PSA Pre-screening Information

The American Urological Association (AUA) has issued new guidelines for prostate cancer screenings. The guidelines were developed from a systematic literature review to ensure that men most likely to benefit from detection are screened and to encourage shared decision-making between the patient and physician:

Men who are considering PSA screening should now speak with their physician about the benefits and harms of testing to determine the best course of action.

PSA screening is not recommended for men <40 years of age, men at average risk between the ages of 40–54 or those >70 years old or with less than 10–15 years life expectancy.

Men outside the age range of 55–69 years who are at higher risk of prostate cancer (race, family history, etc.) should still speak to their physician about the benefits and harms of testing.

To reduce the harms of screening, a routine screening interval of two years or more may be preferred over annual screening in those men who have participated in shared decision-making and decided on screening.

Prostate cancer is the most common malignancy and the second most common cause of cancer death in American men. The Prostate Specific Antigen (PSA) blood test and the digital rectal examination (prostate exam or DRE) may help identify prostate cancer in an early stage. This concept, however, has not been scientifically proven and is currently the subject of great debate. All men should be aware of the risks and benefits of screening including, but not limited to the following:

Possible Benefits: Possible diagnosis of prostate cancer at an early stage.

Possible Risks: Patients may develop side effects of therapy (e.g., incontinence, impotence) for a cancer that may not require treatment. False positive PSA level with no evidence of cancer, false negative PSA level, in which cancer is present. Possible diagnosis of a cancer for which no effective treatment is possible. Anxiety

Prostate Screening should consist of both a PSA blood test and a DRE. Both help increase detection.

Factors that can affect the PSA level:
- Prostatitis
- BPH – Benign Prostatic Hypertrophy
- Prostate Cancer

PSA level can be influenced by:
- Ejaculation 48 hours prior to testing,
- Certain Medications
- Rigorous Exercise

Important influencing Factors:

The change in the PSA level from one test to the other is suggestive of risk and aggressiveness.

PSA Levels increase with age.
Enlarged prostates can have higher PSA levels

Prostate Cancer Treatment
All risks and benefits of treatment must be discussed, including active surveillance. (having no surgical or pharmacologic treatment, unless the disease becomes more aggressive.)
Urinary frequency, weak stream, do I have BPH???

Benign Prostatic Hyperplasia (BPH) is a common condition in men over 50 years of age, but may also develop in younger men. In most men, the prostate begins to enlarge in the fourth or fifth decade of life and continues to enlarge with advancing age. The cause of this enlargement has not been identified, and it does not increase or decrease your risk of prostate cancer. BPH is usually not a serious threat to your health, but it can seriously affect the quality of your life.

BPH often causes urinary frequency during the day and/or night and may cause sudden urges to urinate or urine leakage. Some men may notice a weak urinary stream and can have difficulty starting urination or difficulty in postponing urination when the urge occurs. There may be a sensation that the bladder is not emptying completely. These urinary symptoms often interfere with a good night’s sleep.

As a result, you may find yourself modifying your activities to be close to a bathroom. The symptoms can vary in intensity from day to day and progress at different rates in different men. To complicate matters further, the intensity is not always in proportion to the degree of enlargement. In addition, the symptoms of BPH overlap with those of other urinary problems.

Treatment must be individualized based on the cause, pattern and intensity of your type of problem. Treatment of symptomatic BPH ranges from medication in mild cases to various types of surgery for more severe cases. The medications used to treat BPH are usually taken once daily and are safe when prescribed properly and well tolerated by most men. There are several surgical techniques available to treat BPH in those men who do not respond to medication. Some of these can be performed on an outpatient or short stay basis and have low rates of complication and shorter recovery periods. Please talk to your doctor or urologist about these options and get their advice. If you have questions or need more information about this subject, an appointment can be made to see one of the Stony Brook urologists if desired. Please call Stony Brook Urology at 631-444-6270.
Prostate Cancer Screening Consent Form
Participant Copy

Welcome to the Prostate Care Program. In order to be screened, please read the consent entirely and sign this form and complete the attached questionnaire. The screening will consist of a digital rectal exam (DRE) and a prostate specific antigen (PSA) blood test. Please arrive no earlier than fifteen minutes prior to appointment time. Thank you.

