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|  |  |  | **Organizational Identifiers** |  |  |
|  | VAMC  CONTROL  QIC  BEGDTE  REVDTE |  | Facility ID Control Number  Abstractor ID  Abstraction Begin Date  Abstraction End Date | Auto-fill  Auto-fill  Auto-fill  Auto-fill  Auto-fill |  |
|  |  |  | **Patient Identifiers** |  |  |
|  | SSN  PTNAMEF  PTNAMEL  BIRTHDT  SEX  MARISTAT  RACE |  | Patient SSN First Name  Last Name  Birth Date  Marital Status  Race  VACCR date  Clin\_T  Clin\_N  Clin\_M  Clin\_Stg  Path\_Stg\_Group  PathT\_PathN\_PathM (display as T\_N\_M\_) | Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change  Auto-fill: no change |  |
|  |  |  | **Validation** |  |  |
| 1 | pc08 | (All cases) | During the timeframe from 01/01/2008 through 12/31/2008, does the record document a **new** diagnosis of prostate cancer?  **(The new diagnosis may be recorded at the VAMC under review, another VAMC, or non-VHA provider.)**  1. Yes  2. No | 1,\*2  **\*If 2, the case is excluded** | **The intent is to include cases with a new diagnosis of prostate cancer documented during the timeframe from 01/01/2008 through 12/31/2008.**  **The new diagnosis may be documented by the VAMC under review, another VAMC, or non-VHA provider.**  The diagnosis of prostate cancer must be documented in the medical record by a physician/APN/PA.   * Prostate cancer diagnosis documented on a Problem List must be validated by physician/APN/PA documentation in the medical record. * **If the documentation indicates this is a “recurrence” of a prior prostate cancer, answer “2.”**   **Suggested data sources**: Pathology reports, operative reports  **Exclusion Statement: Documentation of recurrence of prior prostate cancer excludes the case from the Prostate Cancer Quality Measures.** |

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| 2 | pcconf | (All cases) | During the timeframe from 01/01/2008 through 12/31/2008, was the initial diagnosis of prostate cancer confirmed by biopsy/pathology at any VAMC or non-VHA facility?  1. Yes  2. No | 1\*,2  **\*If 2, the case is excluded** | **Initial diagnosis of prostate cancer:** the first pathology report that confirmed the diagnosis of prostate cancer. **The intent of the question is to determine if the prostate cancer diagnosis was confirmed by pathology.** Look for documentation related to prostate biopsy. The primary method for prostate biopsy is a **needle biopsy** (fineneedle aspiration /core biopsy). Other procedures may include abiopsy specimen obtained by an alternate method such as subtotal/partial prostatectomy, transurethral resection of the prostate (TURP), or obtained incidentally during another procedure such as cystectomy.  The diagnosis may be confirmed at the VAMC under review, another VAMC, or in the private sector.  If there is no Pathology report, but documentation in a clinician note referring to a pathology report that confirmed the diagnosis of prostate cancer, it is acceptable to answer “1” for this question.  **If biopsy/pathology documentation is not found for the VAMC being reviewed, check Vista Web or remote data.**  **Suggested data sources:** Pathology reports, operative reports, consult notes  **Exclusion Statement: No documentation of pathologic confirmation of the diagnosis of prostate cancer during the timeframe from 01/01/2008 through 12/31/2008 excludes the case from the Prostate Cancer Quality Measures.** |
| 3 | pathrpt | (All cases) | Is there a pathology report in the medical record from any VAMC or non-VHA facility that confirmed the initial diagnosis of prostate cancer?  1. Yes  2. No | 1,2 | **The intent of the question is to determine if there is an actual pathology report that confirmed the prostate cancer diagnosis.**  Look for a pathology report from a prostate biopsy. The primary method for prostate biopsy is a **needle biopsy** (fineneedle aspiration /core biopsy). Other procedures may include abiopsy specimen obtained by an alternate method such as subtotal/partial prostatectomy, transurethral resection of the prostate (TURP), or obtained incidentally during another procedure such as cystectomy.  The pathology report may be from the VAMC under review, another VAMC, or the private sector.  **If a pathology report is not found for the VAMC being reviewed, check Vista Web or remote data.**  **ONLY ACCEPTABLE DATA SOURCE:** PATHOLOGY REPORT |
| 4 | pcwhere | (All cases) | Where was the biopsy performed that confirmed the initial diagnosis of prostate cancer?  3. Performed at this VAMC  4. Performed at another VAMC  5. Performed at a non-VHA healthcare facility | 3,4,5  If 3 or 5 auto-fill pcconfva as zzz | **The intent of this question is to determine where the first biopsy that confirmed the diagnosis of prostate cancer was performed.**  For the purposes of this question, if the patient had a biopsy performed outside the VHA that was paid for by VHA (fee basis), enter “5.” Fee based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if the biopsy was fee basis, check with the liaison.  **FEE BASIS STATUS:** treatments/procedures performed at a non-VHA facility contracted/paid for by the VHA.  **Suggested data sources:** Pathology report, operative report, urology notes, PCP notes. |
| 5 | pcconfdt | (All cases) | Enter the date of the biopsy/procedure that resulted in the initial diagnosis of prostate cancer. | mm/dd/yyyy   |  | | --- | | > = 01/01/08 and < = 12/31/08 |  |  | | --- | | **Hard Edit: If pcwhere = 3 or 4 and fbbio = 1, abstractor to confirm pcwhere = 3 or 4** | | **If the patient had more than one procedure performed for pathologic evaluation, enter the date of the procedure that resulted in the first positive pathology report.**  If the pathologic evaluation was performed within the VHA, the exact date should be documented and entered accurately.  If the pathologic evaluation was performed outside the VHA, the month and year should be documented. If the day is unknown, 01 may be entered.  **Suggested data sources:** Pathology reports, operative reports, physician/APN/PA progress notes |
| 6 | pcconfva | (All cases) | Enter the facility number of the VAMC where the first biopsy/procedure that confirmed the initial diagnosis of prostate cancer was performed.  (Drop down box of VAMC facility numbers and names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if pcwhere = 3 or 5 |  |
| 7 | fbtrtdtbio1 |  | Computer to auto-fill fee basis prostate biopsy date. | Mm/dd/yyyy   |  | | --- | | If fbtrtdtbio1 <= 1 week prior to or after pcconfdt or = pcconfdt, auto-fill fbbio as 1  If fbtrtdtbio1 > 1 week prior to or after pcconfdt auto-fill fbbio as 2 | | **Will be auto-filled based on fee basis data.** |
| 8 | fbbio |  | **Computer auto-fill question:**  Was a fee-basis biopsy performed during calendar year 2008?  1. Yes  2. No | Computer will auto-fill as 1 if fbtrtdtbio1 is <= 1 week prior to or after pcconfdt or = pcconfdt  Computer will auto-fill as 2 if fbtrtdtbio1 > 1 week prior to or after pcconfdt | **Will be auto-filled based on fee basis data.** |
| 9 | prexcan | All cases | At the time of the pathologic confirmation of the prostate cancer diagnosis, did the record document a pre-existing or concurrent diagnosis of metastatic cancer (other than prostate cancer)?  1. Yes  2. No | \*1,2  **\*If 1, the case is excluded** | **The intent of the question is to determine if the patient already had a diagnosis of metastatic cancer at the time the prostate cancer was confirmed by pathology.**  The metastatic cancer must be associated with a cancer other than prostate cancer (e.g. colon cancer with mets).  **Exclusion Statement: Documentation of pre-existing or a concurrent diagnosis of metastatic cancer other than prostate cancer at the time of pathologic confirmation of the prostate cancer excludes the case from the Prostate Cancer Quality Measures.** |

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| 10 | othcandx | All cases | During the timeframe from (computer display pcconfdt to pcconfdt + 12 months), does the record document a concurrent diagnosis and/or treatment of another cancer (other than prostate cancer or non-melanoma skin cancer)?  1. Yes  2. No | \*1,2  **\*If 1, the case is excluded** | **The intent of the question is to determine if the patient had a diagnosis and/or treatment of another type of cancer other than prostate cancer or non-melanoma skin cancer at the time of pathologic confirmation of the prostate cancer or diagnosed/treated during the 12 month period following the prostate cancer diagnosis.**  **Examples:**   * Patient is diagnosed with prostate cancer and during the diagnostic work-up a lung lesion is found and a diagnosis of lung cancer is made; answer “1.” * Patient has a remote history of colon cancer that was treated 5 years ago. There is no documentation of active colon cancer or treatment for colon cancer at the time of or during the 12 months after the diagnosis of prostate cancer; answer “2.”   **Non-melanoma skin cancers:** the most common types are keratinocyte cancers:   * basal cell carcinoma * squamous cell carcinomas   Other non-melanoma skin cancers include:   * Merkel cell carcinoma * Kaposi sarcoma * Cutaneous (skin) lymphoma * Skin adnexal tumors * Various types of sarcomas   **Exclusion Statement: Documentation of any concurrent diagnosis of another cancer, other than prostate cancer or non-melanoma skin cancer, at the time of or diagnosed within 12 months of pathologic confirmation of the prostate cancer, excludes the case from the Prostate Cancer Quality Measures.** |
| 11 | ptdeath | All cases | Does the record document the patient died? | 1,2  **If 2, auto-fill deathdt as 88/88/8888, and go to lifexpec** | **If there is documentation that the patient died anytime up to and including the date of review, answer “1.”** |

