Information Technology Is Transforming Prostate Cancer Care: Dragging Clinical Medicine, Kicking and Screaming, into the 21st Century

Andrew Vickers
Attending Research Methodologist
Department of Epidemiology and Biostatistics
Memorial Sloan-Kettering Cancer Center
<table>
<thead>
<tr>
<th>Tests</th>
<th>Results</th>
<th>Units</th>
<th>Reference Interval</th>
<th>Lab</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROSTATE SPECIFIC ANTIGEN</td>
<td></td>
<td></td>
<td>&lt; OR = 4.0 NG/ML</td>
<td></td>
</tr>
<tr>
<td>Total PSA</td>
<td>1.4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Risk Group</td>
<td>Definition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low risk</td>
<td>T1–T2b, Gleason score &lt; 6, PSA &lt; 10 ng/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intermediate risk</td>
<td>T2b and/or Gleason score 7 and/or PSA 10 to 20 ng/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High risk</td>
<td>&gt; T2c and/or Gleason score 8–10 and/or PSA &gt; 20 ng/mL</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PSA = prostate-specific antigen
### Medical History: Nursing Assessment New Visit

**Date:** 06/28/2013

**Date __/__/____**  **Time _____**  **AM  PM**  **Office Visit  Telephone**

**Person giving information:**  □ Patient  □ Other, Relationship to Patient _______________________

**Patient’s primary language:** ______________________  **Interpreter required?**  □ Yes  □ No

**Planned Procedure/Surgery**

**Primary Diagnosis**

**Medical/Surgical History**

**Care Partner (required for all outpatient procedures/surgery)**

**Who does patient identify as their care partner?**  □ NA

**Name __________________**  **Relationship to patient ______________  Telephone number _____________**

**Phone Contacts (ask patient where they can be reached before the procedure, eg home, cell, hotel)**

**Telephone for 2 days before**

**Telephone for 1 day before**

If an Ambulatory Nursing Comprehensive Assessment has been completed within 30 days of procedure or surgery, indicate date completed  ____________, proceed to Comments section, and sign form.
<table>
<thead>
<tr>
<th>Medical &amp; Surgical History / Comorbidities</th>
<th>Medical History: Fellow or Surgeon New Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergies</td>
<td>□ NKA</td>
</tr>
<tr>
<td>Medical &amp; Surgical History / Comorbidities</td>
<td>Cor. Artery Disease / MI</td>
</tr>
<tr>
<td></td>
<td>Other Cardiac:</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
</tr>
<tr>
<td></td>
<td>CVA</td>
</tr>
<tr>
<td></td>
<td>Thrombo. Events / DVT</td>
</tr>
<tr>
<td></td>
<td>Pulm. Disease / Asthma</td>
</tr>
<tr>
<td></td>
<td>Diabetes (IDDM/NIDDM)</td>
</tr>
<tr>
<td></td>
<td>Hypercholesterolemia</td>
</tr>
<tr>
<td></td>
<td>Depression</td>
</tr>
<tr>
<td></td>
<td>Back Pain / DJD</td>
</tr>
<tr>
<td>Family History:</td>
<td>□ No known family history of ca</td>
</tr>
<tr>
<td></td>
<td>Y N</td>
</tr>
<tr>
<td>Prostate Ca</td>
<td>□ □</td>
</tr>
<tr>
<td>If Y: Num. 1° relatives:</td>
<td>______</td>
</tr>
<tr>
<td>Num. other relatives:</td>
<td>______</td>
</tr>
<tr>
<td>Social History:</td>
<td>Occupation:</td>
</tr>
<tr>
<td></td>
<td>Marital Status: Children:</td>
</tr>
<tr>
<td>Tobacco Use:</td>
<td>□ None</td>
</tr>
<tr>
<td></td>
<td>□ Cigarettes □ Cigar □ Pipe</td>
</tr>
<tr>
<td>Side of Family</td>
<td>□ Maternal □ Paternal</td>
</tr>
<tr>
<td></td>
<td>Y N</td>
</tr>
</tbody>
</table>
Medical History: Pre-surgical Testing

<table>
<thead>
<tr>
<th>Date of Birth:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Complaint/Reason for Surgery:</strong></td>
</tr>
<tr>
<td><strong>History of Present Illness:</strong></td>
</tr>
<tr>
<td><strong>Medications:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Past Medical History:</strong></td>
</tr>
<tr>
<td><strong>Past Surgical History:</strong></td>
</tr>
<tr>
<td><strong>Allergies:</strong></td>
</tr>
<tr>
<td><strong>Social History:</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>☐ None, ☐ as follows:</td>
</tr>
<tr>
<td>☐ None, ☐ as follows:</td>
</tr>
<tr>
<td>☐ None, ☐ as follows:</td>
</tr>
<tr>
<td>☐ Non-contributory, ☐ as follows:</td>
</tr>
<tr>
<td>☐ Tobacco ☐ Alcohol ☐ Drugs</td>
</tr>
</tbody>
</table>
Medical History: Fellow or Surgeon at time of surgery
Smoking

