Dr. Marva Price (919-684-3786 ext. 245) to answer any questions I may have about this study. I may also contact the Duke University Medical Center Office of Risk Management at 919-684-3277 for any questions concerning my rights as a participant." You will be given a signed copy of this consent form

Participant's Signature_____ Date_____

Permanent Address (*please print*):

_____

_____

Signature of Person Obtaining Consent

_____ Date_____

Duke University Health System IRB
Consent Approved.

JUN - 1 2005

Expiration Date as Printed Above
Not Valid After Expiration Date

The study results will be retained in your research record for at least six years or until after the study is completed, whichever is longer. At that time either the research information.

"The purpose of this study, procedures to be followed, risks and benefits have been explained to me. I have been allowed to ask the questions I have, and my questions have been answered to my satisfaction. I have been told whom to contact if I have additional questions. I have read this consent form and agree to be in this study with the understanding that I may withdraw at ay time. I have read the attached information and have been given the opportunity to discuss it and ask questions. I have been informed that I may contact Dr. Marva Price (919-684-3786 ext. 245) to answer any questions I may have about this study. I may also contact the Duke University Medical Center Office of Risk Management at 919-684-3277 for any questions concerning my rights as a participant." You will be given a signed copy of this consent form.

Participant's Signature_____ Date_____

Permanent Address (*please print*):

_____

_____

Signature of Person Obtaining Consent

_____ Date_____

Duke University Health System IRB
Consent Approved

JUN - 1 2005

Expiration Date as Printed Above
Not Valid After Expiration Date

Version February 17, 2003

RESEARCH SUMMARY
Reapproval Submission

Title of the Study: Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics

1. Purpose of the Study (Aims and Hypotheses to be tested):
Specific Aims:
(1)To identify facilitators and barriers to the Prostate Specific Antigen test (PSA) and the Digital Rectal Examination (DRE) prostate cancer screening among African American men in Durham, NC.
(2) To determine independent factors (barriers and facilitators) that sustain screening.
(3) Define strategies that will encourage consistency in participation of lower-income African American men in prostate cancer screening clinics.

Objective/Hypothesis: The overall objective of this study is to determine factors associated with sustaining regular participation in free prostate cancer screening clinics among African American men, particularly lower-income men. From those factors, a risk profile will be developed to determine which men are less likely to return for annual prostate cancer screening clinics. The expected outcome will be to define a set of intervention strategies that can be conducted at the community level. These strategies, aimed at encouraging regular prostate cancer screening in African American men, will improve the likelihood of earlier detection of prostate cancer.

2. Background and Significance: Prostate cancer is the most frequently occurring cancer among men, and is the second leading cause of cancer deaths among African American men. An alarming health disparity for this cancer is seen in the excess number of deaths – approximately 6,000 deaths - expected for African American men. Prostate cancer among African American men continues to rise in the United States at a faster rate than for White men, and they tend to have prostate cancer diagnosed in later stages. Prostate cancer incidence is approximately 60% higher in African American men. Early diagnosis is essential because the majority of prostate cancer diagnosed early falls within the treatable group. With early detection through screening and timely treatment, nine out of 10 men will survive a minimum of five years. However, with late diagnoses, only three out of 10 men will have a 5-year minimum survival rate. Because of scientific controversy whether screening asymptomatic men decreases mortality, there is no uniform consensus statement for prostate cancer screening. There is limited research on who seeks free prostate cancer screening, however, recent findings suggest that Whites, followed by African American men with higher levels of education and stable employment, are more likely to participate in free mass screening clinics. Likewise, more studies are needed that focus on characteristics of men likely to engage in regular annual prostate cancer screening, and those who are at risk and who need to be targeted for regular screening. Little else is known about the individual characteristics and barriers that are associated with men who do not participate in screening.

3. Design and Procedures: This study has two approaches. First, focus groups have been completed to uncover attitudes about prostate cancer screening among community leaders (African American physicians and African American church pastors). Second, a nested case-

control design is being used among men who have ever been screened in free prostate cancer screening. Selection of the case-control study cohort is the total population of men who ever engaged in a free screening clinic (sustainers, or those who engaged in regular screening; and non-sustainers, or those who did return for free screening in the subsequent year). From the study cohort, the non-sustainers are nested within the study cohort. We will compare variables or characteristics for this sample of non-sustainers to the sustainers. Little else is known about the individual characteristics and barriers that are associated with men who do not participate in screening.

The relevance of the proposed work is that we will have a better understanding of the factors that influence African American men's initial choice to participate in mass prostate cancer screening, followed by a decision to continue regular screening. Knowledge of these factors will lead to profile development of which African American men need to be targeted for prostate cancer screening, and how to tailor strategies that are likely to reach them.

4. Risk/Benefit Assessment: There were no known physical risks to being in the focus group discussions. The focus group phase of the study is complete. Participation showed voluntary willingness to participated.

Potential subjects for survey completion may refuse to participate by not returning a mailed survey. No alternative is needed for those who choose not to participate in the study.

5. Subject Identification, Recruitment, and Compensation: Participants in the study included two focus groups (the focus groups have been conducted; this phase of the study is finished), and prostate cancer screening participants from a longitudinal database. The focus groups were: African American male or female community leaders (physicians and pastors). Physician focus group participants received an incentive dinner at the Washington-Duke Inn; they were not paid. Pastor focus group participants received $20 incentive and a light lunch.

Physicians and pastors were recruited through their local professional organizations.
Focus group 1=22 physicians in practice: recruited by letter to members of the Durham Academy of Physicians, Pharmacists, and Dentists.
Focus group 2=24 pastors of churches from a cross-section of African American churches in the Durham community were recruited through the Durham Ministerial Alliance, an African American minister's organization.

The screening database is composed of participants in Duke University Medical Center's free prostate cancer screening clinics conducted annually at Duke and at Lincoln Community Health Center. Men are listed in the database who volunteered for screening at least one year covered by the study. From the database, sustainers and non-sustainers are identified. Non-sustainers will be invited to complete the mailed survey.

Setting and Population: The setting for this community-base study is Durham, North Carolina. Inclusion criteria for the total study population are:

Males ages 40 and over who have mailing addresses primarily in Durham, NC. In addition, men will be included with addresses outside Durham but who live in close

proximity to access the volunteer free mass prostate cancer screening clinics in Durham. The study emphasis will be on understanding participation characteristics of African American men, and comparing the screening barriers to those of White men.

Study Participants (Total n for study=approx. 3,035):

The total sample comes from three groups.

a. (Completed) African American physicians (22).
b. (Completed) African American pastors (24).
c. A convenience sample of participants who are included in the free prostate cancer screening longitudinal database:
Men who volunteer for free screening in any of the years 1998-2004, who provide consent to be included in the study, including approximately **1,000** non-sustainers who will not return for screening.

Questionnaire Incentives: A crisp dollar bill will be placed in each mailed survey as an incentive to complete and return the survey.

5. **Subject Competency:** Read English, or have sufficient understanding when written study forms are presented.

7. Costs to Subjects: Subjects for the focus groups provided their transportation to the discussion site.

8. Data Analysis and Monitoring:

Analysis of physicians' focus group: Response text has been transcribed and preliminary analysis conducted by hand coding. Major themes identified included concern for the high rate of prostate cancer and ambivalence among male patients about screening.

Pastor's focus group: Scientific literature has indicated the role of churches and ministers in guiding parishioners to health promotion and disease detection programs. Much of these observations have been made with female churchgoers. It has not been documented if pastors offer similar encouragement to male church members. Analysis of pastor's focus group: Analysis was conducted in the same manner as for the physicians' group. Results of the focus group showed some lack of understanding about prostate cancer screening recommendations, and failure to use the church to encourage health promotion in the same manner that is done for women's health concerns.