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| 12 | deathdt | All cases | Enter the date of death. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if  ptdeath = 2  **\*If ptdeath = 1and deathdt – pcconfdt <= 30 days, the case is excluded**   |  | | --- | | >= pcconfdt and <= revdte | | **Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.**  **Exclusion Statement: Death less than or equal to 30 days after the prostate cancer diagnosis excludes the case from the Prostate Cancer Quality Measures.** |
| 13 | lifexpec | (All cases) | Prior to the date of the pathologic confirmation of the prostate cancer diagnosis, is there documentation in the Medical Record or on the Problem List that the patient’s life expectancy was less than 6 months? | \*1,2  **\*If 1, the case is excluded** | Patient’s life expectancy of less than six months must be documented on the Problem List or in the computer field “health factors,” without exception, prior to the pathologic confirmation of the prostate cancer diagnosis.  **Exclusion Statement: Documentation on the problem list/health factors that the patient’s life expectancy was less than 6 months prior to the pathologic confirmation of the prostate cancer diagnosis excludes the case from the Prostate Cancer Quality Measures.** |
| 14 | admhos | (All cases) | During the timeframe from (computer display pcconfdt – 12 months to pcconfdt + 30 days), was the patient enrolled in hospice care?  1. Yes  2. No | \*1,2  **\*If 1, the case is excluded** | **Hospice Care:** An organized health care service, delivered at home, in a nursing home or at a hospice facility at end of life. Hospice care may be VA or non-VA provided. If the patient was seen by hospice, but was not enrolled (admitted) to hospice, answer”2”.  **Exclusion Statement: Documentation that the patient was enrolled/admitted to hospice prior to the date of the pathologic confirmation of the prostate cancer diagnosis or during the 30 days after the diagnosis of prostate cancer excludes the case from the Prostate Cancer Quality Measures.** |

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| 15 | comfort | (All cases) | During the 30 days after the pathologic confirmation of prostate cancer diagnosis, does the record document “comfort measures only”? | \*1,2  **\*If 1, the case is excluded** | **Only accept terms identified in the list of inclusions. No other terminology will be accepted.**   |  |  | | --- | --- | | **Inclusion (Only acceptable terms)** | | | Brain death/dead | Hospice | | Comfort care | Hospice care | | Comfort measures | Organ harvest | | Comfort measures only CMO) | Palliative care | | Comfort only | Palliative measures | | End of life care | Terminal care |   **ONLY ACCEPTABLE SOURCES: Hospital discharge summary, nursing home note, physician/APN/PA home health notes**  Consider comfort measures only documentation in the discharge summary as documentation on the last day of the hospitalization, regardless of when the summary is dictated.  **Physician/APN/PA documentation of comfort measures only mentioned in the following context is acceptable:** comfort measures only recommendation, order for consultation/evaluation by hospice/palliative care, patient/family request for comfort measures only, referral to hospice/palliative care service.  If any of the inclusions are documented, select option “1,” unless otherwise specified.  Disregard documentation of comfort measures only when clearly described as negative (e.g. “No comfort care,” “Not appropriate for hospice care,” “Declines palliative care”).  If DNR-CC is documented, enter “2” unless there is documented clarification that CC stands for “comfort care.”  **(**Do not use documentation that is dated prior to arrival or documentation which refers to the pre-arrival time period (e.g., comfort measures only order in previous hospitalization record, “Pt. on hospice at home” in H&P). **EXCEPTION:** State-authorized portable orders (SAPOs). SAPOs are specialized forms, Out-of-Hospital DNR (OOH DNR) or Do Not Attempt Resuscitation (DNAR) orders, or identifiers authorized by state law, that translate a patient’s preferences about specific-end-of-life treatment decisions into portable medical orders.  **(Cont’d next page)**  **Comfort Care cont’d**  Examples: DNR-Comfort Care form, MOLST (Medical  Orders for Life-Sustaining Treatment), POLST (Physician Orders for Life-Sustaining Treatment)  **Exclusion Statement: Clinician documentation of “comfort measures only” during the 30 days following the pathologic confirmation of the prostate cancer diagnosis excludes the case from the Prostate Cancer Quality Measures.** |
| 16 | clntrial | (All cases) | During the 12 months after the pathologic diagnosis of prostate cancer, does the record document the patient was enrolled in a clinical trial in which patients with prostate cancer were being studied? | \*1,2  **\*If 1, the case is excluded** | **In order to answer “Yes”, one of the following must be documented: 1) There must be documentation on the signed consent form that the patient was enrolled in a therapeutic clinical trial in which patients with prostate cancer were being studied anytime during the timeframe from initial prostate cancer diagnosis up to 12 months after the diagnosis, OR**  **2) There must be explicit physician/APN/PA documentation that the patient was enrolled in a therapeutic clinical trial in which patients with prostate cancer were being studied during the 12 months after the pathologic confirmation of the prostate cancer diagnosis.**  **Therapeutic** clinical trials for prostate cancer may include study of prostate cancer treatment such as chemotherapy, radiation therapy, and surgery.  If the clinical trial was done at the VA there should be a “clinical alert” in CPRS.  **In the following situations, select "No":**  1) There is a signed patient consent form for an observational study only. Observational studies are non-experimental and involve no intervention (e.g., registries).  2) It is not clear whether the study described in the signed patient consent form is experimental or observational.  3) It is not clear which study population the clinical trial is enrolling. Assumptions should not be made if the study population is not specified.  **Exclusion Statement: Enrollment of the patient in a therapeutic clinical trial relevant to prostate cancer during the timeframe from initial diagnosis of prostate cancer up to 12 months after diagnosis excludes the case from the Prostate Cancer Quality Measures** |

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|  |  |  | **Primary Therapy** |  |  |
| 17 | primtx | (All cases) | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, what primary therapy was initiated?  **ONLY one option may be chosen.**  1. Active Surveillance  2. Decision Not to Treat  3. Radical prostatectomy  4. Brachytherapy  5. External Beam Radiation Therapy (EBRT)  6. Cryotherapy  7. Androgen Deprivation Therapy (ADT)  99. None of the above or unable to determine  **NOTE:** **When selecting the primary therapy, please read the Definition/Decision Rules carefully. Be alert for combination therapies (e.g. brachytherapy + EBRT; EBRT + ADT) and which is considered the “primary therapy”.** | 1,2,3,4,5,6,7,99  If 99, auto-fill primtxdt as 88/88/8888   |  | | --- | | Warning if 5:  Are you certain this was the **primary therapy** and not a combination therapy with brachytherapy? |  |  | | --- | | Warning if 7:  Are you certain this was the **primary therapy** and not neoadjuvant or adjuvant hormone therapy with EBRT? |  |  | | --- | | **Hard edit:**  If 99 and fbtrtdtpst,  fbtrtdtbrach,  fbtrtdtrt,  fbtrtdtcryo, or  fbtrtdthorm  = valid date, abstractor to confirm answer to primtx  If primtx = 99 is confirmed, go to weight (q118) |  |  | | --- | | If 99 and fbtrtdtpst,  fbtrtdtbrach,  fbtrtdtrt,  fbtrtdtcryo, and  fbtrtdthorm  are null, go to weight (ACE27 - q118) | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. Primary therapy may be administered at the VAMC under review, another VAMC, or at a non-VHA facility.  **1. Active surveillance:** closely watching the patient’s condition but not giving treatment unless there are changes in test results. For prostate cancer this usually involves periodic prostate-specific antigen (PSA) tests and or repeat prostate biopsy. Terms/phrases that may be used to indicate Active Surveillance include, but are not limited to: expectant management/watchful waiting/clinical observation/masterly inactivity/medical monitoring, deferred treatment.  **2. Decision Not to Treat:** documentation indicates thepatient, patient’s family, or legal representative wishes comfort measures only, and/or there is agreement that the patient’s condition and/or co-morbid conditions preclude further treatment.  **3. Radical prostatectomy:** Surgery to remove the entire prostate. There are 4 major surgical approaches to radical prostatectomy: radical retropubic prostatectomy (RRP), radical perineal prostatectomy (RPP), laparoscopic radical prostatectomy (LRP), and robotic assisted radical prostatectomy (RALP).  **4. Brachytherapy:** a form of [radiation therapy](http://prostatecancer.about.com/od/treatment/a/radiationbasics.htm) that involves the placement of tiny radioactive "seeds" directly into the prostate. Brachytherapy may be administered alone (monotherapy) or in combination with EBRT (combination therapy). **If the record indicates brachytherapy and EBRT are administered as combination therapy within 3 months of each other, brachytherapy would be considered the “primary therapy”.** Other terms for brachytherapy may include: interstitial prostate brachytherapy, implant radiation therapy, internal radiation therapy, “brachy” or “implants”.  **5. EBRT:** A type of radiation therapy that uses a machine to aim high-energy rays at the cancer from outside of the body.  Cont’d next page  **Primary Therapy cont’d**  Other terms for external beam radiation therapy may include: external beam radiation (EBR), external radiation therapy (XRT), conformal/conformational radiation therapy (CRT), three-dimensional conformal/conformational radiation therapy (3D-CRT), intensity-modulated radiation therapy, IMRT, image-guided radiation therapy, IGRT. **There may be cases where the patient has radiation therapy with neoadjuvant and/or adjuvant androgen deprivation therapy (ADT). In these cases, the radiation therapy is considered the “primary therapy”.** **There may also be cases where the patient has both EBRT and brachytherapy**. **If the record indicates brachytherapy and EBRT are administered as combination therapy within 3 months of each other, brachytherapy would be considered the “primary therapy”.**  **6. Cryotherapy:** involves inserting thin metal rods through the perineum into the prostate and releasing liquid nitrogen or argon gas into the rods, where it circulates and freezes the nearby tissue, causing the cancerous cells to rupture and die. May be referred to as “cryo”.  **7. ADT:** may also be referred to as hormonal/hormone therapy, androgen suppression, androgen blockade, anti-androgen therapy. The goal is to reduce levels of the male hormones (androgens), which often makes prostate cancer cells shrink or grow more slowly. Methods may include:  a. orchiectomy (surgical castration)  b. luteinizing hormone releasing hormone (LHRH) agonist drugs such as leuprolide (Lupron) or goserelin (Zoladex)  c.LHRH antagonist drugs such as abarelix (Plenaxis)  d. anti-androgen drugs such as bicalutamide (Casodex)  e. other androgen-suppressing drugs such as estrogens or ketoconazole (Nizoral)  **There may be cases where the patient has neoadjuvant and/or adjuvant androgen deprivation therapy (ADT) with radiation therapy (brachy or EBRT). In these cases, the radiation therapy is considered the “primary therapy” NOT the ADT.**  99. If there is no documentation that primary therapy was initiated during the 12 months after the pathologic confirmation of prostate cancer, answer “99”.  The month and year must be documented in the record in order to compute whether the treatment/procedure was performed in the acceptable timeframe. If documentation is insufficient to determine when the treatment/procedure was done, choose “99”.  **Suggested Data Sources:** urology notes, oncology notes, consultation notes, PC notes, operative reports, radiation therapy notes |
| 18 | primtxdt |  | Enter the date the primary therapy occurred or was started. | mm/dd/yyyy   |  | | --- | | >= pcconfdt and <= 12mos after pcconfdt | | **Look carefully for the earliest treatment/procedure date for the selected therapy.** If the treatment/procedure was performed in the VHA, the exact date should be documented and entered accurately.  If the treatment/procedure was performed in the private sector, the month and year should be documented. If the day is unknown, 01 may be entered. |
|  |  |  | **Initial Biopsy/Pathology** |  |  |
| 19 | bxspec | DTP1  (All cases) | For the biopsy/procedure performed on (computer to display pcconfdt), how was the specimen for biopsy obtained?  1. needle biopsy  2. other or unable to determine | 1,\*2  **\*If 2, go to gleasgr1 (q31)** | **Prostate Biopsy:** taking tissue samples from the [prostate gland](http://www.prostate-cancer.com/prostate-cancer-treatment-overview/overview-prostate-anatomy.html) and examining them underneath a microscope for cell differentiation.  **1. Needle biopsy** (fineneedle aspiration /core biopsy): primary method for prostate biopsy that involves inserting a hollow needle into the prostate gland and withdrawing the sample. The approach for this procedure may be transrectal or transperineal.  **Note:** If the documentation does not specify “needle biopsy”, but mentions “cores”, it can be assumed the procedure was a needle biopsy.  **2**. **Other:** biopsy specimen obtained by an alternate method such as subtotal/partial prostatectomy, transurethral resection of the prostate (TURP), or obtained incidentally during another procedure such as cystectomy,  **Note:** If the operative report/pathology report indicates the biopsy specimen was obtained during a radical prostatectomy; look for a different source as radical prostatectomy is considered treatment rather than a biopsy procedure.  **Suggested data sources:** Operative report, pathology report, progress notes |