Ambulatory Nursing Adult Health Screening

Smoking
In the past 30 days, have you smoked cigarettes or used any other forms of tobacco (cigars, pipe, smokeless tobacco)? □ Every day □ Some days □ Not at all
Are you willing to consider quitting smoking (or using other tobacco products)? □ No □ Yes* □ n/a

Fellow or Surgeon New Visit

Social History:
Occupation:
Marital Status: Children:
Tobacco Use: □ None
□ Cigarettes □ Cigar □ Pipe
□ ______ packs / day for ______ years
□ Quit Year: ______

Presurgical testing

Social History: □ Non-contributory, □ as follows:
□ Tobacco □ Alcohol □ Drugs
## Medical History: Fellow or Surgeon New Visit

<table>
<thead>
<tr>
<th>C/V</th>
<th>Cardio-Respiratory</th>
<th>☐</th>
<th>☐</th>
<th>☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>M/S</td>
<td>Neuro-Muscular</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*hesitancy, intermittence, weak stream, dribbling*

### Medical History / Comorbidities

- ☐ Coronary Artery Disease / MI
- ☐ Other Cardiac Disease
- ☑ Hypertension
- ☐ CVA
- ☐ Thromboembolic Events / DVT
- ☐ Pulmonary Disease / Asthma / COPD
- ☑ Diabetes (IDDM/NIDDM)
- ☐ Hypercholesterolemia
- ☐ Depression
- ☐ Back Pain / DJD
- ☐ Nephrolithiasis
- ☐ Renal Insufficiency

### Surgical History

- ☐ N/A
- ☑ Needle Cataract Surgery
- ☐ N/A

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GU07  U11  CMIC Approval Date: 6/03  rev: 09/08/06  Page 1 of 5  B/02.070.07
# Medical History: Pre-surgical Testing

<table>
<thead>
<tr>
<th>Medications</th>
<th>None, as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Captopril, Lesartan, Avadix, Siquelain, Lipton, Nortes, Arench, Spazin, Ventolin, Aromes, Levimie</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past Medical History</th>
<th>None, as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gend, EPDM, Nit, Osa, Octona</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past Surgical History</th>
<th>None, as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insertion, Soft Plate, Ocular, Lesie</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Allergies</th>
<th>None, as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sea Food</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Social History</th>
<th>Non-contributory, as follows:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco, Alcohol, Drugs</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Family History</th>
<th>Non-contributory, as follows:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Review of Symptoms</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comment</th>
</tr>
</thead>
</table>
Medical History: Fellow or Surgeon at time of surgery

<table>
<thead>
<tr>
<th>Procedure Planned</th>
<th>Past Surgical History</th>
<th>Inductory</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/12/10: Left Partial Nephrectomy</td>
<td>Prostate Biopsy</td>
<td>Nasal Stud</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Past Medical History</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate Cancer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type 1 Diabetes Mellitus (IDDM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obstructive Sleep Apnea (OSA on BiPap)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Childhood Asthma</td>
<td></td>
<td>Pre OP WT 95.7 kg</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medications</th>
<th></th>
<th>Allergies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carvedilol 12.5 mg PO daily</td>
<td>Leumir 25 units BID</td>
<td>Fish (non-shellfish)</td>
</tr>
<tr>
<td>Asovastatin 10/25 mg PO daily</td>
<td></td>
<td>Nuts</td>
</tr>
<tr>
<td>Atorvastatin 20 mg PO daily</td>
<td>Simvastatin 10 mg PO daily</td>
<td>Shellfish</td>
</tr>
<tr>
<td>Atace 10 mg PO daily</td>
<td>Lisinopril 30 mg PO daily</td>
<td>and Wheeler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preoperative Testing</th>
<th>Date: 8/4/10</th>
<th>MDRD GFR = 3.6</th>
</tr>
</thead>
<tbody>
<tr>
<td>WBC 5.3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Na 147</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CO 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Creat 1.9</td>
<td></td>
<td>MDRD GFR = 3.6</td>
</tr>
<tr>
<td>K+ 4.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glucose 110</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ca++ 9.9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>BUN 29</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: T. A. M. + 4.6</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How big a problem **during the last 4 weeks**, if any, has each of the following been for you? (Circle one number on each line)