Analysis: Men who participate in the Yr. 2002, 2003, and 2004 free screening will be added to the longitudinal database. A study cohort of approximately 450-500 participants per year is anticipated over the study years, providing a total sample of approximately 2,500- 2,700 men (year 2002 yielded 482). Descriptive statistics will be used to compare the increased number of low-income men African American men (derived from type of employment) who participate in each of the study years covered by this proposal. Outcomes will be described for barriers and facilitators to screening.

9. **Data Storage and Confidentiality:** All records and computer files for this study are stored on by the computer system server and/or in locked files in the office of Dr. Price at Duke University School of Nursing. Access is permitted only by Dr. Price and the study personnel for conduct of the research project and data analysis.

MAILED SURVEY

There are individual demographic characteristics and barriers and facilitators associated with participation in a free mass prostate cancer screening, especially for African American men. A mailed paper-pencil survey will be used to determine the demographics and the independent factors that sustain prostate cancer screening from one year to the next year. All participants who complete the survey will be asked to select items that impact on their participation in free prostate cancer screening. Comparison will be made between African American and White participants.

The survey is included in the consent form process. The study survey will be mailed and is expected to take approximately 5 minutes to complete. Return of the survey will constitute willingness to participate. There are no known physical risks to completing the survey.

One-to-one Interviews by telephone

For the participants randomly selected within the mailed survey group, a subset of approximately 20 men will be contacted by telephone. A script will be read to solicit participation in the telephone interview. Affirmative verbal consent will constitute consent to participate.

Face-to-face Interviews were conducted in 2002. This phase of the study is complete.

The subset included face-to-face interviews with 10 participants across the two free clinic sites (five participants at the Duke clinic site and five from the Lincoln Community Health Center site). Clinic participants were randomly selected among men waiting to be screened. The survey was conducted while the participants waited their turn for screening. The free clinic is conducted over a four hour time period. Verbal consent for the face-to-face interviews was obtained. The interviewer conducted an approximately 2 minute interview with an open-ended question about factors that influenced their participation in the screening clinic.

Survey Development

The Survey items were developed using the Weinrich Barrier Scale (1999) and also includes other factors related to participation that were obtained at the Duke University free screening sessions in previous years.

In addition to demographic items, the survey includes these items:

-cost factors
- convenience
- prefer to use your regular health care provider for your annual prostate cancer screening digital rectal examination and PSA blood test
-trust
- didn't know that you were at the age for yearly prostate cancer screening
- embarrassment
-time factor
-fear
-no regular physician or health care provider

-no health care provider recommendation for screening
-useless to detect cancer early; prostate cancer can not be treated effectively

Space will be incorporated on the survey for the participants to write in other responses related to barriers and facilitators related to screening clinic participation.

Survey Pilot testing

A cross-section of 10 men ages 40 and over, in varied occupations, were invited to complete the survey pilot. These men were recruited from the Duke University workplace. The pretesters were men who have never participated in the Duke University annual free screening clinic. The survey was pilot-tested for user friendliness in flow and ease in self-administration. The pilot was reviewed for readability at an 8th grade reading level, using Microsoft Word computerized functions. Revisions were made.

DUKE UNIVERSITY HEALTH SYSTEM
INSTITUTIONAL REVIEW BOARD
REVIEW PREPARATORY TO RESEARCH

* = Required Field

***Principal Investigator:** Marva M. Price

Degree:

MD
PhD
MD, PhD
MD, MPH
PharmD
Other RN, DrPH

*Submitter's Duke Unique ID: 0137105
(from back of ID Badge)

*PI DUHS Faculty / Senior Staff?

Yes ✓ DUHS Faculty
No - Sponsor Required

*PI's Email: price013

Beeper: None

*Phone: 919-684-3786 ext. 245

*Fax: 919-681-8899

*Mail Box: Box 3322 DUMC

*Department/Division: Nursing School

Sponsor: Department of Defense

Sponsor's Email: judy.pawlus!us.army.mil

Beeper: unknown

Phone: 301-619-7322

301-619-2745

Mail Box:

Department/Division:

Name of person submitting review preparatory to research if not PI: submitted by PI

E-mail: as above for PI

*Does this review refer to an existing IRB protocol?

Yes ✓
No

If yes, what is the IRB #? #3497-02-2ER

Please complete the following fields:

*My only use of the PHI will be to Review database which I store to determine potential participant's who had free prostate cancer screening to send a one sheet survey for my research protocol a research protocol.

*I need the following protected health information (PHI) to conduct a review preparatory to research:

E.g. For patients with ... {brief description of the patient groups to be reviewed}, I will need to use the following information: ... {list data needed}.

-I maintain a database in my office in locked files of men who participate in an annual free prostate cancer screening clinic provided to the Durham community. I maintain this database because I am a volunteer who helps to conduct the free community screenings.

- I will review the database list of names from years 1998-2001 to determine who did not return for a subsequent free screening offering.
- I will obtain names and addresses only to print mailing labels.
- No actual PHI will be viewed.

*☐✓ I will use this PHI only for the review preparatory to this research protocol

*☐✓ I will not remove this PHI from DUHS.

Waiver of Documentation of Consent for Mailed Survey

Date: May 23, 2003

PI Name: Marva M. Price, DrPH, RN

Title: Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics
IRB Protocol #3497-02-2ER Mailed Survey

The consent procedure for this segment of research does not include all of the required elements of consent as directed by 45 CFR 46.116, 45 CFR 164.512, and 45 CFR 46.116.

1. The mailed survey when returned without a signed consent form involves no more than minimal risk to the privacy of the subjects:

   a. An adequate plan is in place to safeguard the identity of participants, and a plan is in place to safeguard the data.
   b. An adequate plan is in place to destroy any identifiers of who was mailed a survey at the earliest opportunity consistent with conduct of the research.
   c. An adequate plan is in place to assure that any protected health information revealed by participants will not be disclosed to any person or entity, except as required by law for study oversight.

2. Waiver of written consent will not adversely affect the rights and welfare of the study participants.

3. The research could not be practically carried out without the waiver of written consent to the mailed surveys. Return of the survey will constitute consent.

4. Study participants can request additional information about the study from the PI and will be provided information for PI contact in the mailed consent form (that they will not return to the PI).

5. This phase of the research could not practicably be conducted without the mailed survey and the use of PHI that the subject might reveal.

Brief description of the protected health information for which use or access has been determined to be necessary:

Men who failed to return to an annual free prostate cancer screening clinic are being asked to complete a mailed questionnaire. The list of names is contained in a database of attendees in a free prostate cancer screening clinic from 1998-2001.The names will be used to make mailing labels for men who did not return for screening in a subsequent year. The list of names of attendees (with mailing address and telephone numbers) ***is maintained separately from any PHI information, such as PSA or DRE results****. The attendee database is maintained in the PI's office locked files. The PI has this list because the PI is a volunteer who helps to conduct the free community screening clinics and is the keeper of the databases of free clinic attendees. Once the PI accesses the list of names and addressees of men who did not return in subsequent years, mailing labels will be made.*

Data will be coded, analyzed, summarized, and maintained in locked files at the Duke School of Nursing in the PI's office and safeguarded for privacy, security, and authorized access available only to the PI and study as required by law. When reports and publications are made, the data will be deidentified without links to the individual study participants. Data will be destroyed within six years of the study's closure.

☑the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
☑the waiver or alteration will not adversely affect the rights and welfare of the subjects;
☑the research could not be practicably carried out without the waiver or alteration;
☑the research could not practicably be conducted without access to and use of the protected health information.