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|  |  |  | **Needle Biopsy** |  |  |
| 20  21 | precoag1  coagstp1  precoag2  coagstp2  precoag3  coagstp3  precoag4  coagstp4  precoag5  coagstp5  precoag6  coagstp6  precoag7  coagstp7  precoag99 | RDE | |  |  | | --- | --- | | Does the record document any of the following medications as part of the patient’s regular/current (chronic) medications  ≤ 30 days prior to biopsy (computer to display pcconfdt – 30 to pcconfdt)?  **Indicate all that apply:** | Did the patient stop taking the medication >= 7 days prior to biopsy? **Check the appropriate answer to indicate the following:**  1. Patient stopped med  2. Patient did not stop med  99. Not documented or unable to determine | | 1. aspirin | 1. 2. 99. | | 2. other NSAIDs | 1. 2. 99. | | 3. platelet aggregation inhibitors | 1. 2. 99. | | 4. low molecular weight heparin (LMWH) | 1. 2. 99. | | 5. low dose unfractionated heparin (LDUH) - subcutaneous route only | 1. 2. 99. | | 6. Factor Xa inhibitor | 1. 2. 99. | | 7. warfarin | 1. 2. 99. | | 99. None of the above or no documentation of regular medications |  | | |  | | --- | | precoag99 cannot be checked with any other box |   For any precoag = -1, abstractor must check 1, 2, or 99 before going to the next precoag checkbox | The question refers to medications being taken routinely by the patient, at his/her place of residence, prior to the biopsy procedure. If the medication list/profile indicates the medication was one of the patient’s regular/current medications, look for documentation that the patient actually stopped taking the medication at least 7 days prior to the biopsy.  1. Documentation clearly indicates the patient stopped taking the medication during the applicable timeframe.  2. Documentation clearly indicates the patient did NOT stop taking the medication during the applicable timeframe.  99. There is no documentation indicating whether the patient stopped taking the medication.  A**spirin(ASA):** refer to prescription/non-prescription drug handbook for aspirin containing products  **NSAIDs:** nonsteroidal anti-inflammatory drugs include multiple drugs containing ibuprofen (Advil, Motrin, etc.); naproxen (Aleve, Anaprox, Naprosyn, etc.). Refer to prescription/non-prescription drug handbook for other NSAIDs.  **Platelet aggregation inhibitors:** clopidogrel (Plavix), ticlopidine (Ticlid), dipyridamole (Persantine), dipyridamole and aspirin (Aggrenox)  **LMWH:** enoxaparin (Lovenox), dalteparin (Fragmin), tinzaparin (Innohep), nadroparin (Fraxiparine), reviparin (Clivarin), and certoparin  **LDUH: only include heparin administered by subcutaneous route** (SC, SQ, SubQ): heparin, calcilean, calciparine  **Factor Xa inhibitor**: SC fondaparinux sodium (Arixta) **Warfarin:** Coumadin, Coumarin, Jantoven, Panwarfin, Warfilone, Marfarin  **Suggested Data Sources for current medications:** medication profile/list, pre-operative notes (nursing, urology)  **Suggested Data Sources for documentation the patient stopped taking the current medication prior to the procedure:** nursing and/or urology pre-operative/procedure notes |
| 22 | bxprep1  bxprep2  bxprep3 | RDE | |  |  | | --- | --- | | Does the record document patient use of any of the following bowel preparations prior to the prostate needle biopsy procedure on (computer to display pcconfdt)? | | |  | **Use the following to answer for each type of bowel preparation:**  1. patient used the bowel prep  2. patient did not use the bowel prep  99. Not documented or unable to determine | | 1. Enema | 1. 2. 99. | | 2. Oral laxative | 1. 2. 99. | | 3. Clear liquid diet ≥ 24 hours prior to biopsy | 1. 2. 99. | | 1,2,99 | The intent of the question is to determine if the patient used any bowel preparation method prior to the needle biopsy procedure. For each type of bowel prep:  In order to answer “1” documentation must clearly indicate that the patient used/followed the bowel preparation prior to the procedure.  In order to answer “2” documentation must clearly indicate that the patient did NOT use/follow the bowel preparation prior to the procedure.  Answer “99” if there is no documentation indicating whether or not the patient used the bowel preparation.  **Enema**: Fleets, soap suds, saline  **Oral laxative:** Golytely, Colyte, Nulytely, phospho-soda, phosphate tablets (Osmo-prep, Visicol), magnesium citrate, bisacodyl (Miralax), PEG (electrolyte lavage) solutions  **Clear liquids:** water, broth, apple/grape/cranberry juice, clear sodas or sports drinks, tea, plain gelatin  If no documentation of any of the above, enter “99”  **Suggested data sources:** Pre-operative notes (nursing, urology), pre-op checklists |
| 23 | prebxab | RDE | On the day prior to or the day of the needle biopsy, does the record document the patient received/took an oral antibiotic prior to the time of the biopsy?  1. Yes (Patient received/took oral antibiotic.)  2. No (Patient did not receive/take oral antibiotic.)  99. There is no documentation indicating whether or not the patient received an oral antibiotic. | 1,2,99  If 2, 99 auto-fill bxpoab as 95, and go to bxabx1 | **Include only antibiotic(s) taken or administered orally (PO, NG or PEG tube).**  Antibiotics listed as “current” or “home meds” should be inferred as taken within 24 hours prior to arrival or the day prior to arrival, unless there is documentation they were **not** taken within 24 hours prior to arrival. Documentation that a prescription for antibiotics was given to the patient is not sufficient.  **Suggested data sources:** pre-operative notes (nursing, urology) |