<table>
<thead>
<tr>
<th></th>
<th>No Problem</th>
<th>Very Small Problem</th>
<th>Small Problem</th>
<th>Moderate Problem</th>
<th>Big Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Hot flashes</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Breast tenderness/enlargement</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Have you had a vasectomy? □ Yes □ No
Have you had a hysterectomy? □ Yes □ No
David B. Samadi, MD
Chairman of Urology, Chief of Robotic Surgery at Lenox Hill Hospital, Professor of Urology at Hofstra North Shore-LIJ School of Medicine

Performed over 6,000 successful robotic prostate surgeries
Developed his own advanced SMART prostate cancer surgery technique
Personalized care before and after the procedure

NY robotic prostate surgeon, David B. Samadi, MD, is the Chairman of Urology, Chief of Robotic Surgery at Lenox Hill Hospital, and Professor of Urology at Hofstra North Shore-LIJ School of Medicine in New York City. He is one of the very few urologic surgeons in the United States trained in oncology, open, laparoscopic, and robotic surgery - as such, many regard him as the best prostate surgeon.

Dr. Samadi is actively involved in training and proctoring urologists and prostate surgeons across the country and internationally. He is a widely regarded prostate surgeon, particularly for the success of his custom SMART Surgery; the Samadi Modified Advanced Robotic Technique yields exceptional prostate surgery results.
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Dr. Samadi is actively involved in training and proctoring urologists and prostate surgeons across the country and internationally. He is a widely regarded prostate surgeon, particularly for the success of his custom SMART Surgery; the Samadi Modified Advanced Robotic Technique yields exceptional prostate surgery results.
G. A., New York, USA
"Just yesterday I got the results of my one month post surgery blood test, the PSA level is less than 0.1, thank you Dr. Samadi!"

more..

M. H., MD, Pennsylvania, USA
"...My choice of Dr. Samadi for the robotic surgery was without any doubt the best choice giving me the best outcome for this problem".

more..
<table>
<thead>
<tr>
<th>DAY</th>
<th>HIGH/LOW</th>
<th>COND</th>
<th>PRECIP</th>
</tr>
</thead>
<tbody>
<tr>
<td>TONIGHT Oct 15</td>
<td>--/53°F</td>
<td>Mostly Clear</td>
<td>10%</td>
</tr>
<tr>
<td>FRI Oct 16</td>
<td>67°/47°</td>
<td>Partly Cloudy</td>
<td>10%</td>
</tr>
<tr>
<td>SAT Oct 17</td>
<td>56°/40°</td>
<td>Mostly Sunny</td>
<td>0%</td>
</tr>
<tr>
<td>SUN Oct 18</td>
<td>52°/37°</td>
<td>Partly Cloudy</td>
<td>20%</td>
</tr>
<tr>
<td>MON Oct 19</td>
<td>53°/43°</td>
<td>Sunny</td>
<td>0%</td>
</tr>
</tbody>
</table>
Your Recently Viewed Items and Featured Recommendations

Comply Tux-100 Comfort PLUS Earphone Tips (Black, 3 Pair, Medium) [4.9 out of 5 stars, 396 ratings]
3 Pairs Replacement Silicone Earbuds Tips for Bose (Small) [4.8 out of 5 stars, 186 ratings]
Stanley 30669 Pro Block 2 Grounded 3-Outlet Outdoor Extension Cord, 2-Feet, Black
G40 Globe String Lights with 25 Clear Bulbs by Denve® - UL Listed Commercial Quality...
RiteAV - 25 feet Power Extension Cord Heavy Duty Outdoor Jacket (indoor & outdoor...
Etymotic Research ER36-14F Foam Replacement Eartips - 10 Pack - Black
Venetian Leather Balm Cream 4 oz [4.9 out of 5 stars, 29 ratings]
Delivered Jun 19, 2015
Your package was left in the mailbox.

Coleman Cable 02306 15-Feet 16/3-Wire Gauge Vinyl Outdoor Extension Cord, Black
Sold by: Amazon.com LLC
$12.87
Buy it Again

4 of 25 Ft Clear Globe G40 String Lights Set with 25 G40 Bulbs Included, End-to-end - UL Listed Indoor & Outdoor Lights Settings With Warm Romantic Amienc
Sold by: Brightown
$29.99
Buy it Again

Allied Precision 26CSK, ClickShield Weather Resistant Cord Lock, 1-Pack, Black
Sold by: WONDERFULBUY
$8.49
Buy it Again
Children of Heaven (Bacheha-Ye aseman)

1997  PG  87 minutes

In this Oscar-nominated Iranian drama from filmmaker Majid Majidi, a young boy (Amir Farrokh Hashemian) accidentally loses his sister's (Bahare Seddqi) shoes and must share his own sneakers with her in a sort of relay while each attends school at different times during the day. The boy ultimately enters a much-publicized foot race in hopes of placing third and taking home the prize: a new pair of sneakers.