The DRE is performed by inserting a gloved index finger into the rectum and gently pressing against the prostate gland. The DRE may occasionally cause some discomfort and a desire to urinate which will not last long. If the examining physician finds any abnormality, we recommend you contact your personal physician or urologist for further testing. This screening program will not be responsible for expenses related to any further testing or treatment if you should require it.

The PSA blood test involves drawing a venous blood specimen of approximately 10 ml. (about 2 teaspoons) from you. You may eat normally and be sure to come well hydrated, which enhances the veins for blood drawing. Please avoid ejaculation and rigorous exercise, including bicycle riding, 48 hours prior to testing; please be sure to apply pressure to the site right after the venipuncture to minimize bruising and blood loss. Remove the bandage from the site after the bleeding has stopped. You may experience minor discomfort and/or occasionally, a bruise or infection may result. You may apply a cold pack or ice to site for the first 24hrs, in 15 minute intervals and warm packs thereafter. Please remove the tape/band aid from the site as soon as the blood has clotted sufficiently. This screening program will not be responsible for expenses related to any further testing or treatment if you should require it.

The American Urological Association recommends that all men 55 years and older, (or men with above average risk age 4-54) be offered a baseline PSA test and Digital Rectal exam for early detection and risk assessment on an individual basis. The AUA strongly urges that all men who have taken the test and exam discuss all results with their physician regardless of the result, to discuss the benefits of testing.

If the PSA blood test, or DRE examination is considered abnormal, we recommend you contact your personal physician or a urologist for consult. Please note that although some tumors may be detected by this exam, no test is completely accurate in the detection of prostate cancer. Furthermore, an abnormal exam or PSA result does not necessarily imply the presence of cancer.

You will receive a mailed letter with your DRE and PSA results within a few weeks.

Most screening results are mailed in two to three weeks. Large Screenings take longer for data to be processed, and may take four weeks. If you do not receive your results in a reasonable period of time please Call Arlene Shaw, RN, Nursing Director, Prostate Care Program at (631) 444-6275 and leave a message. Letters to your physician/healthcare professional will be sent after all the participants letters have finished. The result letter contains the result of the PSA blood test, the results of the DRE and a comparison of the PSA result from the prior year, if applicable. Please remember that certain medications (Proscar, finasteride, Avodart, Propecia, Jalyn, and dutasteride) can influence the PSA result. You must refer to your physician for interpretation if you are taking any of these medications.

Consent
By voluntarily participating in this prostate cancer screening program, I recognize and accept all risks and responsibilities associated with it. I understand that this program will only screen for abnormalities of the prostate using the DRE and PSA tests and does not constitute a complete medical examination or diagnosis. I have received information regarding the benefits and risks of PSA testing and exam, and have been given the opportunity to discuss this issue prior to the testing with a licensed physician or a licensed medical professional. I understand that although some tumors may be detected by the DRE and PSA test, no test is completely accurate in the detection of prostate cancer. For diagnosis of a medical problem, I acknowledge that I must see a physician for a complete medical evaluation. I understand that the results of this screening test will be released only to me, and the health care provider, if any I indicated on this form, and that the confidentiality of all my medical records will be maintained within current legal limits. They will never be released to a third party without my written consent and access to these records will be strictly limited to those directly involved with your screening and protected from unauthorized access. I have read this consent form, fully understand its contents and agree to participate voluntarily.
Please Fill In Patient Data:

NAME: _______________________________________

DATE OF BIRTH: __/__/______

AGE_____

SOCIAL SECURITY #: XXX - XX - _______

TEST NAME:    PSA

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Ordering MD</th>
<th>Collected by:</th>
<th>Collect: Date &amp; Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(X) Routine</td>
<td>Adler, Howard L., MD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Stat</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>( ) Urgent</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prostate Cancer Screening

Date ____________________

Print Name ____________________ Screening Location ____________________

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The American Urological Association recommends that men 55 years and older, (or men with above average risk age 40-54) be offered a baseline PSA test and Digital Rectal exam for early detection and risk assessment on an individual basis. The AUA strongly urges that all men who have taken the test and exam discuss all results with their physician regardless of the result, to discuss the benefits of testing.