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| 24 | bxpoab1  bxpoab2  bxpoab3  bxpoab4  bxpoab5  bxpoab6  bxpoab7  bxpoab8  bxpoab9  bxpoab10  bxpoab95 | RDE | Select the antibiotic(s) received on the day prior to or on the day of the biopsy.  **Indicate all that apply:**  1. Ampicillin/clavulanate (Augmentin)  2. Ciprofloxacin (Cipro, Proquin)  3. Cephalexin (Keflex)  4. Clindamycin (Cleocin)  5. Levofloxacin (Levaquin)  6. Linezolid (Zyvox)  7. Metronidazole (Flagyl)  8. Nitrofurantoin (Macrobid)  9. Sulfamethoxazole/trimethoprim (Bactrim)  10. Other antibiotic or unable to determine  95. Not applicable | 1,2,3,4,5,6,7,8,9,  10,95  Will be auto-filled as 95 if prebxab = 2 | **Antibiotics include but are not limited to the following categories:**  amoxicillin/ampicillin clavulanate, fluoroquinolones, cephalosporins, sulfonamides, etc.  If an oral antibiotic other than the ones listed was received/taken or antibiotic name was unable to be determined, answer “10”.  **If an antibiotic name is misspelled or abbreviated in the medical record and the abstractor can determine from supporting documentation which antibiotic was administered, that antibiotic may be selected.**  **Suggested data sources:** pre-operative notes (nursing, urology) |
| 25 | bxabx1  bxabx2  bxabx3  bxabx4  bxabx5  bxabx6  bxabx7  bxabx8  bxabx99 | RDE | Does the record document administration of an antibiotic by IM or IV route on the day of the biopsy?  **Indicate all that apply:**  1. amikacin (Amikin)  2. ceftriaxone (Rocephin)  3. ceftazidime (Cefzim, Fortaz)  4. gentamicin (Garamycin)  5. piperacillin tazobactam (Zosyn)  6. vancomycin (Vancocin)  7. metronidazole (Flagyl)  8. other IM/IV antibiotic not listed above  99. No IM/IV antibiotic administration documented on day of biopsy. | 1,2,3,4,5,6,7,8,99 | **Include only antibiotic(s) administered by intramuscular (IM) or intravenous (IV) route documented on the date of the biopsy.**  If an IM/IV antibiotic other than those listed was administered IM or IV, answer “8”.  **Suggested data sources:** Pre-operative notes (nursing, urology) |
| 26 | corsam | DTP1 | Enter the number of core samples obtained during the prostate needle biopsy. | \_\_ \_\_  Abstractor may enter zz  If > = 10, or zz auto-fill ynocorsam as 95, and go to bxusg | Pathology report should indicate the number of core samples taken during the needle biopsy. If the report does not indicate a total number, but has e.g., “adenocarcinoma in 6 of 7 cores from the right and 5 of 6 cores from the left”, this would imply there were 7 + 6 = 13 core samples.  **Enter default zz if number of core samples obtained cannot be found in the record.**  **Suggested data sources**: Pathology report, operative note, urology procedure note |
| 27 | ynocorsam | DTP1 | Did the physician/APN/PA document a reason why at least 10 core samples were not obtained?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if corsam > = 10 | Physician/APN/PA documentation must clearly indicate that obtaining 10 or more core samples was not possible (e.g. surgical complications, patient discomfort, high suspicion of advanced or metastatic disease).  **Suggested data sources**: Pathology report, operative report, urology procedure note |
| 28 | bxusg | RDE | Does the record document use of ultrasound guidance for performance of the prostate needle biopsy?  1. Yes  2. No  99. unable to determine | 1,2,99  If 1, go to bxusvol  If 2 or 99 auto-fill bxusvol as zzz, bxuswt as zzz, and go to gleasgr1 | **Ultrasound guidance:** use of ultrasound to visualize the prostate gland during a biopsy procedure. The transrectal ultrasound (TRUS) approach is the method of choice.  **Suggested data sources**: urology procedure/operative report, radiology/ultrasound report from day of biopsy |
| 29 | bxusvol | RDE | Enter the volume/size in cubic centimeters (cc or cm3) of the prostate gland documented in the report associated with the ultrasound guided biopsy of the prostate. | \_\_ \_\_ \_\_  Will be auto-filled as zzz if bxusg = 2 or 99   |  | | --- | | > 0 and <= 999 |   **Abstractor may enter default zzz**  If numeric value entered, auto-fill bxuswt as zzz, and go to gleasgr1 | **Prostate volume:** measurements of the prostate gland (height, width, length in millimeters) taken during the TRUS procedure are used to calculate the volume of the prostate gland. Volume/size is usually documented in cubic centimeters (cm3 or cc).  Pathology report must clearly indicate the volume of the prostate gland.  **Enter default zzz if volume cannot be found in the record.**  **Suggested data sources**: urology procedure/operative report, radiology/ultrasound report |
| 30 | bxuswt | RDE | Enter the weight/size in grams (g or gm) of the prostate gland documented in the report associated with the ultrasound guided biopsy of the prostate. | \_\_ \_\_ \_\_  Will be auto-filled as zzz if bxusg = 2 or 99 or bxusvol = numeric value   |  | | --- | | > 0 and <= 999 |   Abstractor may enter default zzz | Size/weight of the prostate gland is usually documented in grams (g/gm).  **If valid value for volume was not documented, enter the weight/size documented.**  **If no weight is documented enter zzz.**  **Suggested data sources**: urology procedure/operative report, radiology/ultrasound report |

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| 31 | gleasgr1  gleasgr2 |  | At the time of the initial pathologic confirmation of prostate cancer, but **prior** to the start of primary therapy on (computer to display primtxdt), enter the Gleason **grade** documented in the record.   |  | | --- | | Gleason grade 1 | | Gleason grade 2 | | \_\_ \_\_  \_\_ \_\_  Abstractor can enter zz  If valid values, auto-fill gleason with sum of gleasgr1 + gleasgr2   |  | | --- | | >= 1 and <= 5 | | **Primary Therapy:** The initial therapy received within one year after diagnosis is considered the “primary therapy”  **The Gleason grade is documented as two numerical values in order of primary grade + secondary grade (e.g. 3 + 3, 4 +3). The order in which the grades are documented is critical: gleasgr1 + gleasgr2 (e.g. if documented as 4 + 3 then gleasgr1 = 4 and gleasgr2 = 3). The Gleason grade is NOT the same as the Gleason score or sum. If only the Gleason score or sum (one numerical value) is documented, enter zz and enter the score in the next question.**  **If there are multiple sets of Gleason grades noted in the pathology report (i.e. one for each core sample), enter the highest grade based on the highest primary grade.**  **Suggested data sources**: Pathology reports, operative/procedure reports, urology notes, consultation notes |
| 32 | gleason | DTP2  DTP4  DTP6  DD6 | At the time of the initial pathologic confirmation of prostate cancer, but **prior** to the start of primary therapy, on (computer to display primtxdt) enter the Gleason **score** documented in the record. | \_\_ \_\_  Abstractor may enter zz  Computer will enter sum of gleasgr1 + gleasgr2   |  | | --- | | >= 2 and <= 10 | | **Primary Therapy:** The initial therapy received within one year after diagnosis is considered the “primary therapy” **Gleason score:** describes the degree of aggressiveness the cancer displays when looked at under the microscope by a pathologist and is used to help evaluate the prognosis of prostate cancer and guide therapy.  The sum of the primary and secondary Gleason grades is shown as the Gleason **score** or **sum** (i.e. primary grade + secondary grade = GS; i.e. 4+3 or 3+4 = GS 7). Enter the Gleason score (sum) **NOT** the primary and secondary grade.  If a Gleason score prior to the start of primary therapy for prostate cancer is not documented in the record, enter zz.  **Suggested data sources**: Pathology reports, operative/procedure reports, urology notes, consultation notes |

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| 33 | abclint | DD6  (All cases) | Prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), enter the clinical tumor (T) stage documented in the medical record.  **\*Clinical tumor (T) stage should be documented in the record as one of the following:**   |  |  | | --- | --- | | **T** | **Description** | | TX | Primary tumor cannot be assessed. | | T0 | No evidence of primary tumor. | | T1 | Clinically inapparent tumor neither palpable nor visible by imaging. | | T1a | Tumor incidental histologic finding in ≤ 5% of tissue resected. | | T1b | Tumor incidental histologic finding in >5% of tissue resected. | | T1c | Tumor identified by needle biopsy (e.g. because of elevated PSA). | | T2 | Tumor confined within prostate. | | T2a | Tumor involves ≤ one-half of one lobe | | T2b | Tumor involves > one-half of one lobe but not both lobes. | | T2c | Tumor involves both lobes. | | T3 | Tumor extends through the prostate capsule. | | T3a | Extracapsular extension (unilateral or bilateral). | | T3b | Tumor invades seminal vesicle(s). | | T4 | Tumor is fixed or invades adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall. | | **T\_\_ \_\_**  Mask 1 = X,0,1,2,3,4  Mask 2 = a,b,c, or blank  **Abstractor can enter zz**   |  | | --- | | Warning if first mask = X or 0 or abclint <> Clin\_T when Clin\_T = valid value |   If <> zz, auto-fill abclnsum as 95, drepretx as 95, drenod as 95, orgconf as 95 and dredt as 88/88/8888 | **Clinical staging occurs prior to the start of primary therapy**.  **Primary Therapy:** The initial therapy received within one year after diagnosis is considered the “primary therapy” **Treatment/therapy for prostate cancer** may include surgery, radiation therapy, cryotherapy, hormonal therapy, chemotherapy, Active Surveillance or physician/APN/PA documentation of the decision not to treat the prostate cancer.  **Clinical Staging:** determines how much cancer there is based on the physical examination, imaging tests, and biopsies of affected areas.  **The TNM categories describe:**  T (tumor) - describes the extent of the primary tumor  N (nodes) - describes the absence or presence of spread of the cancer to regional lymph nodes  M (metastasis) - describes the presence or absence of metastasis  If there are different stages noted in multiple notes (e.g. initial urology staging note has T1c, later preoperative note has T2b, later Radiation Oncology note has T2c), enter the highest stage noted, provided it is PRIOR to the start of the primary therapy.  **If a clinical (T) stage/category is not found/documented in the record, enter “zz”**  **Suggested data sources**: Urology notes, pathology reports, operative reports  **\*The source for this staging system is the American Joint Committee on Cancer (AJCC).** |

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| 34 | abclinn | DD6 | Prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), enter the clinical node (N) stage documented in the medical record. | **N \_\_**  X,0,1  **Abstractor can enter z**   |  | | --- | | Warning if abclinn <> Clin\_N when Clin\_N = valid value | | **Enter the clinical node (N) category documented in the record prior to initiation of any treatment/therapy for prostate cancer.**  **Clinical (N) stages/categories should be documented as one of the following:**   |  |  | | --- | --- | | **N** | **Description** | | NX | Regional lymph nodes were not assessed. | | N0 | No regional lymph node metastasis. | | N1 | Metastases in regional lymph node(s). |   If a clinical (N) stage/category is not found/documented in the record, enter “z”  **Suggested data sources:** Urology notes, pathology reports, operative reports |
| 35 | abclinm | DD6 | Prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), enter the clinical metastasis (M) stage/category documented in the medical record. | **M \_\_**  X,0,1  **Abstractor can enter z**  **If abclint = valid value or abclinm = 1, auto-fill abclnsum as 95 and go to psapretx (q37)**   |  | | --- | | Warning if abclinm <> Clin\_M when Clin\_M = valid value | | **Enter the clinical metastasis (M) category documented in the record prior to initiation of any treatment/therapy for prostate cancer.**  **Clinical (M) stages/categories should be documented as one of the following:**   |  |  | | --- | --- | | **M** | **Description** | | MX | Distant metastasis cannot be assessed (not evaluated by any modality). | | M0 | No distant metastasis. | | M1 | Distant metastasis. | | M1a\* | Non regional lymph node(s). | | M1b\* | Bone(s). | | M1c\* | Other site(s) with or without bone disease |   **\*M1 may be documented as M1a, M1b or M1c, but it is only necessary to enter M1.**  **If a clinical (M) category/stage is not found/documented in the record, enter “z”**  **Suggested data sources:** Urology notes, pathology reports, operative reports |