Director: Majid Majidi

Genres: Children & Family Movies, Dramas, Movies for ages 8 to 10, Movies for ages 11 to 12, Family Features, Middle Eastern Movies, Iranian Movies, Farsi-Language Movies

Language: Farsi

This movie is: Inspiring

Availability: Streaming and DVD

Our best guess for Caroline: 4.6 stars
Average of 729,097 ratings: 3.7 stars

DVD disc returned on 6/23/2009
Our best guess for Caroline: 4.6 stars
Average of 729,097 ratings: 3.7 stars
Justin Bieber: Never Say Never

2011  G  105 minutes

In this high-energy musical documentary, teen singing sensation provides personal snapshots from throughout his career, from the International Music Awards to his triumph at the Grammy Awards.

Cast: Justin Bieber, Boys II Men, Miley Cyrus, Ludacris, Jaden Smith, Usher, Pattie Mallette, Jon Chu

Director: Jon Chu

Genres: Documentaries, Movies for ages 8 and up, Biographical Documentaries, Concerts, Music & Concert Movies

This movie is: Feel-good

Availability: Streaming, DVD and Blu-ray

Our best guess for Caroline: 3.7 stars
Average of 612,588 ratings: 3.4 stars
Justin Bieber: Never Say Never

2011  G  105 mins

Our best guess for you: 2.1 stars
Average of 1108386 ratings: 2.9 stars

In this high-energy musical documentary, teen singing sensation Justin Bieber provides personal snapshots from throughout his career, starting with his first set of drums and culminating with scenes from his triumphant 2010 concert tour.

Cast: Justin Bieber, Boys II Men, Miley Cyrus, more...

Add to DVD Queue
Hey, we’re prostate, we do prediction!

### Preoperative Nomogram for Prostate Cancer Recurrence

<table>
<thead>
<tr>
<th>Points</th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSA</td>
<td>0.1</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td>Clinical Stage</td>
<td>T1c</td>
<td>T1ab</td>
<td>T2a</td>
<td>T2b</td>
<td>T3a</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biopsy Gleason Grade</td>
<td>≤ 2+</td>
<td>3+</td>
<td>≤ 2</td>
<td>3+ ≤ 2</td>
<td>≥ 4+</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Points</th>
<th>0</th>
<th>20</th>
<th>40</th>
<th>60</th>
<th>80</th>
<th>100</th>
<th>120</th>
<th>140</th>
<th>160</th>
<th>160</th>
<th>200</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Month Rec. Free Prob.</td>
<td>.96</td>
<td>.93</td>
<td>.9</td>
<td>.85</td>
<td>.8</td>
<td>.7</td>
<td>.6</td>
<td>.5</td>
<td>.4</td>
<td>.3</td>
<td>.2</td>
</tr>
</tbody>
</table>

**Instructions for Physician:** Locate the patient’s PSA on the PSA axis. Draw a line straight upwards to the Points axis to determine how many points towards recurrence the patient receives for his PSA. Repeat this process for the Clinical Stage and Biopsy Gleason Sum axes, each time drawing straight upward to the Points axis. Sum the points achieved for each predictor and locate this sum on the Total Points axis. Draw a line straight down to find the patient’s probability of remaining recurrence free for 60 months assuming he does not die of another cause first.

**Instruction to Patient:** “Mr. X., if we had 400 men exactly like you, we would expect between <predicted percentage from nomogram - 10%> and <predicted percentage + 10%> to remain free of their disease at 5 years following radical prostatectomy, and recurrence after 5 years is very rare.”

### Prostate Nomogram - Pre-Treatment

<table>
<thead>
<tr>
<th>Question</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-treatment PSA:</td>
<td>8</td>
</tr>
<tr>
<td>Biopsy Primary Gleason:</td>
<td>4</td>
</tr>
<tr>
<td>Biopsy Secondary Gleason:</td>
<td>3</td>
</tr>
<tr>
<td>Biopsy Gleason Sum:</td>
<td>7</td>
</tr>
<tr>
<td>1992 Clinical Tumor Stage:</td>
<td>T1c</td>
</tr>
<tr>
<td>1997 Clinical Tumor Stage:</td>
<td>T1c</td>
</tr>
<tr>
<td>Prescribed External Radiation Dose (64.8 - 86.4 Gy):</td>
<td></td>
</tr>
<tr>
<td>Neo-Adjuvant Hormones:</td>
<td></td>
</tr>
<tr>
<td>Neo-Adjuvant Radiation:</td>
<td></td>
</tr>
</tbody>
</table>

