

AQUA Newly-Diagnosed Prostate Cancer Template

Key:

BOLD UNDERLINE = data entered elsewhere in EMR

{In brackets} = pull down / selection menu (see additional file)

*** = space holder where data must be entered

Highlighted fields = these are variables to be extracted for AQUA

[In brackets] = space holder for other data

NAME is a **AGE** [race / ethnicity] man newly diagnosed with clinically localized prostate cancer. Today he reports {GU SYMPTOMS}. His most recent PSA is {diagnostic PSA} and his PSA history is as follows: **PSA HISTORY**

He underwent a transrectal ultrasound-guided biopsy of the prostate on {Date of diagnosis}. {He had no infection or readmission after the procedure / He had a post-biopsy UTI managed as an outpatient / He was admitted after the biopsy for ***}. He had {NUMBERS; ZERO TO FOUR} prior negative biopsies. On the most recent ultrasound, the prostate size was {DESC; PROSTATE SIZE}. The biopsy showed Gleason {NUMBERS; 1-5}+{NUMBERS; 1-5} prostate cancer in {Numbers; 0-30}/{Numbers; 0-30} cores. He has {no family history of / a family history of / a strong family history of / a family history of lethal} prostate cancer.

[Consider placeholder for patient-reported IPSS, SHIM, EPIC or other]

PAST SURGICAL HX

PAST MEDICAL HX

ALLERGY

MED LIST

FAMILY HX

SOCIAL HX (for AQUA, should include occupation, smoking, EtOH use, exercise)

ROS

His QOL scores include:

{SHIM}

{IPSS}/{IPSS QOL}

{EPIC-26 – 5 domains}

Objective

VITAL SIGNS (for AQUA, should include height, weight, waist circumference)

PHYSICAL EXAM

[General systems exam]

Rectal: Normal sphincter tone. Prostate {unremarkable / smooth and enlarged / nodular or indurated on one side / nodular or indurated involving more than half of one size / nodular or indurated bilaterally / is nodular with suspected ECE / is nodular with suspected SVI}

Imaging: {No staging tests were performed / a bone scan was performed on {date} and showed / a CT was performed on {date} and showed / an MRI was performed on {date} and showed / a {NaF/choline/acetate/PSMA} PET/CT was performed on {date} and showed}

Assessment and plan

In summary, this is a generally in {excellent / very good / good / fair / poor} health, with a most recent PSA of **RECENTPSA**. Gleason {NUMBERS; 1-5}+{NUMBERS; 1-5}, clinical stage T{1a/1b/1c/2a/2b/2c/3a/3b/4}N{x/0/1}M{x/0/1} prostate cancer diagnosed in {Numbers; 0-30}/{Numbers; 0-30} of his biopsy cores. {Per the AUA risk classification he has {low/intermediate/high} risk disease / Per the NCCN risk classification he has {very low/low/intermediate/high/very high} risk disease / His CAPRA score is {0-10} consistent with {low/intermediate/high} risk disease.}

Management options, including active surveillance, surgery, and radiation therapy, were discussed in detail.

In the case of surgery, we would offer {open/robot-assisted/laparoscopic/perineal} radical prostatectomy. Lymphadenectomy {WOULD/NOT} be required. He would be a candidate for {bilateral complete/unilateral complete and unilateral partial/bilateral partial/unilateral partial/non} nerve sparing. I reviewed the risks and benefits, including bleeding, infection, injury to the urethra, bladder and surrounding visceral and vascular structures of the abdomen and pelvis, general risks of surgery and anesthesia, including positioning injuries and possible need to convert to a different operation, and longer-term risks including bladder neck contracture, urinary incontinence, erectile dysfunction, dry ejaculate, infertility, penile shortening, and persistent or recurrent tumor requiring additional therapy.

In the case of radiation therapy, he would be a candidate for external beam therapy or brachytherapy, though I would tend to encourage {the latter/the former/combination treatment}, and he {WOULD/NOT} likely receive androgen deprivation therapy together with radiation. I reviewed risks including urinary and/or bowel urgency and frequency, hematuria, hematochezia, diarrhea, fatigue, erectile dysfunction, urethral stricture, rectourinary fistula, and secondary pelvic malignancy. If androgen deprivation were used it would entail additional side effects. {I have offered / he has had} a consultation with a radiation oncologist to discuss these options in further detail.

We discussed the need for pelvic floor training before or after our chosen procedure.

Finally, he {WOULD/NOT} be a {DESC; VERY GOOD/GOOD/POSSIBLE} candidate for active surveillance. I explained our followup protocol including ***

Ultimately, the patient, after a careful discussion of his preferences for relevant outcomes and concern about adverse effects, {the patient has decided on surgery / the patient has decided on external-beam radiation / the patient has decided on brachytherapy / the patient has decided on active surveillance / the patient needs some additional time to reach a decision.}