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| 36 | abclnsum | DD6 | Prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), what clinical summary stage was documented?  1. Stage I  2. Stage II  3. Stage III  4. Stage IV without metastasis  5. Stage IV with metastasis  95.Not applicable  99. None of the above or unable to determine | 1,2,3,4,5,95,99  Will be auto-filled as 95 if abclint = valid value or abclinm = 1   |  | | --- | | Warning if abclnsum <> Clin\_Stg when Clin\_Stg = valid value | | **Clinical staging occurs prior to** the start of primary therapy.  **Treatment/therapy for prostate cancer** may include surgery, radiation therapy, cryotherapy, hormonal therapy, chemotherapy, Active Surveillance or physician/APN/PA documentation of the decision not to treat the prostate cancer.  **Select the option that matches the clinical summary stage documented in the record prior to the start of primary therapy for prostate cancer.**  **Clinical Staging** **determines how much cancer there is based on the physical examination, imaging tests, and biopsies of affected areas.** |
|  |  |  | **Pre-Therapy PSA** |  |  |
| **Questions 37-43 apply to cases receiving primary therapy at a VAMC** | | | | | |
| 37 | psapretx | DTP3  DTP4  DTP6  DD6  (Cases with initial tx at VAMC) | During the time frame from (pcconfdt – 6 months to pcconfdt + 12 months), but prior to the start of primary therapy on (computer to display primtxdt) for prostate cancer, did the record document a total PSA level at any VAMC?  1. Yes  2. No | 1,2  If 2, auto-fill prepsadt as 88/88/8888, psa1 as zzzz.zz and go to drepretx (q40) | **The intent of this question is to determine if a total PSA level was documented at any VAMC prior to the start of primary therapy.**  **Treatment/therapy for prostate cancer** may include surgery, radiation therapy, cryotherapy, hormonal therapy, chemotherapy, Active Surveillance or physician/APN/PA documentation of the decision not to treat the prostate cancer.  **PSA:** Prostate Specific Antigen, a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood. For the purposes of this study the **total PSA** level is to be used.  **Exclude:** free PSA or complexed PSA  **Suggested data sources:** Lab reports, pathology reports |
| 38 | prepsadt | DTP3  DTP4  DTP6  DD6 | Enter the date of the total PSA documented **PRIOR** to the start of primary therapy. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if psapretx = 2   |  | | --- | | <= 6 months prior to pcconfdt and <= primtxdt | | If more than one PSA level is documented enter the date of the PSA level documented most immediately PRIOR to the start of primary therapy.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 39 | psa1 | DTP3  DTP4  DTP6  DD6 | Enter the total PSA **level.** | \_\_ \_\_ \_\_ \_\_.\_\_ \_\_  Will be auto-filled as zzzz.zz if psapretx = 2   |  | | --- | | >= 0 and <= 9999.99 | | PSA is most commonly reported in ng/mL Enter the level/value documented most immediately PRIOR to the start of primary therapy. |
|  |  |  | **DRE** |  |  |
| 40 | drepretx | DD6 | During the time frame from (pcconfdt – 6 months to pcconfdt + 12 months), but prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), did the physician/APN/PA perform a digital rectal exam (DRE) at any VAMC?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if abclint = valid value  If 2,auto-fill drenod, nodsz and orgconf as 95 and dredt as 88/88/8888, and go to pretxdec (q45) | **Digital Rectal Exam (DRE):** a standard screening test for prostate cancer performed by a clinician to detect palpable abnormalities in the prostate gland. DRE may also be referred to as (clinical) prostate exam, rectal exam, or physical examination of the prostate.  **Suggested data sources:** urology notes, progress notes (e.g., PCP), consultation notes |
| 41 | drenod | DD6 | Did the DRE findings indicate presence of a nodule?  1. yes  2. no  95. Not applicable | 1,2  Will be auto-filled as 95 if abclint = valid value  If 2, autofill nodsz and orgconf, as 95 | **This question refers to the DRE findings from the exam done most immediately prior to the start of primary therapy.**  **In order to answer “1,” the DRE findings must clearly indicate the presence of a nodule.**  Documentation indicating absence of a nodule may include but is not limited to: “prostate is smooth, firm”, “no abnormalities felt”, “no nodules noted”.  **Suggested data sources:** urology notes, progress notes, consultation notes |
| 42 | nodsz | DD6 | If nodule was found, did the DRE findings indicate the size of the nodule?  1. yes  2. no  95. Not applicable | 1,2,95  Will be auto-filled as 95 if abclint = valid value  Will be auto-filled as 95 if drenod = 2 | If presence of a nodule is indicated, look for documentation of the size of the nodule. Size is most likely documented in approximate numbers with units indicated as millimeters (mm), centimeters (cm) or inches (in). |
| 43 | orgconf | DD6 | If nodule was found, did the DRE findings indicate an assessment of whether or not the disease is organ-confined?  1. yes  2. no  95. Not applicable | 1,2,95  Will be auto-filled as 95 if abclint = valid value  Will be auto-filled as 95 if drenod = 2 | If presence of a nodule is indicated, look for documentation of an assessment of whether or not the disease is organ-confined. Documentation of DRE findings that have any mention of whether the prostate disease is likely to have spread beyond the prostate gland to nearby tissues would be acceptable. |
| 44 | dredt | DD6 | Enter the date of the DRE performed prior to the start of primary therapy for prostate cancer. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if abclint = valid value   |  | | --- | | <= 6 months prior to or = pcconfdt and <= primtxdt | | If more than one DRE is documented, enter the date of the DRE documented most immediately PRIOR to the start of primary therapy.  **Enter the exact date.** |
| 45 | pretxdec | DD6 | During the time frame from (pcconfdt to pcconfdt + 12 months), but prior to the start of primary therapy for prostate cancer on (computer to display primtxdt), did the physician/APN/PA document ALL of the following in one note?   * PSA * Gleason score * Clinical Tumor (T) stage (or digital rectal exam findings)   1. Yes  2. No | 1,2   |  | | --- | | Warning if 1 and gleason = zz or psapretx = 2 or abclint = zz or drepretx = 2 | | PSA, Gleason score, and clinical tumor (T) stage (or digital rectal exam findings) are three factors used routinely to aid in prognosis and guide treatment/therapy decision-making.  **In order to answer “yes”, there must be physician/APN/PA documentation of all 3 components in one note or documentation indicating the 3 components were evaluated prior to the start of primary therapy.**  **For example, physician notes, “PSA < 10, tumor stage T1 and Gleason score 6” or “have reviewed PSA, T stage and Gleason with patient…”**  **Suggested data sources:** urology notes, progress notes (e.g., PCP), consultation notes |

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| **If (Clin\_T or abclint = (T2c or >) OR (psa1 > 20) OR (gleason = 8, 9 or 10), auto-fill recrsk as 3**  **If (Clin\_T or abclint = (T2b) OR (psa1 > 10 and <= 20) OR (gleason = 7), auto-fill recrsk as 2**  **If (Clin\_T or abclint = (T1c or T2a) AND (psa1 <= 10) AND (gleason < = 6), auto-fill recrsk as 1**  **If none of the above conditions are met, auto-fill as 99** | | | | | |
| 46 | recrsk | DTP2  DTP3  DTP4  DTP5  DTP6  (All cases) | Based on the clinical tumor (T) staging, PSA level and/or Gleason score documented in the record prior to the start of primary therapy on (computer to display primtxdt), which recurrence risk classification does the record document for this patient?  1. Low Risk  2. Intermediate Risk  3. High Risk  99. No recurrence risk classification documented or unable to determine | 1,2,3, 99  **Computer will auto-fill as 1, 2 or 3 based on (clin\_T or abclint), psa1, and/or gleason**  If 2,3, or 99 auto-fill bnscn as 95, petscan as 95, yscan as 95, and go to ctscandt(q53) else go to bnscn | Recurrence risk classification: methods of estimating the risk that the prostate tumor will ultimately recur after treatment/therapy and/or progress to metastases and mortality. Clinicians may use these classifications to make decisions about treatment/therapy type and timing.  The *D'Amico classification* stratifies men by low, intermediate, or high risk based on stage, Gleason score, and PSA. It is used widely in clinical practice and research settings using the following **Risk strata definitions**:  • Low Risk: PSA ≤10 mg/dL; AND Gleason score 6 or less; AND clinical stage T1c or T2a  • Intermediate Risk: PSA >10 to 20 mg/dL; OR Gleason score 7; OR clinical stage T2b  • High Risk: PSA > 20 mg/dL; OR Gleason score 8 to 10; OR clinical stage T2c or greater  If not auto-filled, look for documentation of recurrence risk classification in the record.  **Suggested data sources:** urology notes, progress notes(e.g., PCP) |
|  |  |  | **Imaging (Bone Scan, CT scans, PET scans)** |  |  |
| 47 | bnscn | DTP2  (Cases with Low Risk recurrence) | Following the initial pathologic confirmation of prostate cancer, but prior to the start of primary therapy on (computer to display primtxdt), was a bone scan performed?  3. Performed at this VAMC  4. Performed at another VAMC  5. Performed at a non-VHA healthcare facility  6. No bone scan performed  95. Not applicable | 3,4,5,6,95  Will be auto-filled as 95 if recrsk =2, 3 or 99   |  | | --- | | Hard edit: If 3 or 4 and fbbnscn = 1, abstractor to confirm bnscn = 3 or 4 | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”.  Bone scan: (bone scintigraphy) a non-invasive, nuclear scanning test to find certain abnormalities in bone; used to help diagnose bone metastasis.  Include: ONLY nuclear bone scan  Exclude: CT scan, MRI, Bone Density Scan (DEXA)  **Suggested data sources:** Radiation oncology/therapy notes, nuclear medicine reports, Radiology reports |
| 48 | fbtrtdtbone |  | Computer to auto-fill fee basis bone scan date. | mm/dd/yyyy   |  | | --- | | If fbtrtdtbone >= pcconfdt and < primtxdt, auto-fill fbbnscnas 1  If fbtrtdtbone < pcconfdt or >= primtxdt auto-fill fbbnscn as 2 | | **Will be auto-filled based on fee basis data.** |
| 49 | fbbnscn |  | **Computer auto-fill question:**  Was the bone scan performed on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtbone >= pcconfdt and < primtxdt  Will be auto-filled as 2 if fbtrtdtbone is < pcconfdt or >= primtxdt | **Will be auto-filled based on fee basis data.** |
| 50 | petscan | DTP2  (Cases with Low Risk recurrence) | Following the initial pathologic confirmation of prostate cancer, but prior to the start of primary therapy on (computer to display primtxdt), was a PET scan performed?  3. Performed at this VAMC  4. Performed at another VAMC  5. Performed at a non-VHA healthcare facility  6. No PET scan performed  95. Not applicable | 3,4,5,6,95  Will be auto-filled as 95 if recrsk =2, 3 or 99   |  | | --- | | Hard edit: If 3 or 4 and fbpet = 1, abstractor to confirm petscan = 3 or 4 |   If 5 or 6 auto-fill petscandt as 88/88/8888  If bnscn and petscan = 6, auto-fill yscan as 95 and go to ctscandt | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. **PET scan:** also referred to as positron emission tomography, is a nuclear medicine imaging technique used for imaging tumors and/or search for metastases. SPECT (single photon emission) is a type of PET scan.  **Suggested data sources:** Radiation oncology/therapy notes, nuclear medicine reports, Radiology reports |