Waiver of Documentation of Consent for Telephone Interviews

Date: May 22, 2003

PI Name: Marva M. Price, DrPH, RN

Title: Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics
IRB Protocol #3497-02-2ER TELEPHONE INTERVIEWS

The consent procedure for this segment of research does not include all of the required elements of consent as directed by 45 CFR 46.116, 45 CFR 164.512, and 45 CFR 46.116.

1. The telephone interview involves no more than minimal risk to the privacy of the subjects:

   a. An adequate plan is in place to safeguard the identity of participants, and a plan is in place to safeguard the data.
   b. An adequate plan is in place to destroy the identifiers at the earliest opportunity consistent with conduct of the research.
   c. An adequate plan is in place to assure that any protected health information revealed by participants will not be disclosed to any person or entity, except as required by law for study oversight.

2. Waiver of written consent will not adversely affect the rights and welfare of the study participants.

3. The research could not be pratically carried out without the waiver of written consent to the telephone interviews.

4. Study participants can request additional information about the study from the PI and will be provided information for PI contact during the telephone interview.

5. This phase of the research could not practicably be conducted without the brief telephone interviews and the use of PHI that the subject might reveal.

Brief description of the protected health information for which use or access has been determined to be necessary: *20 randomly selected study participants who failed to return to an annual free prostate cancer screening clinic are being asked to engage in a telephone interview to briefly discuss factors that prevented their continued participation in free screening in subsequent years. PHI includes participant's opinions why they did not return for screening, and reasons they volunteered previously for free prostate cancer screening. Participant demographics of name, date of birth, address, and phone number will be identifiable. Participants might reveal personal health information during the interview.*
Approximately 10-minute interviews subject participants to no more risks than would be experienced in the participant's daily lives. Data will be summarized, analyzed, and coded and maintained in locked files at the Duke School of Nursing in the PI's office and safeguarded for privacy, security, and authorized access available only to the PI and study staff, or as indicated in the study informed consent and as required by law. When reports and publications are made, the data will be coded without identifiers. Raw and analyzed data will be used in reports deidentified without links to the individual study participants. Data will be destroyed within six years of the study's closure. Telephone interviews are important to inform the study of barriers and facilitators to free screening that otherwise would not be known from the paper-pencil questionnaire that will be mailed other study participants.

☑the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
☑the waiver or alteration will not adversely affect the rights and welfare of the subjects;
☑the research could not be practicably carried out without the waiver or alteration;
☑the research could not practicably be conducted without access to and use of the protected health information.

Request for Waiver of Documentation of Consent

Date: May 22, 2003

PI Name: Marva M. Price, DrPH, RN

Title: Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics
IRB Protocol #3497-02-2ER

The consent procedure for this research alters or does not include the required elements of HIPAA authorization in accordance with 45 CFR 164.512 (i) (2).

A covered entity may use or disclose protected health information for research, regardless of the source of funding of the research, provided that the covered entity obtains documentation that an alteration to or waiver, in whole or in part, of the individual authorization required for use or disclosure of protected health information has been approved by an IRB.

Please respond to each item in the allotted space below, using protocol-specific language to provide justification.

1. Provide a brief, meaningful description of the protected health information for which use or access has been determined to be necessary: *Men who failed to return to an annual free prostate cancer screening clinic are being asked to complete a mailed questionnaire. PHI includes participant's opinions why they did not return for screening, and reasons they volunteered previously for free prostate cancer screening. Participant names and birth dates will NOT be collected on the mailed questionnaire or be known to the PI. Only race, year of birth, education level, and work status demographic identifiers are being collected .A waiver of authorization is requested for collection of the participant's signature and return of the consent form. Return of the survey constitutes consent to participate.*
2. Demonstrate that the research involves no more than minimal risk to the privacy of subjects by describing the plans requested below:
   a. *Describe the plan to protect the identifiers from improper use and disclosure: Participants' are asked to make an item selection from among multiple questionnaire items. Questions subject participants to no more risks than would be experienced in the participant's daily lives. PHI from medical records is not used. Deidentified data will be coded and maintained in locked files at the Duke School of Nursing in the PI's office and safeguarded for privacy, security, and authorized access available only to the PI and study staff, or as indicated in the study informed consent and as required by law. When reports and publications are made, the data will be coded without identifiers.*
   b. Describe the plan to destroy the identifiers at the earliest opportunity consistent with the conduct of the research. If there is a health or research justification for retaining the identifiers or such retention is otherwise required by law, please provide the reason to retain identifiers: *Raw and analyzed data will be used in reports deidentified without links to the individual study participants. Data will be destroyed within six years of the study's closure.*
3. **Check each statement below** to attest to your knowledge that:

   ☑the protected health information will not be reused or disclosed to any other person or entity, except as required by law, for authorized oversight of the research study, or for other research for which the use or disclosure of protected health information would be permitted by this subpart;
   ☑the waiver or alteration will not adversely affect the rights and welfare of the subjects;
   ☑the research could not be practicably carried out without the waiver or alteration;

☑the research could not practicably be conducted without access to and use of the protected health information.

Mailed to non-sustainers

Prostate Health Survey 2003
Duke University School of Nursing

Please Mail Back
Before or By June 15 (Fathers Day)

You have been selected to receive this survey because you attended at least one free prostate cancer screening clinic at Duke University Medical Center or Lincoln Health Center between 1998 and 2001. Please return the survey by June 15 in the stamped addressed envelope. Please accept the dollar bill as a token of our appreciation for returning the survey.

Thank you,

Marva Price, RN, DrPH, Assistant Professor
Duke University School of Nursing
Box 3322
Durham, N.C. 27710
Phone: 919-684-3786 ext. 245

Please darken in the best response in each section with a No. 2 pencil. You do NOT need to write your name on the survey.

PLEASE USE NO. 2 PENCIL

RIGHT	WRONG
● ■ ■	⊘ ⊘ ⊗ ⊖

1 Year of Birth

19 ☐☐

2 What is your race?

- Black (African American)
- White (Caucasian)
- Hispanic (Latino)
- Asian
- American Indian
- Other (please specify) _____

3 What is your highest level of education?

- Grade school
- Some high school
- High School graduate
- Some technical school
- Technical school graduate
- Some 4 year college
- 4 year college graduate
- Some graduate school
- Graduate School or Professional School

4 Are you currently...?

- Retired
- Disabled
- Unemployed
- Still working

5 Do you have a family doctor?

- Yes
- No

6 When was the last time you went to see a doctor for anything about your health?

- This year (2003)
- Last year (2002)
- Longer than a year ago
- Probably more than 2 years ago

7 Have you ever had somebody kin to you with prostate cancer?

- Yes
- No

8 I had my prostate screened last year by my doctor or healthcare provider

- Yes
- No

Select the MOST IMPORTANT REASONS that STOPPED OR PREVENTED you from returning for free prostate cancer screening

- I usually see my regular doctor each year for my prostate cancer screening digital rectal examination and PSA blood test
- I did NOT know that I was at the age for prostate cancer screening every year
- I thought the digital rectal examination was too embarrassing to have done
- The time of the free prostate cancer screening clinic was not convenient
- I was afraid or scared of what a prostate check up might find
- I was afraid of impotence (inability to have sex) if a problem were discovered and treatment needed
- I thought that if the doctor found prostate cancer that treatment WOULD NOT help
- I did not know that I needed to get the digital rectal exam and PSA blood test done every year
- Thinking about getting the digital rectal exam and PSA blood test caused me to be nervous or worried
- I believe its God's Will if I get prostate cancer
- I DO NOT think that the PSA blood test or the rectal exam are accurate or dependable
- I thought the digital rectal examination hurt too much to have it done
- I was found to have prostate cancer

pro2003b.fsf

Please Turn Page Over

PLEASE USE NO. 2 PENCIL

RIGHT	WRONG
● ■ ■	✓ ⊘ ⊗ ⊖

MOST IMPORTANT REASONS that have STOPPED OR PREVENTED (continued)