### Results

<table>
<thead>
<tr>
<th>Condition</th>
<th>Probability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organ Confined Disease</td>
<td>49%</td>
</tr>
<tr>
<td>Extra Capsular Penetration</td>
<td>40%</td>
</tr>
<tr>
<td>Seminal Vesicle Involvement</td>
<td>8%</td>
</tr>
<tr>
<td>Lymph Node Involvement</td>
<td>3%</td>
</tr>
<tr>
<td>5yr Progression Free Probability Radical Prostatectomy</td>
<td>79%</td>
</tr>
<tr>
<td>5yr Progression Free Probability External Beam Radiation Therapy</td>
<td>NA</td>
</tr>
<tr>
<td>5yr Progression Free Probability Brachytherapy</td>
<td>75%</td>
</tr>
</tbody>
</table>

**Clear**  **Calculate**  **Print**
Some models and where they came from

• Kattan nomogram. JNCI 1998
  – Patients treated by Dr Scardino 1983 – 1997

• Kattan nomogram update. JNCI 2006
  – Patients treated by Dr Scardino OR Dr Eastham 1983 - 2003
Models and where they came from

- **Montreal nomogram**
  - Patients undergoing biopsy for prostate cancer at University of Montreal

- **Sunnybrook prostate cancer nomogram**
  - Patients undergoing biopsy for prostate cancer at Sunnybrook

- **Cleveland clinic prostate cancer nomogram**
  - Patients undergoing biopsy for prostate cancer at Cleveland clinic
Contemporary prostate cancer care

- Too much paper
- Too little interactivity
- Too static
- Too little integration
- Not enough quality assurance
Quality of Life after Surgery for Prostate Cancer

These questions are about your sexual function. This includes foreplay, masturbation, intercourse with partner, and other forms of sexual activity during the last four (4) weeks.

Do you use injections to help with sexual function?

☐ No

☐ Yes

Click here to see instructional video

Spanish - Haga click aquí para hablar español

Russian - Для русского языка нажмите здесь

French - Cliquez ici pour le français
Calidad de vida después de una operación de cancer de próstata

Las siguientes preguntas hacen referencia a su funcionamiento sexual durante las últimas cuatro (4) semanas. Esto incluye juegos o caricias previas, masturbación, penetración o coito con la pareja y otras formas de actividad sexual.

Durante las últimas cuatro (4) semanas, ¿cúantas veces tomó usted Viagra u otra medicación similar?

- Nunca
- A veces
- Regularmente

[Click here for English]

Для русского языка нажмите здесь
Качество жизни после операции рака предстательной железы

Эти вопросы касаются Вашей сексуальной деятельности. Она включает в себя прелюдию, мастурбацию, половой акт с партнером, и другие формы сексуальной активности в течение последних 4х недель.

За последние 4 недели, как часто Вы принимали таблетки подобные Виагре

☐ Никогда
☐ Иногда
☐ Постоянно

Click here for English
Haga click aqui para hablar español
# Quality of Life after Surgery for Prostate Cancer

These questions are about your sexual function. This includes foreplay, masturbation, intercourse with partner, and other forms of sexual activity during the last four (4) weeks.

During the last four (4) weeks, how often were you able to get an erection during sexual activity?

- [ ] No sexual activity
- [ ] Almost never/never
- [ ] A few times (less than half the time)
- [ ] Sometimes (about half the time)
- [ ] Most times (more than half the time)
- [ ] Almost always/always
Quality of Life after Surgery for Prostate Cancer

You have responded that you have not had any sexual activity in the last four weeks. This includes foreplay, masturbation, intercourse with partner, and other forms of sexual activity. If you have not had any sexual activity at all in the past four weeks, press Next to proceed to questions about urinary function. Otherwise, press Previous.
Quality of Life after Surgery for Prostate Cancer

These questions are about your urinary function.

How many pads or adult diapers per 24-hour period did you use to control urine leakage during the last week?

- [ ] None (or no leakage)
- [ ] An occasional pad or protective material
- [ ] 1 pad per 24-hour period
- [ ] 2 pads per 24-hour period
- [ ] 3 or more pads per 24-hour period
- [ ] Adult diaper(s)
Quality of Life after Surgery for Prostate Cancer

When did you stop needing pads to control urinary leakage?

- [ ] Within the last month
- [ ] Between 1 and 2 months ago
- [x] Between 2 and 3 months ago
- [ ] More than three months ago
Quality of Life after Surgery for Prostate Cancer

These questions are about your urinary function.

In the past week, when you have had the feeling you need to urinate, how often have you found it difficult to postpone urination?