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| 51 | fbtrtdtpet |  | Computer to auto-fill fee basis PET scan date. | mm/dd/yyyy   |  | | --- | | If fbtrtdtpet >= pcconfdt and < primtxdt, auto-fill fbpet as 1  If fbtrtdtpet < pcconfdt or >= primtxdt auto-fill fbpet as 2 | | **Will be auto-filled based on fee basis data.** |
| 52 | fbpet |  | **Computer auto-fill question:**  Was the PET scan performed on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtpet >= pcconfdt and < primtxdt  Will be auto-filled as 2 if fbtrtdtpet is < pcconfdt or > primtxdt | **Will be auto-filled based on fee basis data.** |
| 53 | petscandt | RDE | Following the initial pathologic confirmation of prostate cancer, but prior to the start of primary therapy on (computer to display primtxdt), enter the date(s) of all PET scans done at any VAMC.   |  |  | | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | >= pcconfdt and <= primtxdt | | |  | | | **The intent of this question is to determine if any PET scans were done at any VAMC prior to the start of primary therapy.**  **Treatment/therapy for prostate cancer** may include surgery, radiation therapy, cryotherapy, hormonal therapy, chemotherapy, Active Surveillance or physician/APN/PA documentation of the decision not to treat the prostate cancer.  PET scan: also referred to as positron emission tomography, is a nuclear medicine imaging technique used for imaging tumors and/or search for metastases. SPECT (single photon emission) is a type of PET scan.  **Suggested data sources:** nuclear medicine reports, radiology reports, radiation oncology notes, urology notes, progress notes (e.g., PCP) |

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| 54 | yscan | DTP2  (Cases with Low Risk recurrence?) | Is there documentation by physician/APN/PA of a reason why a bone scan or PET scan was done prior to the start of primary therapy on (computer to display primtxdt)?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if recrsk = 2, 3 or 99 or bnscn = 6 or petscan = 6 | A bone scan or PET scan is generally not required for staging disease in asymptomatic men with a low risk of recurrence who receive primary therapy or those with a low risk of metastatic disease. The intent of this question is to determine if there is a documented reason why a bone scan or PET scan was performed in the cases of men who had a low risk of recurrence of prostate cancer.  In order to answer “1” there must be Physician/APN/PA documentation that clearly indicates a reason why a bone scan or PET scan was performed (e.g. presence of bone pain, suspicious or abnormal result in another imaging study suggesting metastatic disease, other documented reason).  **Suggested data sources:** urology notes, consult request, radiation oncology notes, progress notes (e.g., PCP), Radiology notes |
| 55 | ctscandt | RDE  (cases with low rsk recurrence and had surg, radiation, cryo) | Following the initial pathologic confirmation of prostate cancer, but prior to the start of primary therapy on (computer to display primtxdt), enter the date(s) of all CT scans of the abdomen/pelvis done at any VAMC.   |  |  | | --- | --- | | **Enter all dates**  Mm/dd/yyyy   |  | | --- | | >= pcconfdt and <= primtxdt |   Abstractor may enter 99/99/9999 | | | **The intent of this question is to determine if a CT scan of the abdomen/pelvis was done at any VAMC prior to the start of primary therapy.**  **Treatment/therapy for prostate cancer** may include surgery, radiation therapy, cryotherapy, hormonal therapy, chemotherapy, Active Surveillance or physician/APN/PA documentation of the decision not to treat the prostate cancer.  CT scan: also referred to as computed/computerized tomography (CT) scan or computed/computerized axial tomography (CAT) scan. A CT scan combines a series of X-ray views taken from many different angles to produce cross-sectional images of the bones and soft tissues inside the body.  Any CT/CAT scan with mention of abdomen, pelvis or both is acceptable.  If no CT scan performed at any VAMC during that time frame, enter 99/99/9999  **Suggested data sources:** radiology reports, radiation oncology notes, urology notes, progress notes (e.g., PCP) |

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| 56 | radonc | RDE | During the time frame from (computer display pcconfdt to revdte) was the patient seen during an outpatient encounter by a physician/APN/PA in Radiation Oncology services at any VAMC?  1. Yes  2. No | 1,2 | **Radiation Oncology services:** a department of radiology that specializes in treatment of cancer with use of radiation. May also be referred to as Radiation Therapy. There are two types of prostate cancer radiation treatments - external and internal. External beam radiation therapy (EBRT) directs high-energy x-ray beams at the cancer from outside the body. Internal (also called interstitial radiation or brachytherapy) involves placing a radioactive substance directly into the prostate.  **Suggested data sources:** Radiation therapy/oncology notes, oncology notes |
| **If PRIMTX = 1, go to ACTSRV**  **If PRIMTX = 2, go to WEIGHT**  **If PRIMTX = 3, go to RADPST**  **If PRIMTX = 4, go to IPBTX**  **If PRIMTX = 5, go to EBRTX**  **If PRIMTX = 6, go to CRYTX**  **If PRIMTX = 7, go to ANDEPTX** | | | | | |
|  |  |  | **Primary Therapies** |  |  |
| **Questions 57-66 apply to cases with Active Surveillance documented** | | | | | |
| 57 | actsrv | TP1, DD1  DD3-6  Stage I, II/T1-T2) | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where was Active Surveillance documented as the primary therapy for the prostate cancer by the physician/APN/PA?  3. Active Surveillance at this VAMC  4. Active Surveillance at another VAMC  5. Active Surveillance at non-VHA facility | 3,4,5  If 3 or 5, auto-fill actsrvva as zzz | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. **Active surveillance:** closely watching the patient’s condition but not giving treatment/therapy unless there are changes in test results. For prostate cancer Active Surveillance usually involves periodic prostate-specific antigen (PSA) tests to check for signs the cancer is growing. Follow-up prostate biopsies also may be used to evaluate whether there are any changes. **Terms/phrases that may be used to indicate Active Surveillance include, but are not limited to: expectant management/watchful waiting/clinical observation/masterly inactivity/medical monitoring, deferred treatment**. If documentation does not have specific terms such as Active Surveillance, etc. but there is mention of monitoring PSA this would meet the intent of Active Surveillance.  **NOTE:** Active Surveillance should NOT be considered the same as a decision Not to Treat.  **Suggested data sources:**  urology notes, oncology notes, consultation notes, progress notes (e.g., PCP) |
| 58 | actsrvva |  | Enter the facility number of the VAMC where Active Surveillance was initially documented.  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if actsrv = 3 or 5 |  |
|  |  |  | **Follow-up** |  |  |
| 59 | psapost | DD3 | During the 18 months following the documented decision for Active Surveillance, did the record document a total PSA value at any VAMC?  1. Yes  2. No | 1,2  If 2, auto-fill psapostdt as 88/88/8888, psa2 as zzzz.zz, and go to drepostas (q62) | **For the purposes of this study the total PSA level is to be used.**  **PSA:** Prostate Specific Antigen, a protein produced by cells of the prostate gland. The PSA test measures the level of PSA in the blood. **Exclude:** free PSA or complexed PSA  **Suggested data sources:** Lab reports, pathology reports |
| 60 | psapostdt | DD3 | Enter the **first** date following the date of the decision for active surveillance that a PSA level was documented. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if psapost = 2   |  | | --- | | > primtxdt and <= 18 months after primtxdt | | Enter **first** date for the PSA level documented after the date of the decision for Active Surveillance as primary therapy.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 61 | psa2 | DD3 | Enter the PSA level. | \_\_ \_\_ \_\_ \_\_. \_\_ \_\_  Will be auto-filled as zzzz.zz if psapost = 2   |  | | --- | | >= 0 and <= 9999.99 | | PSA is most commonly reported in ng/mL. Enter **first** PSA level/value documented after the date of the decision for Active Surveillance. |
| 62 | drepostas | DD4 | During the 18 months following the documented decision for Active Surveillance, did the physician/APN/PA perform a digital rectal exam (DRE) at any VAMC? | 1.2  If 2, auto-fill drepostdt as 88/88/8888, and go to bxpostas (q64) | **Digital Rectal Exam (DRE):** a screening test for prostate cancer performed by a clinician to detect palpable abnormalities in the prostate gland. May also be referred to as a rectal exam or prostate exam.  **Suggested data sources:** urology notes, progress notes (e.g., PCP), consultation notes |