- ○ I was worried or scared that a prostate cancer exam and blood test might NOT be normal
- ○ I thought that if the doctor found prostate cancer that treatment could cause more problem than NOT treating

Other significant reason that stopped you from getting free prostate cancer screening (write in)

_____

_____

Now, write in the #1 reason that kept you away from free prostate cancer screening

_____

Select the MOST IMPORTANT REASONS that CAUSED YOU TO GO for free prostate

- ○ I believe that at my age I should get the digital rectal examination and PSA blood test done each year
- ○ The time of the free prostate cancer screening clinic is convenient (weekend)
- ○ I believe in protecting my health
- ○ My doctor encouraged me to be screened for prostate cancer
- ○ If I had signs of prostate cancer I wanted to find out so that treatment decisions can be made early
- ○ My wife, family member, or someone close to me encouraged me to get screened
- ○ I believe that I am in control of what happens to my health
- ○ Getting prostate cancer screening gives me peace of mind

Other important reason that helped you decide to get free screening for prostate cancer (write in)

_____

Now, write in the #1 reason that caused you to get free prostate cancer screening

_____

THANK YOU FOR YOUR TIME□

Please Mail Back
Before or By June 15 (Fathers Day)

Dr. Marva Price
School of Nursing
Box 3322 DUMC
Durham, NC 27710

Used with Participants at Screening clinic

Prostate Health Survey 2003

PLEASE USE NO. 2 PENCIL

RIGHT ● ■ ■ | WRONG ⊘ ○ ⊗ ⊖

First Name	Last Name
Address	City Zip
Date of Birth ____/____/____ Month Day Year	Home Phone# ( )_____ Work Phone # ( )_____

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Med Center

- Duke
- Lincoln

1. What is your race?

- Black (African American)
- White (Caucasian)
- Hispanic (Latino)
- Asian
- American Indian
- Other (please specify)

_____

2. How did you hear about today's Prostate Screening Clinic?

- Newspaper
- Postcard or Flyer in the mail
- Radio or TV
- My doctor told me
- Wife or somebody in my family
- Church
- At the clinic
- Duke Med. Center sent me
- Heard from a friend

3. What is your highest level of education?

- Grade school
- Some high school
- High School graduate
- Some technical school
- Technical school graduate
- Some 4 year college
- 4 year college graduate
- Some graduate school
- Graduate School or Professional School

4. Are you currently...?

- Retired
- Disabled
- Unemployed
- Still working

5. Do you have a family doctor?

- Yes
- No

6. When was the last time you went to see a doctor for anything about your health?

- This year (2003)
- Last year (2002)
- More than a year ago
- Probably more than 2 years ago

7. Have you ever had somebody kin to you or a friend with prostate cancer?

- No
- Yes

Select the MOST IMPORTANT REASON that CAUSED YOU TO COME for free prostate cancer screening (check one)

- I believe that at my age I should get the digital rectal examination and PSA blood test done each year
- The time of the free prostate cancer screening clinic is convenient (weekend)
- If I had signs of prostate cancer I wanted to find out so that treatment decisions can be made early
- I believe that I am in control of what happens to my health
- Getting prostate cancer screening gives me peace of mind
- Other

_____

_____

Clinics like the one today are checking for signs of prostate cancer.

In a few medical centers in the U.S. medical science is trying to find ways to prevent prostate cancer in what is called "Prevention Clinical Trials"

One of the ways being studied is whether eating foods with vitamin E, the mineral Selenium, Tomatoes, or Soy can keep prostate cancer from happening

There is no such prevention trial close to North Carolina. However, Dr. Marva Price wants to know if there were such a prevention trial going on for prostate cancer, and was offered at Duke University Medical Center

Do you think you would participate?

- Yes
- No
- Maybe

Turn Page Over

Prostate Health Survey 2003

PLEASE USE NO. 2 PENCIL

RIGHT	WRONG
● ■ ■	✓ ⊘ ⊗ ⊖

Read over this list... Please check which of the following you have ever heard of, and which ones you have ever tried for your prostate. If you have not heard about any of these being related to prostate health...STOP HERE ○ I have not heard of any of these

READ OVER THE LIST...

	I have heard about men using this for their prostate	I have used this for my prostate
Vitamin E	○	○
Soy Protein (for example, Soy foods such as Tofu, Soy Cereals, Soy Milk and Soy Nuts,etc.)	○	○
Lycopene (in tomato sauce, paste and other tomato products)	○	○
Selenium	○	○
Saw Palmetto	○	○

THANK YOU FOR YOUR TIME□

DUKE UNIVERSITY MEDICAL CENTER

CURRICULUM VITAE

for
Permanent Record
and the
Appointments and Promotions Committee

Date Prepared: March 15, 2004

Name (complete with degrees): Marva L. Mizell Price, DrPH, MPH, FNP, FAAN

Primary academic appointment: School of Nursing

Primary academic department: School of Nursing

Secondary appointment (if any) - (department):

Social Security number: xxx-xx-2343

Present academic rank and title (if any): Assistant Professor

Date and rank of first Duke Faculty appointment: July 1,2001 Assistant Professor

Nursing Licensure: North Carolina Registered Nurse

Date of License (Month/Day/Year): August 1972 - November 30, 2004

Specialty certification(s) and dates (Month/Day/Year):
St. Margaret's Hospital, Boston: Natural Family Planning Instructor, 1988.
American Nurses Credentialing Center (ANCC): Family Nurse Practitioner, Issued 1982; recertified March 2002 – April 2007.
North Carolina Medical Board of Nursing: Family Nurse Practitioner, Initial Approval 11/ 1974; Reapproved 11/25/03 – 11/25/2004.

PII Redacted [redacted] [redacted]

[redacted]

[redacted]

Education	Institution	Date (Year)	Degree
High School	Tyrrell High School Columbia, N.C.	1968	High School Diploma
College	School of Nursing N.C. Agricultural & Technical State University Greensboro, NC	1972	B.S.N.
Graduate or Professional School	School of Public Health, Department of Maternal and Child Health, University of North Carolina, Chapel Hill, NC	1974	Master of Public Health (M.P.H.) in Maternal Child Health
	School of Nursing University of North Carolina, Chapel Hill, NC	1974	Family Nurse Practitioner
	School of Nursing University of Washington, Seattle, Child Development and Mental Retardation Center	1979	Post-Masters in Developmental Pediatrics
	School of Public Health, Department of Maternal and Child Health and Program in Public Health Leadership, University of North Carolina, Chapel Hill, NC	1997	Doctor of Public Health (Dr.P.H). in Maternal and Child Health and Public Health Leadership

Scholarly societies:

1973-present	Invited, Delta Omega Honor Society in Public Health
1974- present	Invited and Inducted, Sigma Theta Tau, Alpha Alpha Chapter, International Honor Society in Nursing; Junior and Senior Counselor, 1978-1980
1996- present	Inducted, Charter Member, Sigma Theta Tau, Mu Tau Chapter, International Honor Society in Nursing
2002- present	Invited and Inducted, Fellow, American Academy of Nursing

Professional training and academic career:

