AQUA Newly-Diagnosed Prostate Cancer Template

Key:
BOLD UNDERLINE = data entered elsewhere in EMR
{In brackets} = pull down menu (see additional file)
*** = space holder where data must be entered
Highlighted fields = these are variables to be extracted for AQUA
(in parentheses) = a reminder to include these fields elsewhere in EMR
[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 **RECENTPSA** and his PSA history is as follows: **PSA HISTORY**

He underwent a transrectal ultrasound-guided biopsy of the prostate on ***. 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 {FH PROSTATE CANCER} prostate cancer. He has {YES/NO} prior genitourinary history of {GU HX}.

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

PAST SURGICAL HX
PAST MEDICAL HX (for AQUA, should include co-morbidities such as Litwin's TIBI-CaP)
ALLERGY
MED LIST (for AQUA, should include 5-ARIs and PDE-5s)
FAMILY HX
SOCIAL HX (for AQUA, should include occupation, smoking, EtOH use, exercise)
ROS

Objective
VITAL SIGNS (for AQUA, should include height, weight, waist circumference)
General: Awake and alert, cooperative and in no acute distress, appears stated age
Head: Normocephalic, without obvious abnormality, atraumatic
Eyes: conjunctiva/corneas clear and anicteric, EOM's intact, both eyes
Neck: Supple, symmetrical, trachea midline, no adenopathy or thyroid nodularity
Back: Symmetric, no curvature, ROM normal, no CVA tenderness
Chest: No tenderness or deformity, regular respiratory rate. No breast tenderness, asymmetry, enlargement, nipple discharge.
Abdomen: Soft, non-tender, non-distended, no masses, no organomegaly.
Genitalia: Normal phallus without lesion, urethral discharge or tenderness. No palpable groin hernia. Testes are descended bilaterally and are normal to palpation with no masses or tenderness, and without atrophy or significant asymmetry
Rectal: Normal sphincter tone. Prostate is {DESC; ESTIMATED/GREATER} *** grams, with {DESC; NODULARITY/INDURATION} {PE; PROSTATE}.

Extremities: Extremities warm and well perfused, no cyanosis or edema
Skin: Skin color, texture, turgor normal, no rashes or lesions
Neurologic: Grossly intact, normal gait
Psychiatric: Normal, appropriate affect.

Imaging: {IMAGING; ONC TESTS}.

Assessment and plan

In summary, this is a **AGE** gentleman, generally in {DESC; HEALTH} health, with a most recent PSA of **RECENTPSA**. Gleason {NUMBERS; 1-5}+{NUMBERS; 1-5}, clinical stage T{T; PROSTATE CANCER}N{N; PROSTATE CANCER}M{M; PROSTATE CANCER} prostate cancer diagnosed in {Numbers; 0-30}/{Numbers; 0-30} of his biopsy cores. {DESC;RISKSUM}

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

In the case of surgery, we would offer {DESC:TYPE SURGERY} radical prostatectomy. Lymphadenectomy {WOULD/NOT} be required. He would be a candidate for {DESC; NERVESPARING} 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 {DESC; RADIOTHERAPY}, 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. {OFFERED/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.

Ultimately, the patient, after a careful discussion of his preferences for relevant outcomes and concern about adverse effects, {PLAN; PROSTATE SURGERY}.

(other pre-operative measures documented in other parts of record: letter sent to PCP, imaging tests ordered, testosterone, creatinine, cholesterol and/or glucose levels before starting ADT $\geq$12 months)

{RACE/ETHNICITY} – Single response
African-American
Arab
Asian
Caucasian
Hispanic
East Indian
Native American
***

{NUMBERS; ONE TO FOUR} – Single response
no
one
two
three
four
more than four

{DESC; PROSTATE SIZE} – Single response
not reported
*** ml

{NUMBERS; 1-5} – Single response, default 3
1
2
3
4
5

{Numbers; 0-30} – Single response
1
2
3
… 30

{FH PROSTATE CANCER} – Single response
no family history of
a family history of
a strong family history of
a family history of lethal

{YES/NO} – Single response
a
no

{GU HX} – Multiple responses

hematuria
hematospermia
prostatitis
uti
erectile dysfunction
urolithiasis
epididymo-orchitis
previous gu surgery which includes ***

{DESC; ESTIMATED/GREATER} – Single response
estimated at
greater than
***

{DESC; NODULARITY/INDURATION} – Single response
no nodularity or induration
***

{PE; PROSTATE} – Multiple responses
right
left
apex
middle
base
< ½ lobe
> ½ lobe
*** cm
extracapsular extension
suspicious
***

{IMAGING; ONC TESTS} – Single response
No staging tests were performed
A bone scan was performed which showed no evidence of metastatic disease
A bone scan and CT scan were performed which showed no evidence of metastatic disease

{DESC; HEALTH} – Single response
Excellent
good
poor

{T; PROSTATE CANCER} – Single response
1a
1b
1c

2a
2b
2c
3a
3b

{N; PROSTATE CANCER} – Single response
X
0
1

{M; PROSTATE CANCER} – Single response
X
0
1

{DESC;RISKSUM} – Single response
Per the AUA risk classification, this represents {low/intermediate/high} risk disease.
Per the NCCN risk classification, this represents {very low/low/intermediate/high/very high} risk disease.
His CAPRA score is {0-10}, consistent with {low/intermediate/high} risk disease.

{ACTIONS; HAVE BEEN/WILL BE} – Single response
have been
will be

{WOULD/NOT} – Single response
would
would not

{DESC; NERVESPARING} – Single response
bilateral
unilateral
partial
non-

{DESC; RADIOTHERAPY} – Single response
external beam therapy
brachytherapy
combination external beam and brachytherapy

{OFFERED/HAD} – Single response
I have offered
He has already had

{DESC; VERY GOOD/GOOD/POSSIBLE} – Single response

very good
good
possible
***

{PLAN; PROSTATE SURGERY} – Single response
has decided on active surveillance
has decided on surgery
has decided on radiation
would like to take some time to think about these options further
***