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| 63 | drepostdt | DD4 | Enter the **first** date after the documented decision for Active Surveillance on which a DRE was performed. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if drepostas = 2   |  | | --- | | > primtxdt and <= 18 months after primtxdt | | If more than one DRE was performed during the applicable timeframe, enter the **first** date after the documented decision for Active Surveillance on which the DRE was performed. Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 64 | bxpostas | DD5 | During the 18 months following the documented decision for Active Surveillance was a repeat prostate needle biopsy performed at any VAMC? | 1,2  If 2, auto-fill bxpostdt as 88/88/8888, bxfnd as 95 | **Prostate Biopsy:** taking tissue samples from the [prostate gland](http://www.prostate-cancer.com/prostate-cancer-treatment-overview/overview-prostate-anatomy.html) and examining them underneath a microscope for cell differentiation.  **Suggested data sources:** urology notes, operative report, pathology report, progress notes (e.g., PCP) |
| 65 | bxpostdt | DD5 | Enter the **first** date after the documented decision for Active Surveillance on which a repeat prostate needle biopsy was performed. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if bxpostas = 2   |  | | --- | | > primtxdt and <= 18 months after primtxdt | | If more than one repeat biopsy was performed during the applicable timeframe, enter the **first** date after the documented decision for Active Surveillance on which the repeat biopsy was performed. Enter the exact date. The use of 01 to indicate missing month or day is not acceptable.  **Suggested data sources:** urology notes, operative report, pathology report, progress notes (e.g., PCP). |
| 66 | bxfnd | DD5 | Indicate the findings from the repeat prostate needle biopsy that were documented in the record.  1. Positive findings  2. Negative findings  3. Other findings  95. Not applicable  99. No findings documented or unable to determine | 1,2,3,95,99  Will be auto-filled as 95 if bxpostas = 2 | **Positive findings:** pathology findings may be classified as malignant, including prostatic adenocarcinoma. Documentation of a Gleason score would indicate positive findings.  **Negative findings:** pathology findings may be classified as benign (negative), including normal prostate, prostatitis (acute/chronic), prostatic hyperplasia (nodular prostatic hyperplasia, benign prostatic hyperplasia (BPH), atypical adenomatous hyperplasia. Other documentation may include but is not limited to “negative for prostate cancer cells”, “no evidence of **adenocarcinoma”.**  **Other findings:** pathology findings are not clearly indicated as positive or negative. Findings of prostatic intraepithelial neoplasia (PIN) may be recorded as “suspicious”, “precursor/precancerous”, as high-grade PIN or low-grade PIN, or non-invasive dysplasia or neoplasia. Other terms used may include but are not limited to: “suspicious/highly suspicious”, “indeterminate”. |
| **If primtx = 1 go to weight (q118 - ACE27)** | | | | | |

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|  |  |  | **Radical Prostatectomy** |  |  |
| **Questions 68-77 apply to cases with radical prostatectomy as primary therapy.** | | | | | |
| 68 | radpst | DTP2, TP1, DD1 – 3,  DD6 | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where did the patient undergo radical prostatectomy as primary therapy?  3. radical prostatectomy at this VAMC  4. radical prostatectomy at another VAMC  5. radical prostatectomy at non-VHA facility | 3,4,5  If 3 or 5 auto-fill radpstva as zzz   |  | | --- | | Hard edit: If 3 or 4 and fbpst = 1, abstractor to confirm radpst = 3 or 4 | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”.  **Radical prostatectomy:** Surgery to remove the entire prostate. There are 4 major surgical approaches to radical prostatectomy: radical retropubic prostatectomy (RRP), radical perineal prostatectomy (RPP), laparoscopic radical prostatectomy (LRP), and robotic assisted radical prostatectomy (RALP). In order to choose options 3.4 or 5 the term “radical” must be included in the description of the surgery.  For the purposes of this question, if the patient had radical prostatectomy outside the VHA that was paid for by VHA (fee basis), enter “5.” Fee-based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if prostatectomy was fee basis, check with the liaison.  **Exclude:** “Simple” prostatectomy, cystoprostatectomy, salvage prostatectomy for radiation therapy failures  **FEE BASIS STATUS:** treatments/procedures performed at a non-VHA facility contracted/paid for by the VHA.  **Suggested data sources:** Operative report/notes, hematology/oncology notes, radiation oncology notes, urology notes, progress notes (e.g., PCP) (within 4 weeks after hospital discharge), pathology report |
| 69 | radpstva |  | Enter the facility number of the VAMC where the radical prostatectomy was performed. (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if radpst = 3 or 5 |  |
| 70 | fbtrtdtpst |  | Computer to auto-fill fee basis radical prostatectomy date. | mm/dd/yyyy   |  | | --- | | **If fbtrtdtpst <= 1 week prior to or after primtxdt or = primtxdt, auto-fill fbpst as 1; else**  **auto-fill fbpst as 2 and go to radpstebl** | | **Will be auto-filled based on fee basis data.** |

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| 71 | fbpst |  | **Computer auto-fill question:**  Was the radical prostatectomy performed on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtpst <= 1 week prior to or after primtxdt or = primtxdt  Will be auto-filled as 2 if fbtrtdtpst > 1 week prior to or after primtxdt | **Will be auto-filled based on fee basis data.** |
| 72 | radpstebl | RDE | Enter the estimated blood loss (EBL) in mL/cc that occurred during the surgery. | \_\_ \_\_ \_\_ \_\_ \_\_  Abstractor can enter zzzzz   |  | | --- | | >= 0 <= 10000 | | **Estimated blood loss (EBL):** The amount of blood determined to have been lost during a surgical procedure. Volume of blood loss is usually documented in mL/cc.  If the EBL is not documented or unable to be found in the record, enter “zzzzz”.  **Suggested data sources:** operative report, surgeon’s progress notes, nursing intraoperative notes, anesthesia record |
| 73 | tumormar | DD2 | Did the final surgery pathology report indicate the margins of the surgical specimen were free of tumor?  1. Yes  2. No  99. Unable to determine | 1,2,99 | Surgical specimen: the tissue removed during surgery and submitted to the pathologist for examination. The surgical margin is the outer edge of the tissue that was removed.  Look in the final pathology report for wording that indicates the margins of the surgical specimen were free (clear) of tumor. May see wording such as “clear margins”; “margins are tumor free”; “negative margins”.  If there is any mention of “positive margins”, answer “2”. |

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|  |  |  | **Pathologic Staging** |  |  |
| 74 | abpatht | Rad prostatectomy cases | Following radical prostatectomy, enter the pathologic T stage of prostate cancer documented in the record.  **\*Pathologic tumor (pT) stages should be documented as one of the following in the record (may not have the letter “p”):**   |  |  | | --- | --- | | **pT** | **Description** | | pT2 | Organ confined. | | pT2a | Unilateral, involving ≤ one-half of one lobe or less. | | pT2b | Unilateral, involving > one-half of one lobe but not both lobes. | | pT2c | Bilateral disease. | | pT3 | Extraprostatic extension. | | pT3 | Extraprostatic extension or microscopic invasion of bladder neck. | | pT3b | Seminal vesicle invasion. | | pT4 | Invasion of bladder, rectum, levator muscles, and/or pelvic wall | | pT \_\_ \_\_  2,3,4  a,b,c   |  | | --- | | First mask = 2, 3, or 4  Second mask = a, b, c, or blank | | **Pathologic staging occurs after radical prostatectomy. The record may not identify the stage as “pathologic” or “p”. If there is documentation of TNM stage after radical prostatectomy, assume the stage is pathologic.**   * **If more than one T stage is documented after radical prostatectomy, select the T stage documented most immediately after surgery.**   **The TNM categories describe:**  T (tumor) = describes the extent of the primary tumor  N (nodes) = describes the absence or presence of spread of the cancer to regional lymph nodes  M (metastasis) = describes the presence or absence of metastasis  If a pathologic (T) stage is not found/documented in the record, enter “zz”  **Suggested data sources:** Pathology report, urology notes, oncology notes, progress notes (e.g., PCP)  **\*The source for this staging system is the American Joint Committee on Cancer (AJCC).** |
| 75 | abpathn |  | Following radical prostatectomy, enter the pathologic N stage of prostate cancer documented in the record. | pN \_\_  X,0,1  **Abstractor may enter z** | **Enter the pathologic node (pN) stage documented in the record following radical prostatectomy.**   * **If more than one N stage is documented after radical prostatectomy, select the N stage documented most immediately after surgery.**   **Pathologic (pN) stage should be documented as one of the following (may not have the letter “p”):**   |  |  | | --- | --- | | **pN** | **Description** | | pNX | Regional nodes not sampled. | | pN0 | No positive regional nodes. | | pN1 | Metastases in regional node(s). |   If a pathologic (N) stage is not found/documented in the record, enter “z”  **Suggested data sources:** Pathology report, urology notes, oncology noted, progress notes (e.g., PCP) |