Institution	Position/Title	Date
Post-Baccalaureate:		
Annie Penn Memorial Hospital Reidsville, NC :	Registered Nurse Rotated on all services in a 120 bed community hospital (Medical/surgical, ER, Delivery Room, Pediatrics, Recovery Room)	1972-1974
Post-Master's		
University of North Carolina, School of Public Health, Department of Public Health Nursing for Orange Chatham Comprehensive Health Services, Chapel Hill, NC	Family Nurse Practitioner	1974
University of North Carolina Employees Health Services, Chapel Hill, NC	Family Nurse Practitioner	1974-1976
University of North Carolina, Chapel Hill, NC Division for Disorders of Development and Learning (currently Center for Development and Learning)	Family Nurse Practitioner	1976-1982
State of North Carolina Department of Health and Human Services, Winston Salem & Raleigh, NC	Family Nurse Practitioner and Nursing Consultant, Family Planning and Women's Health, Division of Maternal Child Health	1982-1991
Duke University Medical Center, Durham, NC Department of Obstetrics and Gynecology, Division of GYN Oncology	Family Nurse Practitioner and Program Coordinator, Women's Cancer Screening Program & Cervical Dysplasia Private Clinic	1991-1994
Chatham County Health Department Pittsboro, NC	Interim Health Director Chief Executive Officer	1992
Kaiser Permanente Durham-Chapel Hill Office, NC	Family Nurse Practitioner	1994
Randolph County Health Department, Family Planning Clinic, Asheboro, NC	Family Nurse Practitioner	1996
Post-Doctorate: Duke University School of Nursing, Durham Family Nurse Practitioner Program	Clinical Assistant Professor	1996-2001
Program Director, Family Nurse Practitioner Program	Assistant Professor	May 2002-present

Publications:

1. **Refereed journals:**
   1. **Price, M.M.** (1980). Critique of the Milani-Comparetti Motor Development Screening Test. Physical And Occupational Therapy In Pediatrics, 1 (1), 59-68.
   2. Smith, E.M., Phillips, J.M., & **Price, M.M.** (2001). Screening and early detection among ethnic minority women. Seminars in Oncology Nursing, 17 (3), 159-170.
   3. Van Buren, K.G. & **Price, M.M.** (2002). Recognizing Obstructive Sleep Apnea in Children. The American Journal for Nurse Practitioners, 6(7), 9-17.
   4. Brown, S.M. & **Price, M.M.** (2003). Man with swollen lips and tongue. Clinician Reviews, 13 (4): 81-86. (*article on Ace-Inhibitors for Hypertension*)
   5. National Organization of Nurse Practitioner Faculty (NONPF) Practice Doctorate Task Force: Marion, L., Viens, D., O'Sullivan, A.L., Crabtree, K., Fontana, S. **Price, M.** (2003). The Practice Doctorate in Nursing: Future or Fringe? NONPF Practice Doctorate Task Force. Topics in Advanced Practice Nursing eJournal 3 (2), 2003. © 2003 Medscape.

2. **Non-refereed publications:**
   1. **Price, M.M.** (1980). Why do they suck their thumbs? Baby Talk, 46 (5), 28-29.
   2. **Price, M.M.** (1982), Thumbsucking, Pediatric Currents, 31 (1).
   3. **Price, M.M.** (1985, April 7; 1980, October 5). Thumb, finger sucking common behavior in caring for kids, Chapel Hill Newspaper.
   4. **Price, M.M.** (1986). Nurse practitioners are also caught in national malpractice insurance crunch, Contraceptive Technology Update, American Health Consultants: Atlanta, 7 (11), 138-139.
   5. **Price, M.M.** (1987). OC user's recurrent candidiasis may require multiple treatment strategies, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (1), 9-11.
   6. **Price, M.M.** (1987). Nurse practitioner has complex role in managing high-cholesterol patients, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (4), 49-50.
   7. **Price, M.M.** (1987). Help long-term OC users manage healthy, gradual return to fertility, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (6), 82-83.
   8. **Price, M.M.** (1987). Try varied approaches to encourage our OC patients to stop smoking, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (8), 101-103.
   Price, M.M. (1987). North Carolina's NFP initiative is effective and well received, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (10), 133-134.
   10. **Price, M.M.** (1987). Physically, mentally disabled teens require special contraceptive care, Contraceptive Technology Update, American Health Consultants: Atlanta, 8 (12), 154-156.
   Price M.M. (1988). Find alternatives for patients using 80 to100 mcg estrogen OCs. Contraceptive Technology Update. 9 (7): 86-87.
   11. **Price, M.M.** & Price, L.N. (2002). Concerns of white and african american consumers about colon cancer screening. In M. Kowalski (Ed.). Transcultural Nursing Special Interest Newsletter – Oncology Nursing Society, 12 (1), 1-3.
   12. **Price, M.M.** & Price, L.N. (2002). Concerns of white and african american consumers about colon cancer screening. Prevention and Detection Special Interest Newsletter – Oncology Nursing Society, 12 (3), 1-3.

3. **Chapters in books:**
   1. **Price, M.M.** (1980). Special Populations Sexual Abuse of the Developmentally Disabled. In D. Kay, Leadership Training Workshops. Bethesda: National Institute of Mental Health, National Center for Prevention and Control of Rape. Training Grant No. T31MH15664.
   2. **Price, M.M.** (1985). Nursing Care of the Child With A Mental Deficiency. In S.R. Mott, N.S. Fazekas, & S.R. James, (Eds.), Nursing Care of Children and Families, pp. 755-783, Menlo Park, CA: Addison-Wesley Publishing Co.
   3. Phillips, J. **Price, M.M.** (2002). "Breast Cancer Prevention and Detection: Past Progress and Future Directions". In K. Jennings-Dozier & S. Mahon, S. (Eds.), Cancer Prevention, Detection and Control: A Nursing Perspective. Pittsburgh, PA. Oncology Nursing Press.
   4. **Price, M.M.** (2002). Health Promotion with African American women. In C.C. Clark, Health Promotion in Communities: Holistic and Wellness Approaches, pp. 355-381, New York: Springer Publishing Company.

4. **Books: N/A**

5. **Non-authored publications (contributions noted in author's acknowledgements):**
   1. Public Sector NFP Program, (1988). The NFP Reader, 5 (1), Bethesda: KM Associates.

   2. Nurses, physicians prefer different postpartum prescriptions practices, Contraceptive Technology Update, (1986). American Health Consultants: Atlanta. 7 (9)

   3. Self-Exams Key to Detecting Cancer In Men, Duke Center for Integrative Medicine, The Herald Sun, August 7, 2003

      Cancer Seminars to Open Today, The Herald Sun, January 30, 2004.

6. **Other Materials:**
   a. **Published scientific reviews (for mass distribution):**
      Book Reviews:
      1. **Price, M.M.** (1983). Effectiveness of pediatric primary care. J. S. O'Shea & E.W. Collins, (Eds.), in Physical And Occupational Therapy in Pediatrics.
      2. **Price M.M.** (1986). Diagnosis and management of the hospitalized child. H.B. Levy, S.H. Sheldon, & R.F. Sulayman (Eds.), in Physical and Occupational Therapy in Pediatrics, 6 (1), 109-110.
      3. Lederer, et al. (1986). Care planning pocket guide. Ed 2. Menlo Park, CA: Addison-Wesley.
      4. **Price, M.M.** (1986). Minimizing high-risk parenting. R.A. Hoekelman & P.A. Media (Eds.), in Physical and Occupational Therapy In Pediatrics, 6 (2), 125-126.
      5. **Price, M.M.** (1987). Chronically ill children and their families. N. Hobbs, J.M. Perrin, & H.T. Ireys (Eds.), in Physical And Occupational Therapy In Pediatrics, 7 (3), 107-108.
      6. **Price, M. M.** (1988). Children with handicaps: A medical primer. Ed 2. M.L. Batshaw & Y.M. Perret (Eds.), in Physical And Occupational Therapy in Pediatrics, 8 (1), 117-118.
      7. **Price, M.M.** (1989). The invulnerable child. E.J. Anthony & B.J. Cohler (Eds.), in Physical And Occupational Therapy In Pediatrics, 9 (3), 160-161.
      8. Scoggin, J. & Morgan, G. (2001). Practice gudidelines for obstetrics and gynecology. Baltimore: Lippincott, Williams & Wilkins.

   b. **Selected Abstracts:**
      1. **Price, M.M.** (1986, May). "Nurse Practitioner Prescribing Practices", Paper presented at the Annual Conference on Women's Health for Nurse Practitioners, Emory University, Atlanta

      2. **Price, M.M.** (1988, May). "Helping Family Planning Patients Stop Smoking", Paper presented at the Annual Conference on Women's Health for Nurse Practitioners, Emory University, Atlanta

      3. **Price, M.M.** (1989, May). "Is There an Ideal Contraceptive for the Breastfeeding Woman?" Paper presented at the Annual Perinatal Nursing Conference, Duke University Medical Center, Durham, NC

      4. **Price, M.M.** (1993, February). "Cancer Prevention and Early Detection – Changing Lifestyles in Vulnerable Populations", Paper presented at the Health Promotion Disease Prevention Nursing Conference, Friday Conference Center, University of North Carolina School of Nursing, Chapel Hill

      5. **Price, M.M.** (1994, April). "Cancers That Worry Women the Most and Screening Dilemmas", Paper presented at the Annual Spring Symposium for Primary Care Nurse Practitioners, Charlotte.