- None of the time or rarely
- Less than half the time
- About half the time
- More than half the time
- Almost always
Quality of Life after Surgery for Prostate Cancer

General health related quality of life

Using the scale below, select the number that best indicates how you feel about your current state of health.

0 1 2 3 4 5 6 7 8 9 10

Worst it could be

Perfect health
Thanks for taking the survey. Please be aware that I may not review the information you entered until you visit my office. Your responses are stored in the clinical database and will be discussed with you at your next clinic appointment. Should you have any questions about your health or would like to review any of your responses sooner, please telephone my office.
SAM: Self-Assessment and Management

Welcome to the "SAM" website for patients after prostate cancer. This website is here to help you and your health care team keep in touch about your recovery. You can also get information and advice. What do you want to do now?

- Take a survey
- What we know about you
- See how you have been doing over time
- See your expected progress
- Get advice
- Logout
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- Logout
Thursday, May 06, 2010
Good morning Urology Demo

How you have been doing: Urinary function

Here is how your urinary function has been since your surgery. The highest score you can get is 21. Click the next button to see the typical progress of men like you.
How you have been doing: Urinary function

The black line shows your progress. The red line shows typical progress of men like you.

Click here to find out what we mean by "men like you".
How you have been doing: Urinary function

The black line shows your progress. The red line shows typical progress of men like you.

Click here to find out what we mean by “men like you”.
Men like you.

To find “men like you”, we first look through men in our database who we have followed for a long-time to see how they do. We then apply some special statistical analyses. These are the equivalent of identifying men who were a similar age to you when they were treated and who had similar other diseases (such as high blood pressure) and types of prostate cancer (e.g. they had the same Gleason grade as you and their PSA was close to yours). We then look amongst those men to see who answered the questionnaires in a similar way. How those men did over time can give us an idea of your expected progress over time.

Click here to find out more.

Close
Men like you: further information about our study methods

Further information about “men like you”:

1. The database currently includes only men treated by surgery at Memorial Sloan-Kettering Cancer Center, although we are planning to expand to include patients treated at other hospitals.
2. The database includes men treated by open, robotic and laparoscopic radical prostatectomy. However, the type of surgery is not taken into account: for example, we don’t get different predictions depending on the type of surgery you received.
3. For analyses of urinary and erectile problems, we only include patients treated since about 2000.
4. For analyses of cancer outcomes, we include patients treated many years ago, although we include a “weighting” factor so that patients treated more recently count more in the analysis.

Click here to find out what we mean by “men like you”.

[Graph: Months since surgery]
How you have been doing: Erectile function

The black line shows your progress. The red line shows typical progress of men like you.

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- See how you have been doing over time
- See your expected progress
- Get advice
- Logout
WILL I remain free of cancer?

For every 100 men like you who are 9 months after surgery and have completed the questionnaires in the same way:

99 men without cancer at 5 years after surgery

1 men with a recurrence of cancer within 5 years

Click here to find out what we mean by “free of cancer”.

Click here to find out what we mean by “men like you”.
WILL I remain free of cancer?

For every 100 men like you who are 9 months after surgery and have completed the questionnaires in the same way:

99 men without cancer at 5 years after surgery

1 man with a recurrence of cancer within 5 years

Click here to find out what we mean by “free of cancer”.

Click here to find out what we mean by “men like you”.

Free of cancer

After surgery for prostate cancer, patients get a blood test to measure something called “PSA”. If PSA starts to rise, this means that the cancer has returned. By “free of cancer”, we mean that a man has not experienced a rising PSA.

Click [here](https://webcore.mskcc.org) to find out more.
Will I be incontinent?

For every 100 men like you who are 9 months after surgery and have completed the questionnaires in the same way:

93 men are dry at 2 years after surgery

7 men need to use pads at 2 years

Click [here](#) to find out what we mean by “dry”.

Click [here](#) to find out what we mean by “men like you”.
Will I be incontinent?

For every 100 men like you who are 9 months after surgery and have completed the questionnaires in the same way:

93 men are dry at 2 years after surgery

7 men need to use pads at 2 years

Click here to find out what we mean by “dry”.

Click here to find out what we mean by “men like you”.
By “dry” we mean that a man does not need to use pads in normal daily life. Some men who don’t need pads still sometimes have a little bit of leakage, or feelings that they have to rush to the bathroom.

Click here to find out what we mean by “dry”.

Click here to find out what we mean by “men like you”.
Will I be able to have sex?

This page will help you understand whether, at 2 years after surgery, you will be able to get an erection sufficient for entering your partner when you have sex. This may require the use of medication such as Viagra or Cialis. For every 100 men like you who are 9 months after surgery and have completed the questionnaires in the same way:

- 14 men are able to have sex most of the time they want to
- 43 men are able to have sex some of the time they want to
- 43 men are unable to have sex

Click [here](#) to find out what we mean by “able to have sex”.