If the PSA test is considered abnormal, we recommend you contact your personal physician or a urologist for consultation. Please note that although some tumors may be detected by this exam, no test is completely accurate in the detection of prostate cancer. Furthermore, an abnormal exam or PSA result does not necessarily imply the presence of cancer.

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Patient Signature ____________________ Witness Signature ____________________ Date Signed/Witnessed ______/____/____

PSA Questionnaire 2008
Consent Letter
# Prostate Cancer Screening Questionnaire

(All information provided below will be kept confidential and protected in accordance with applicable Federal Law)

## SECTION 1  (To be completed by participant)

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date of Birth / /  
Age:  

Mailing Address:  
Apt#  

City  
State  
Zip Code  

Phone # (___)  
Last 4 digits of Social Security #  

### Race (Check one)

- White/Caucasian
- Black/African-American
- Hispanic/Latino
- Asian/Oriental
- Other/ Not specified

### Marital Status (Check one)

- Married
- Single
- Divorced
- Widowed

### Research (Please circle Y or N)

May we contact you regarding participation in prostate cancer research studies?.

- Y
- N

## Medical History  — (Please enter or circle Y or N where appropriate)

### Prostate History-

Please circle Y or N

Did you have a PSA test and/or rectal exam in the last 3 years?  
Y
N

1. Ever have a Prostate Infection (Prostatitis)?  
Y
N

2. Enlarged Prostate (BPH)?  
Y
N

3. Prostate Surgery for BPH?  
Y
N

4. *Prostate Biopsy.............  
Y
N  
*If yes, indicate year and result below

Year  
Result?  
Negative
Positive

If your results were Positive for Prostate Cancer, please indicate treatment(s) below

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Y or N</th>
<th>If Yes, Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Brachytherapy</td>
<td>Y - N</td>
<td></td>
</tr>
<tr>
<td>6. Radiation</td>
<td>Y - N</td>
<td></td>
</tr>
<tr>
<td>7. Hormones</td>
<td>Y - N</td>
<td></td>
</tr>
<tr>
<td>8. Radical Prostatectomy</td>
<td>Y - N</td>
<td></td>
</tr>
<tr>
<td>9. Watchful Waiting</td>
<td>Y - N</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever had any genetic tests for Prostate Cancer?  
Y - N - ?

- PCA3, urine test:  
  Y - N - ?

- 4KSscore, Blood Test:  
  Y - N - ?

### Diet/Exercise  (Circle one)

Describe your normal eating habits:

- High Fat
- Medium
- Low Fat

Do you Exercise:

- Daily (>30mins)
- Sometimes (2-3 per week)
- Little to None

### Medications (Check all that apply)

1. Cardura® (doxazosin)_____

2. Hytrin® (terazosin)_____

3. Flomax® (tamsulosin)_____

4. Uroxatral® (alfuzosin)_____

5. Proscar®/Propecia (finasteride)_____

6. Avodart® (dutasteride)_____

7. Jalyn (dutasteride/tamsulosin)_____

8. Rapaflo (Silodosin)_____

9. Do you take any medication for Cholesterol?  
Y - N - ?
List name(s)_____

10. Do you take any medication for Diabetes?  
Y - N - ?
List name(s)_____

11. Do you take any NSAID medication?  
Y - N - ?
List name(s)_____

12. Do you take any meds for erectile dysfunction Y - N - ?
List name(s)_____

13. Do you take any testosterone?  
Y - N - ?
List name(s)_____
### Supplements
(Choose all that apply)
Which of the following supplements do you take regularly?