6. **Price, M.M.** (1994, October). "Developing and Using Computer Generated Slides for Oral Presentations", Paper presented at the Dissemination Workshop during the Oncology Nurses Symposium on Cancer in African Americans, Atlanta.

7. **Price, M.M.** (1994, October 28-30). "Living with Genital Herpes: Counseling the Patient", Paper presented and Seminar Moderator for the Burroughs Wellcome Pharmaceutical Corporation Nursing Conference on Genital Herpes, Research Triangle Park, NC.

8. **Price, M.M.** (1995, April, Miami; 1995, March, Washington, DC; & 1995, February, Philadelphia). "Breast Health", Papers presented at the National Black Nurses Association Regional Conferences.

9. **Price, M.M.** (1995, August). "Gynecologic Cancers-Cervical Cancer", Paper presented at the National Black Nurses Association National Conference, Washington, DC.

10. **Price, M.M.** (1996, August). "Cervical Cancer", Paper presented at the Oncology Nursing Society Post-Conference Seminar at the Annual Meeting of the National Black Nurses Association, Chicago.

11. **Price, M.M.** (1997, May). "What Your Mother Needs to Know about Breast Health, Paper presented at the 9th Annual National Black Graduate Student Conference, Research Triangle Park, NC.

12. **Price, M.M.** (1997, August). "Cervical Cancer", Paper presented at the North Carolina Baptist Ushers Conference on Cancer Prevention, UNC Lineberger Comprehensive Cancer Center and the UNC School of Public Health Summer Public Health Conference, Raleigh, NC.

13. **Price, M.M.** (1997, August). "Intergenerational Influences on Cervical Cancer Screening", Poster Session presented at the Women's Health Issues – A Global Nursing Perspective, University of Cincinnati, St. Thomas, Virgin Islands.

14. **Price, M.M.** (1997). Generational Influences on Cervical Cancer screening and the capacity of the public health system to assure responsive Services. Dissertation Abstracts International, University of North Carolina, Chapel Hill. Microfiche No. W4.P9462. 1997.

15. **Price, M.M.** (1998, August). "Intergenerational Influences on Cervical Cancer Screening", Paper presented at the 11th Union of International Cancer Congress, Rio de Janeiro, Brazil.

16. **Price, M.M.** (1999, April). Enhancing nurse educators' knowledge base to teach their students cancer prevention and early detection in african americans; and Using the Albert Schweitzer fellowship program to foster cross-cultural experiences for nurse practitioner students. Symposium conducted at the annual meeting of the National Organization of Nurse Practitioner Faculties (NONPF), San Francisco.

17. **Price, M.M.** (1999, November). "African American Women's Concerns about Cervical Cancer Screening", Paper presented at the American Public Health Association Annual Convention, Chicago.

18. **Price, M.M.** (2000, February). "African American Women's Concerns about Cervical Cancer Screening", Paper presented at the 7th Biennial Symposium on Minorities, The Medically Underserved & Cancer, Washington, DC.

19. **Price, M.M.** (2000, March). "African American Women's Concerns About Cervical Cancer Screening", Paper presented at the Howard University School of Nursing Research Day, Washington, DC.

20. **Price, M.M.** (2000, April). "Creating a Faculty Research Opportunity with a Community Prostate Cancer Screening Program", Paper presented at the National Organization of Nurse Practitioner Faculties (NONPF) 26th Annual Conference, Washington, DC.

21. **Price, M.M.** (2000, August 3; July 30). "Follow-up of Men Who Participate in a Free Community Day Prostate Cancer Screening Clinic", Poster Session presented at the 11th International Conference on Cancer Nursing-Building The Future, Oslo, Norway.

22. **Price, M.M.** (2000, August). "Follow-up of Men who Participate in a Free Community Day Prostate Cancer Screening Clinic" and Generational Influences on Cervical Cancer Screening", Papers presented at the National Black Nurses Convention, Washington, DC

23. **Price, M.M.** (2000, September). "Gynecologic Cancers", Paper presented at the National Astra Zeneca Challenge Conference for Oncology Nurses, Atlanta.

24. **Price, M.M.** (2000, November). "Free Community Prostate Cancer Screening: Who Attends and Why?", Paper presented at the American Public Health Association Annual Convention, Boston.

25. **Price, M.M.** (2001, February 16). "Free Community Prostate Cancer Screening: Who Attends and Why?" Poster Session presented at the Annual School of Public Health Minority Health Conference, University of North Carolina, Chapel Hill.

26. **Price, M.M.** (2001, September). "Free Community Prostate Cancer Screening: Who Attends and Why", Paper presented at the Biennial Conference of the Center for Disease Control and Prevention (CDC), Using Science to Build Comprehensive Cancer Programs: A 2001 Odyssey, Atlanta.

27. **Price, M.M.** (2001, October). "Lessons Learned From 58 African American Men About Prostate Cancer Screening", Paper presented at the American Public Health Association Annual Convention, Atlanta.

28. **Price, M.M.** (2002, June). "Free Community Prostate Cancer Screening in A Small Urban Community". Poster presented at the 18th Union of International Cancer Congress, Oslo, Norway.

29. **Price, M.M.** (2002, August). "Prostate Cancer Screening – Who Attends and Why". Podium presentation at the 12th International Conference on Cancer Nursing 2002: Making A Difference, London.

30. **Price, M.M. & Robertson, C.N.** (2002, September). "Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics". Poster presentation at the Ninth Annual CapCure Scientific Retreat Program, Washington, D.C.

31. **Price, M.M.,** Powe, B.D., & Underwood, S.M. (2003, March). Symposium 22 "From Research to Practice to Policy: Designing Research-Based Interventions Focused on Cancer Prevention and Control Among African-Americans". 24th Annual Meeting and Scientific Sessions for the Society of Behavioral Medicine, Salt Lake City, Utah.

32. **Price, M.M.** (2003, October). "Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics in Durham, North Carolina" Sixth Annual Sigma Theta Tau Research Day Conference: Health Disparities in Underserved Minority Populations from a Global Perspective. North Carolina A&T State University School of Nursing, Greensboro, N.C. p.13.

33. **Price, M.M.** (2003, October). "International Cancer Care Nurses Attitudes about Cervical Cancer Screening" Sixth Annual Sigma Theta Tau Research Day Conference: Health Disparities in Underserved Minority Populations from a Global Perspective. North Carolina A&T State University School of Nursing, Greensboro, N.C. p.24.

34. **Price, M.M.,** & Combs, I. (2003, November 7-9)."How to Use Innovative Health Education and Screening Programs to Promote Health in the African American Community: Durham, North Carolina and Omaha, Nebraska". Symposium conducted at the 4th Annual Institutes of Learning Conference. Oncology Nursing Society, Philadelphia, P.A. p. 27-31.