Click [here](#) to find out what we mean by “men like you”.
Will I be able to have sex?

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- 43 men are able to have sex some of the time they want to
- 43 men are unable to have sex

Click here to find out what we mean by “able to have sex”.

Click here to find out what we mean by “men like you”.
Able to have sex

The questionnaire that you took is called the "International Index of Erectile Function". Experts say that a score of 24 or higher is typical for a man with normal sexual function.

A score of 10 or less out of 30 on this scale is typical for a severe erection problem. Such men are only rarely able to have erections sufficient for penetration and to maintain their erection to complete intercourse. However, some of these men respond to therapies such as penile injection therapy, urethral suppository, or a vacuum device.

Men who are expected to have a score of 24 or more, we define as "able to have sex most of the time they want to".
Men who are expected to have a score between 11 and 23, we define as "able to have sex some of the time they want to".

Click here to find out what we mean by "able to have sex".

Click here to find out what we mean by "men like you".

43 men are able to have sex some of the time they want to
SAM: Self-Assessment and Management

Welcome to the “SAM” website for patients after prostate cancer. This website is here to help you and your healthcare team keep in touch about your recovery. You can also get information and advice. What do you want to do now?

- Take a survey
- What we know about you
- See how you have been doing over time
- See your medical records
- Get advice
- Logout
Advice

• Your responses to the survey indicate that you are having some difficulty with sexual function.
Advice

• To help you with any difficulty getting erections, talk to your urologist about therapies you can try, such as medication (like Viagra, Levitra, or Cialis). If you are already taking medication, talk to your doctor or nurse practitioner about other options, such as penile injection therapy, urethral suppository, or a vacuum device. Remember that it can take up to two years for the nerves that control erections, the cavernous nerves, to recover from the trauma of surgery.
How you have been doing: Urinary function

The black line shows your progress. The red line shows typical progress of men like you.

Click here to find out what we mean by "men like you".
Advice

• Your responses to the survey suggest that your urinary function has been declining over time. In some cases, this may indicate a problem that can be treated. See your urologist or a voiding dysfunction specialist to help you with this problem.
Advice

• Remember to keep up with your kegel exercises daily.

• There are some other things that you can try to help deal with urinary problems. You can restrict the amount of fluid you drink. You can also limit or avoid caffeine. Caffeine can be very irritating to the bladder causing increase in leakage. You can use protective pads and empty your bladder before drinking alcohol, exercising, or engaging in any activity that would make it difficult to use the bathroom.
69 years old, 24 months since surgery

Current PSA: <0.05

Pathology

- Gleason 3 + 4
- Organ confined
- PSA Before Surgery: 1.8

Alerts

- Erectile dysfunction. 5th Alert, 1st Alert: Wednesday, October 06, 2010, 18.4 months ago
- Urinary dysfunction > 1 yr after surgery. 2nd Alert, 1st Alert: Monday, September 26, 2011, 6.8 months ago

Surveys

- Most Recent Survey: Friday, April 13, 2012, 1 week ago

Erectile Function

- Baseline Physician: 3
- Baseline Patient: 23 / 30 (Intermediate)
- Current: NO erection sufficient for penetration
- Injections: NO erection sufficient for penetration
- Current Score: 7 / 30 (Poor)
- 1Yr Prediction from month: 3. N/A, 6: 3%, 9: 1%

Urinary Function

- Baseline Physician: 3
- Baseline Patient: 17 / 21 (Good)
- Current: 1 pad per day
- Current Score: 18 / 21 (Good)
- 1Yr Prediction from month: 3. N/A, 6: 97%, 9: 93%
69 years old, 31 months since surgery
Current PSA: <0.1
Surgery: RP on 02/18/2012

Pathology
- Gleason 3 + 4
- Organ confined
- PSA Before Surgery: 5.4

Alerts
- None

Surveys
- Most Recent Survey: Friday, July 11, 2014, 9 weeks ago

Erectile Function
- Baseline Physician: 3
- Baseline Patient: N/A
- Current: Erection sufficient MOST TIMES
- Injections: None
- Current Score: 23 / 30 (Intermediate)
- 1Yr Prediction from month:
  3: 36%, 6: N/A, 9: 15%

Urinary Function
- Baseline Physician: 1
- Baseline Patient: N/A
- Current: NO pads
- Current Score: 21 / 21 (Good)
- 1Yr Prediction from month:
  3: 79%, 6: N/A, 9: 75%