1. Multivitamins?____  6. Pygeum?____  NONE____
2. Vitamin E?____  7. Saw Palmetto?____
3. Vitamin C____  8. Prostate?____
4. Selenium?____  9. DHEA?____
5. Zinc?____  10. Quercetin?____
11. Lycopene____

### Family History of Cancer
Circle Y (Yes), N(No) or ? (Unknown)

1. Father's father had prostate cancer? Y - N - ?
2. Father's brother(s) had prostate cancer? Y - N - ?
3. Father had prostate cancer? Y - N - ?
4. Brother had prostate cancer? Y - N - ?
5. Mother's father had prostate cancer? Y - N - ?
6. Mother's family had breast cancer? Y - N - ?
7. Mother had breast cancer? Y - N - ?

### Urinary Symptom Assessment
*Over the past month, how often have you...? (Circle one for each question)*

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Never</th>
<th>Less than 1 time in 5</th>
<th>Less than half the time</th>
<th>Half the time</th>
<th>More than half the time</th>
<th>Almost always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had the sensation of not emptying your bladder completely after you finish urinating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Needed to urinate again in less than 2 hours?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Found that you stopped and started again several times when you urinate?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Found it difficult to postpone urination?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Had a weak urinary stream?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Had to push or strain to begin urinating?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

How many times do you typically get up to urinate from the time you go to sleep until you rise in the morning? ..........0 1 2 3 4 5

**Total Urinary Symptom Score:**

At present, are you comfortable with your current urinary situation?.........Yes ________ No _____

### Do you drink any alcoholic beverages?

NEVER_______ CURRENT_______ FORMER_______

Light use (1-2 drinks per month)____  Moderate use (2-3 drinks per week)____  Heavy use (5-7 drinks per week or daily use)____

### Are you or were you a cigarette smoker?

NEVER_______ CURRENT_______ FORMER_______

- **If FORMER SMOKER:** How many years did you smoke? _____ Please include number of packs per day ________ (E.g. 200 yrs @ 1 pk/day, previous 10 yrs @ ½ pk/day)
- How many years ago did you quit? ______

- **If CURRENT SMOKER:** How many years have you been smoking? _____ Please include number of packs per day ________ (E.g. 200 yrs @ 1 pk/day but now 10 yrs @ ½ pk/day)

- If it were available, would you be interested in receiving information regarding smoking cessation?  YES____  NO____

Cigar? Yes____ No____
Chewing Tobacco? Yes____ No____
Pipe? Yes____ No____ (if you answered yes to any of these please indicate for how long)

Number of years:______  Current ______  How many years ago did you quit? ______

Regardless of your answer above, if it were available, would you be interested in screening for smoking related cancers (e.g. lung, bladder)?  YES____  NO____
If you would like and consent to having the results of your PSA blood test and Digital rectal exam sent to your physician, Please complete: (Must Print Clearly)

***Physician Name: ________________________________
Physician Address: ____________________________________

Telephone Number: ________________________________
*** (Incomplete / illegible physician address will not be mailed)

SECTION 2 (To be completed by Physician)

Digital Rectal Exam Results: 
Normal....................o BPH...................... 20–30 g.o 30-40 g.o >40 g.o
(2+) (3+) (4+)
Declined/Refused............o

--OR--

Digital Rectal Exam Results: (Post Prostate Cancer Treatment)
Normal, expected results after Tx (no further attention required)..............o
Abnormal, not acceptable results after Tx (further attention required).........o

--OR--

*Abnormality ..........o
(Complete for abnormal DRE only)

Asymmetry.................................R > L o L > R o
Induration..............................Generalized o Localized o (indicate location(s)➤
Nodule(s)..............................Solitary o Multiple o (indicate location(s)➤
Hardness...............................Firm o Moderate o Hard o

Physician's Signature________________________Date__ / __ / ______

Additional Physician's notes, if necessary:____________________________________

__________________________________________________

Section 3: Follow Up (if applicable)

Indication: Abnormal DRE □ PSA □ PSAV □ IPSS □

R.N. Signature: ____________________________ Date__ / __ / ______