35. **Price, M.M.** (August 2004). "International Cancer Care Nurses Attitudes About Cervical Cancer Screening". Podium presentation at the 13th International Conference on Cancer Nursing 2004: Celebrating Diversity, Sidney, Australia. Abstracted accepted November 2003.

36. **Price, M.M., Jackson, S.A., & Robertson, C.N.** (2004, March). "Utility of Longitudinal Prostate Specific Antigen Measures in a Screening Population", Intercultural Cancer Council and Baylor College of Medicine: 9th Biennial Symposium on Minorities, The Medically Underserved & Cancer, Washington, D.C. p. 37. Abstracted accepted November 2003.

37. **Price, M.M., Jackson, S.A., & Robertson, C.N.** (2004, November). "Utility of Longitudinal Prostate Specific Antigen Measures in a Screening Population", 132nd Annual Convention of the American Public Health Association, Washington, D.C. p. 37. Abstracted submitted February 2004.

C: Editorials, position, and background papers: N/A

Consultant appointments:

1993-1997	Member, Research Triangle Independent (International) Review Board (IRB), Chartered and established by Clintrials Pharmaceuticals, Inc., Research Triangle Park, NC,
March 2000	Healthy Start Foundation of North Carolina through the Sheps Center, University of North Carolina. Technical Assistance for grantee workshops for STD prevention project planning for five $250,000 grants aimed at infant mortality prevention; conducted in Greenville, Hickory, and Sanford.
March-May, 2000	Committee for Professional Education, State of California Department of Health Services, Cancer Detection Section for Cervical Cancer, Sacramento, CA. (two work group meetings held in Los Angeles). Developed a Professional Training Resource Manual for Cervical Cancer and HPV Patient Management for use in the California Department of Health public health agencies.
1988-2002	Adolescent Pregnancy Prevention Program. North Carolina General Assembly through the Commission for Health Services, N.C. Dept. Health and Human Services. Annual grants review and selection process.
August 2002	U.S. Army Department of Defense, Integration Panel for Prostate Cancer, Ad hoc panel member to determine the funding level for scored grant proposals from the $80 million budget for prostate cancer.
August 2003	U.S. Army Department of Defense, Integration Panel for Prostate Cancer, Ad hoc panel member to determine the funding level for scored grant proposals from the $85 million budget for prostate cancer.
April 13-17, 2004	Guest Scholar, Saint Louis University, NCI funded Eliminating Health Disparities Program

Professional awards and special recognitions:

1973	Delta Omega Honor Society in Public Health
1974	Sigma Theta Tau, Alpha Alpha Chapter, International Honor Society in Nursing; Junior and Senior Counselor, 1978-1980
October 1993	GREAT 100 Award for Nursing Excellence in North Carolina.
1996	Inducted, Charter Member, Sigma Theta Tau, Mu Tau Chapter, International Honor Society in Nursing
June 1995	American Nurses Association Ethnic Minority Fellowship.
1995-1996	North Carolina Albert Schweitzer Fellowship, University of North Carolina, Chapel Hill, $2,000.
1996	Alumni Graduate Student Award, UNC School of Public Health, Annual Alumni Conference.
1995-1997	Lineberger Comprehensive Cancer Center, University of North Carolina, Pre-Doctoral Fellowship in Cancer Prevention and Detection.
1997	Community Health Nurse of the Year, North Carolina Nurses Association.
August 2000	International Travel Award, Duke University Office of International Studies, International Cancer Nursing Conference, Oslo, Norway.
March 2001	Visiting Scholar, Tennessee State University School of Nursing, Nashville.
2002	Invited and Inducted, Fellow, American Academy of Nursing
May 10, 2002	Invited Keynote Speaker, Pinning Ceremony – School of Nursing Graduation Ceremony, North Carolina Central University, Durham, NC.
February-March, 2003	Visiting Scholars Photographic Recognition and Biographical Display, Tennessee State University School of Nursing, Nashville.
2002-2004	Selected to Participate in International Mentorship Program for 30 Multidisciplinary Scholars, 1st Institute on Cancer, Culture, and Literacy, Moffitt Comprehensive Cancer Center, University of South Florida, Tampa. In Residence January 5-12, 2002 followed by monthly online asynchronous lectures and discussion. Research Mentor (2002-2004): Sherry Mills, M.D., Ph.D., Center for Prevention and Health Promotion, Bethesda (former Chief, Prevention and Control Extramural Branch, National Cancer Institute). Program involvement ends April 2004.
April 14-16, 2004	Visiting Scholar, Saint Louis University NCI-funded Eliminating Health Disparities Program.

Organizations and participation (regional and local):

Dates	Office held and/or Committee Assignment	Organization
2002	**International:** Member	Union of International Cancer Congress Nursing Committee, Geneva, Switzerland. Congress, Oslo, Norway
2002-2004	Member	International Society of Nurses in Cancer Care (ISNCC)
1974-present	**National:** Member	American Public Health Association
1974-present	Member	American Nurses Association
1978-present	**Member**	National Black Nurses Association (local chapter: Central Carolina Black Nurses Association)
1998-present; Invited	Scientific advisory board member	American Social Health Association, RTP, NC, National Cervical Cancer and Human Papilloma Virus Project
1995-present	**Member**	Oncology Nursing Society
January-August 2000; Invited	10 member committee from across the U.S. charged with planning a community outreach course on cancer screening and detection for 300 oncology nurses	ONS National Challenge Conference, Conference held in Atlanta, September 14-17, 2000
January – April 2002	Committee Member for participant follow up and to plan a reunion luncheon and poster session	Invitational for Best 100 Oncology Nurse Community Outreach Cancer Prevention and Early Detection Programs, held in Washington, D.C., April 20, 2002
1997-2004 2003-2004	**Member;** Member, National Association of Nurse Practitioner Faculties (NONPF), present.	Clinical Doctorate Task Force, National Organization of Nurse Practitioner Faculties (NONPF)
1994; serving 4rd term; Gubernatorial appointment	**State:** Member, the Public Health Commission writes the rules for all legislation passed by the North Carolina General Assembly including environmental and personal health legislation, immunization laws, restaurant and lodging grading standards, childcare facility, food establishment grading standards, HIV, smallpox, other communicable disease control.	Governor's 12 member Commission for Health Service (Public Health Commission), Raleigh. Quarterly meetings.
1995-1997; Invited	Chair, Evaluation and improvement of cancer screening services (clinical, laboratory, and radiological) for women in private and public sector clinics	North Carolina Health and Human Services, Department of Health, Breast and Cervical Cancer Assurance Committee
2000-present; Invited	Member, Board of Advisors and Fellowship selection subcommittee. The Foundation provides paid fellowships for community service learning projects conducted by medical, dental, nursing, veterinarian, and law graduate and professional students across North Carolina universities with major medical centers.	The Albert Schweitzer Foundation; fellow interview and selection annually in March; fellowship mentorship, and guidance in seminar development
2001; Invited	Member	Old North State Medical Society, Raleigh-Durham Chapter
1975-present 1985-1987 2001-present	Member; Secretary for Triangle Region; Commission on Standards and Practice	North Carolina Nurses Association (formerly District Eleven)
January 2000	Participant, North Carolina Nurses Association	North Carolina Nurses Association