Bowel Function: No bowel symptoms
Quality of Life: Current Score: 10 / 10

Nomogram Scores
<table>
<thead>
<tr>
<th>PreRP</th>
<th>PostRP</th>
<th>Current</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 Yr 94</td>
<td>5 Yr 90</td>
<td>5 Yr 95</td>
</tr>
<tr>
<td>Program Scores</td>
<td>PreRP</td>
<td>PostRP</td>
</tr>
<tr>
<td>---------------</td>
<td>-------</td>
<td>--------</td>
</tr>
<tr>
<td>5 Yr. 94</td>
<td>5 Yr. 90</td>
<td>5 Yr. 95</td>
</tr>
</tbody>
</table>
ASTERIX THE GAUL
59 years old, 19 months since surgery
Current PSA: <0.05
Pathology
Gleason 3 + 4 Organ confined PSA Before Surgery: 4.47
Alert
- Erectile dysfunction. 1st Alert.
- Decline in urinary function. 1st Alert.
- Low health related quality of life. 1st Alert.
Surveys
Most Recent Survey: Wednesday, February 09, 2011. 4 weeks ago
Erectile function
- Baseline Score (Physician): 5
- Baseline Score (Patient): 22 / 30 (Intermediate)
- Current: Erection sufficient LESS THAN HALF THE TIME
- Current Score: 15 / 30 (Moderate)

Urinary function
- Baseline Score (Physician): 2
- Baseline Score (Patient): 13 / 21 (Moderate)
- Current: OCCASIONAL pad
- Current Score: 12 / 21 (Moderate)

Bowel function
- No bowel symptoms
Section 2: Your Medical History

There is no need to tell us about symptoms related to your cancer. If you are unsure about whether to tell us about something, mark it down. We will ask you more when you come in for your appointment.

Stroke
Have you ever had a stroke?

Asthma
Have you ever been diagnosed with asthma?

What severity of asthma describes your illness?
- Mild = does not interfere with daily activities
- Moderate = some interference with daily activities
- Severe = major impact

Approximately how often do you use a rescue inhaler for your asthma?
- I rarely use my rescue inhaler
- Less than once a week
- Once a week
- Multiple times per week
- Once a day
- Multiple times a day

Have you ever been admitted to the intensive care unit (ICU) or intubated (had a tube inserted in your throat) because of your asthma?

COPD
Do you suffer from "smoker's lung" or have been diagnosed with chronic obstructive pulmonary disease (COPD) or emphysema?

Muscoskeletal Pain
Have you ever had or been treated for persistent pain in your muscles or bones, such as low back pain or arthritis?
**Comorbidity**

**LIFE EXPECTANCY AND COMORBIDITIES**
Probability that the patient will die of other causes: 24% within 10 years, 39% within 15 years.

Patient is 60 years old and has the following comorbidities:
- Current Smoker

Patient does not have family history of prostate cancer.

**PROSTATE CANCER RISK**
Probability that the patient will die of untreated prostate cancer if he does not die of other causes: 8% within 10 years, 16% within 15 years.

- Age: 60
- PSA: 6
- Grade: 4+3
- T-Stage: T1C

**Probability that the patient will die of prostate cancer, taking into account age and co-morbidity:**
6% within 10 years, 11% within 15 years

**Overall probability of death:**
29% within 10 years, 50% within 15 years

- 10 years; Alive
- 10 year; Died of untreated prostate cancer
- 10 year; Died of other causes
- 15 years; Alive
- 15 year; Died of untreated prostate cancer
- 15 year; Died of other causes
The patient’s 4Kscore Test result is 5% 

At a 4Kscore Test result of 5%, about 1 in 20 men biopsied would have high-grade prostate cancer.

The 4Kscore Test result is a personal risk of a high-grade prostate cancer of Gleason score 7 or higher on prostate biopsy. Other clinical information along with the 4Kscore Test result should be considered in the discussion between the urologist and the patient in the process of making the most informed decision about undergoing biopsy.
95% chance that the biopsy does not find a high-grade prostate cancer.

5% chance that the biopsy finds a high-grade prostate cancer.
Functional Outcomes Against Recurrence Rates

Each circle in the graph above represents a surgeon in the database. Your personal results are shown by the red triangle.

- Your recurrence-free rate, after adjustment: 94% (Ranked 7th out of 10 surgeons, # surgeries: 319)
- Your functional recovery rate, after adjustment: 55% (Ranked 4th out of 10 surgeons, # surgeries: 161)

QUALITY ASSURANCE INFORMATION: PRIVILEGED AND CONFIDENTIAL
Surgery for Low Risk Cancer

Rate of Surgery in Low Risk Cancer (%)

Your rate of surgery in low risk cancer of 36% with 91 surgeries is the 2nd highest out of 9 surgeons.