Dates	Office held and/or Committee Assignment	Organization
	Leadership Day	
January 2000-2001	Participant, Awards Selection Committee for Outstanding Nursing Leadership and Service	North Carolina Nurses Association
2001-2003	Commission on Standards and Practice	North Carolina Nurses Association
February 2003; Invited	Member, Advisory Board	University of North Carolina School of Public Health, Department of Maternal and Child Health, participated in review of candidates for department chair; annual board meetings
1986-1987	Local: Member, Board of Directors	Piedmont Health Care, Inc. Federally funded primary care centers in three rural North Carolina counties
1993-1994 1989-2000	Chair; Board Member	Chatham County Board of Health
2001-present	Member	Copernicus Group Independent (International) Review Board, Inc. Cary, NC
2001-2004, 2nd term; County Commissioners appointment	Member, official certifier for Board proceedings	Orange-Chatham-Person Developmental Disabilities and Mental Health Authority (Mental Health Board), monthly meetings
Invited March 2004; vote April 29, 2004	Board Member and Health Committee Member	Carolina Meadows Retirement Community, a 600 resident continuing care community, meetings every other month
1978-2004	Other Community Service: International Friend Volunteer, matching of students and host families, and serving as a mentor/friend to international students and families	International Friendship Program, University of North Carolina, Chapel Hill
July 1993	International Volunteer, Preventive health education to adolescents, teens, and young adults in villages on STD, AIDs, and unintended pregnancy prevention	Trinidad and Tobago, West Indies
1998-1999	Volunteer Clinician, Clinical Breast Examinations for underserved women	YWCA Breast Exam and Mammography Program, Raleigh
2000-2002	Community Volunteer, Health Screening and Counseling in Morreene Housing Community	Durham Academy of Physicians, Dentists, and Pharmacists, Durham

Primary areas of research interest:
Decision Making for Reproductive Health Cancer Prevention and Detection
Infant Mortality Prevention

External Support Grant funding:

PI	% Effort	Purpose	Amount	Duration
PRESENT				
Principal Investigator, U.S. Army Department of Defense(Co-PI Mentor: Cary Robertson, M.D.,DUMC)	50%	Prostate Cancer Screening, Health Disparity Research-Prostate Scholar Award: Increasing Sustained Participation in Free Mass Prostate Cancer Screening Clinics Mentor: Cary Robertson, M.D. Scientific Mentor: Paul Godley, M.D., Ph.D., Surgical Oncologist, Attend monthly seminars in Methods in Health Disparity Research, cosponsored by the Cecil Sheps Center, UNC School of Public Health; and Lineberger Comp. Cancer Center.	$406,421.00	Funding cycle June 2002-2005
Mentorship: 5 P20 CA91410-02 - Partnerships to Eliminate Disparities in Cancer Outcomes and Research		1st year Biology Student, NCCU: Collaborative partnership between Duke Comprehensive Cancer Center, North Carolina Central University and Lincoln Community Health Center to encourage and facilitate inter-institutional training and research opportunities aimed at reducing disparities among Black and White Americans in cancer outcomes and research. Budget period: 05/01/2003 - 04/30/2004 Project period: 05/15/2002 - 04/30/2005		March-April 2004
5 P20 CA91410-02 - Partnerships to Eliminate Disparities in Cancer Outcomes and Research		3rd Undergraduate Student, NCCU		June – September 2003
PI, Cervical Cancer Screening, International Nurses Survey DUMC IRB Approval March 2002		Attitudes and Practices for Cervical Cancer Screening Among International Nurses in Cancer Care. Surveys conducted at the UICC Congress, Oslo, Norway, June-July 2002 & the International Nurses in Cancer Care, London, August-	$500 District Eleven, North Carolina Nurses Association	June 2002-June 2003

		September 2002		
PI, Department of Defense	30%	Using a Tracking System to Improve Prostate Cancer Screening Follow-up in a Small Urban	$74,984	2000-2001
PI, Avon-NABCO, Inc	25%	Breast Cancer Access Grant for Nurse Practitioners in Nine-County Area in Southeastern North Carolina	$75,000 ($5,000 match by Carson Products, Savannah)	October 1997-98
PI, (Pre-doctoral Fellow), NCI sponsored Cancer Control Education Research Program (CCEP) University of North Carolina Lineberger Comprehensive Cancer Center, Training Grant -CA64060	45%	Intergenerational Influences on Cervical Cancer Screening Dissertation Research	$20,000 $20,000	1995-1996 Renewed 1996-97
PI, Association of School of Public Health and The Association of Teachers of Preventive Medicine, National Center for Infectious Disease, Division of HIV/AIDS, Surveillance Branch CDC, Atlanta		Protocol Development for Resource Assessment of HIV+ pregnant women's access and use of AZT and other social and medical resources	$23,000	1994-1995

Clinical Practice (type of practice and estimate of time commitment):

Family Nurse Practitioner, Duke University Medical Center Department of Obstetrics and Gynecology, Durham, NC, for Lincoln Community Health Center Prenatal Clinic; maximum of two weekend sessions per month in a large comprehensive inner city health center, 1999-present.

Participation in Academic and Administrative Activities of the University and Medical Center School of Nursing Committees:

2004	DUMC IRB #1
Elected March 2003, term 2003-2004	Duke University Academic Council
1996-present	DUSON Faculty Governance Committee
2002-present	Member, DUSON Appointment, Promotion, Tenure (APT) Committee
2000; 2002 to 2003	DUSON Curriculum Committee
2001-2002	Chair, Clinical Site Appeals, committee arbitrates problem clinical site placements and assists Associate Dean with clinical site placement issues
2002	Member, Ad Hoc Committee, Martin Luther King Celebration, Duke University School of Nursing
2001-2002	Chair, Clinical Site Placement Appeals Committee
2000-2001	Member, Ad Hoc Committee, APT Guidelines for Non-Tenure Track Faculty
Fall 1999-Summer 2000	Chair, Oncology Program Director Search. Planned recruitment activities including advertisements, visitation schedules, and interviews for faculty candidate.
1998-2000	Chair, DUSON Student Recruitment Committee
1996 - 2000	Member
2000	Member, Dean's Committee on the Black Faculty Initiative
1997-1998	Member, Ad Hoc Committee, APT Guidelines for Non-Tenure Track Faculty

Non-Abstract Presentations:

1. **Price, M.M.** (1991, May). "Contraception Following Pregnancy Induced Hypertension and other High Risk Medical Conditions. Paper presented at the Perinatal Nurse Conference, Durham County Hospital Corporation, Durham, NC
2. **Price, M.M.** (1996, December). "Breast Health: What African American Nurses Want to Know", Luncheon Keynote presented for the Central Carolina Black Nurses Council, Inc., Durham, NC
3. **Price, M.M.** (1997, May). "What Your Mother Needs to Know about Breast Health, Paper presented at the 9th Annual National Black Graduate Student Conference, Research Triangle Park, NC
4. **Price, M.M.** (1997, October). "Breast Health: What African American Women Need to Know", Luncheon Keynote presented for the Community Breast Cancer Awareness Seminar, Sponsor – Delta Sigma Theta Chapel Hill Alumnae Chapter, Inc, Chapel Hill, NC
5. **Price, M.M.** (2000, October). "Breast Self-Examination", Luncheon Keynote at the Community Breast Cancer Awareness Seminar, Sponsor – Delta Sigma Theta Chapel Hill Alumnae Chapter, Inc., Chapel Hill, NC
6. **Price, M.M**. (2001, March). "Nutrition and Colorectal Cancer Screening", Seminar presented for Fearrington Village Cares Group, Pittsboro, NC, Co-sponsor – Oncology Nursing Society
7. **Price, M.M.** (2001, April). "Nutrition and Colorectal Cancer Screening", Seminar presented for the Corinth AMEZ Church, Siler City, NC, Co-sponsor – Oncology Nursing Society
8. **Price, M.M.** (2003, June). "Prostate Health", Presentation for Ebenezer Baptist Church, Durham, NC
9. **Price, M.M.** (2003, March). "Prostate Health", Presentation for Peace Missionary Baptist Church, Durham, NC Church, Durham, NC