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| 76 | abpathm |  | Following radical prostatectomy, enter the pathologic M stage of prostate cancer documented in the record. | pM \_\_  X,0,1  **Abstractor may enter z**  **If abpatht = valid value or abpathm = 1, auto-fill pathsum as 95 and go to pstxpsa(q109)** | **Enter the pathologic metastasis (M) stage documented in the record following radical prostatectomy.**  **Pathologic metastasis (M) stage should be documented as one of the following:**   |  |  | | --- | --- | | **M** | **Description** | | MX | Distant metastasis cannot be assessed (not evaluated by any modality). | | M0 | No distant metastasis. | | M1 | Distant metastasis. | | M1a\* | Non regional lymph node(s). | | M1b\* | Bone(s). | | M1c\* | Other site(s) with or without bone disease |   **\*M1 may be documented as M1a, M1b or M1c, but it is only necessary to enter M1.**  **If a pathologic metastasis (M) stage/category is not found/documented in the record, enter “z”**  **Suggested data sources:** Urology notes, pathology reports, operative reports, oncology notes, progress notes (e.g., PCP). |
| 77 | pathsum | Rad prostatectomy cases | Following radical prostatectomy, what pathologic summary stage of prostate cancer was documented in the record?  1. Stage I  2. Stage II  3. Stage III  4. Stage IV without metastasis  5. Stage IV with metastasis  95. Not applicable  99. None of the above or unable to determine | 1,2,3,4,5,95,99  **Will be auto-filled as 95 if abpatht = valid value or abpathm = 1**  **If 1,2,3,4,5, or 99, go to pstxpsa (q108)** | Select the option that matches the pathologic summary stage documented in the record after radical prostatectomy.  **Suggested data sources:** Urology notes, pathology reports, operative reports, oncology notes, progress notes (e.g., PCP).  **The source for this staging system is the American Joint Committee on Cancer (AJCC).** |
| **If primtx = 3, go to pstxpsa (q108)** | | | | | |

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| **Questions 78-97 apply to cases receiving radiation therapy (Internal - brachytherapy or external - EBRT) as primary therapy.** | | | | | |
|  |  |  | **Brachytherapy** |  |  |
| 78 | ipbtx | DTP2  TP1  DD1  DD3  DD6 | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where did the patient receive interstitial prostate brachytherapy as the primary therapy?  3. brachytherapy at this VAMC  4. brachytherapy at another VAMC  5. brachytherapy at non-VHA facility | 3,4,5  If 3 or 5 auto-fill ipbva as zzz   |  | | --- | | Hard edit: If 3 or 4, and fbbrach = 1, abstractor to confirm ipbtx = 3 or 4 | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”.  **Interstitial prostate brachytherapy:** a form of [radiation therapy](http://prostatecancer.about.com/od/treatment/a/radiationbasics.htm) that involves the placement of tiny radioactive "seeds" directly into the prostate. There are two types of brachytherapy: **permanent (low-dose) radiation** **(LDR)** and **temporary (high-dose) radiation (HDR)**.  Brachytherapy may be administered alone (monotherapy) or in combination with EBRT (combination therapy). Both options may be considered “primary therapy”. Other terms for brachytherapy may include: implant radiation therapy and internal radiation therapy, “brachy” or “implants”.  For the purposes of this question, if the patient had brachytherapy (monotherapy or combination therapy) outside the VHA that was paid for by VHA (fee basis), enter “5.”  Fee-based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if the brachytherapy was fee basis, check with the liaison.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 79 | ipbebr | DTP2  TP1  DD1  DD3  DD6 | During the timeframe (computer to display primtxdt - 3 months to primtxdt + 3 months) did the patient also receive EBRT as a component of brachytherapy combination therapy?  1. Yes  2. No | 1,2  If 2, auto-fill ipbebrdt as 88/88/8888 and go to ipbva | The intent of the question is to determine if the patient received combination therapy (brachy therapy and EBRT) as “primary therapy”. LDR brachytherapy or HDR brachytherapy may be administered in combination with EBRT, particularly intensity-modulated radiation therapy (IMRT). If the patient received brachytherapy and EBRT **within 3 months of each other**, this would be considered brachytherapy “primary therapy”. |
| 80 | ipbebrdt | DTP2  TP1  DD1  DD3  DD6 | Enter the date the first EBRT treatment was received. | mm/dd/yyyy   |  | | --- | | < = 3 months prior to < = 3 months after or = primtxdt | | If the EBRT component of the combination brachytherapy was administered in the VHA, the exact date should be documented and entered accurately.  If the EBRT component of the combination brachytherapy was administered in the private sector, the month and year should be documented. If the day is unknown, 01 may be entered. |

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| 81 | ipbva | DTP2  TP1  DD1  DD3  DD6 | Enter the facility number of the VAMC that administered the brachytherapy as primary therapy.  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if ipbtx = 3 or 5 |  |
| 82 | fbtrtdtbrach |  | Computer to auto-fill fee basis brachytherapy treatment date. | mm/dd/yyyy   |  | | --- | | If fbtrtdtbrach <= 1 week prior to or after primtxdt or = primtxdt, auto-fill fbbrach as 1; else, auto-fill fbbrach as 2 | | **Will be auto-filled based on fee basis data.** |
| 83 | fbbrach |  | **Computer auto-fill question:**  Was the brachytherapy performed on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtbrach <= 1 week prior to or after primtxdt or = primtxdt,  Will be auto-filled as 2 if fbtrtdtbrach > 1 week prior to or after primtxdt | **Will be auto-filled based on fee basis data.** |
| **If primtx = 4, go to pstxpsa (q108)** | | | | | |

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| 84 | ebrtx | DTP2 – 4, DTP6, TP1 DD1  DD3  DD6 | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where did the patient receive external beam radiation therapy (EBRT) as primary therapy?  3. EBRT at this VAMC  4. EBRT at another VAMC  5. EBRT at non-VHA facility | 3,4,5  If 3or 5 auto-fill ebrtva as zzz   |  | | --- | | Hard edit: If 3 or 4 and fbrt = 1, abstractor to confirm ebrtx = 3 or 4 | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. **EXCEPTION:** there may be cases where the patient has radiation therapy with neoadjuvant and/or adjuvant androgen deprivation therapy (ADT). In these cases, the radiation therapy is considered the “primary therapy”.**Neoadjuvant ADT:** refers to “pre-therapy” or ADT given before the main or “primary therapy”.  **Adjuvant ADT:** refers to ADT given along with, or soon after the “primary therapy”,  **External beam radiation therapy (EBRT):** A type of radiation therapy that uses a machine to aim high-energy rays at the cancer from outside of the body.  Other terms for external beam radiation therapy may include: external beam radiation (EBR), external radiation therapy (XRT), conformal/conformational radiation therapy (CRT), three-dimensional conformal/conformational radiation therapy (3D-CRT), intensity-modulated radiation therapy, IMRT, image-guided radiation therapy, IGRT.  For the purposes of this question, if the patient received EBRT outside the VHA that was paid for by VHA (fee basis), enter “5.” Fee-based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if EBRT was fee basis, check with the liaison. If patient received EBRT at both a VAMC and a non-VHA facility during this time period, select the place where the patient FIRST received EBRT.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes, progress notes (e.g., PCP). |
| 85 | ebrva |  | Enter the facility number of the VAMC that administered the initial EBRT.  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if ebrtx = 3 or 5 |  |

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| 86 | fbtrtdtrt |  | Computer to auto-fill fee basis EBRT date. | mm/dd/yyyy   |  | | --- | | If fbtrtdtrt <= 1 week prior to or after primtxdt or = primtxdt, auto-fill fbrt as 1; else auto-fill as 2 | | **Will be auto-filled based on fee basis data.** |
| 87 | fbrt |  | **Computer auto-fill question:**  Was the primary EBRT received on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtrt <= 1 week prior to or after primtxdt or = primtxdt  Will be auto-filled as 2 if fbtrtdtrt > 1 week prior to or after primtxdt | **Will be auto-filled based on fee basis data.** |
| 88 | ebrtyp | DTP3 | Which modality of external beam radiotherapy (EBRT) was used?  3. 3D-CRT - Three-dimensional conformal radiotherapy (with or without IGRT)  4. IMRT - intensity-modulated radiation therapy (with or without IGRT)  99. unable to determine | 3,4,99 | **Three-dimensional conformal/conformational radiotherapy (3D-CRT):** a method used in **t**he planning of EBRT incorporating virtual simulation which allows more accurate placement of radiation beams; **3D-CRT** conforms the radiation beam to fit the profile of the target tissue/tumor.  I**ntensity-modulated radiation therapy (IMRT):** an advanced form of 3D-CRT using sophisticated software and hardware to vary the shape and intensity of radiation delivered to different parts of the treatment area. It is one of the most precise forms of EBRT available.  **IGRT = Image guided radiation therapy:** uses imaging technology that incorporates movement of the tumor to ensure that the target is in the same position for every treatment session. IGRT may or may not be used in conjunction with 3D-CRT or IMRT.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |

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| 89 | ebrtplan | RDE | Enter the total dosage of radiation **planned** for the course of therapy. | \_\_ \_\_ \_\_ \_\_  Abstractor may enter zzzz  If zzzz, auto-fill ebrtunit as 95, and go to ebrtotal   |  | | --- | | Must be > 0 and < = 9999 | | **Radiation dosage:** the amount of radiation used is measured in gray (Gy), or sometimes in centi-Gray (cGy). Gy dosages are smaller numbers and cGy dosages are the Gy dosages multiplied by 100 (e.g. a dosage of 75 Gy would be 7500 cGy). The total dose is fractionated (spread out over time).  **Dosage Planned:** look for radiation oncology notes or treatment **plan** that document the **total radiation dosage planned** to be delivered over the course of therapy.  This is not the schedule for the fractionated dose of radiation that may be given daily. For example, a total Gy dose for one type of tumor may be 30 Gy, but the daily fraction dose is 1.8 to 2 Gy**.**  **If the total radiation dosage planned for the course of therapy is unable to be determined, enter default zzzz.**  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 90 | ebrtunit | RDE | Enter the unit  1. Gy  2. cGy  95. Not applicable | 1,2,95  Will be auto-filled as 95 if ebrtplan = zzzz   |  | | --- | | Warning if 1 and ebrtplan > 100  Warning if 2 and ebrtplan < 7500 | | Gy dosages are smaller numbers and cGy dosages are the Gy dosages multiplied by 100 (e.g. a dosage of 75 Gy would be 7500 cGy). |
| 91 | ebrtotal | DTP4  (Stage T2b-T2c or clinically localized T3a and Int/High rsk recurrence  RDE | Enter the total dosage **received** by the patient during the course of therapy. | \_\_ \_\_ \_\_ \_\_  Abstractor can enter zzzz  If zzzz, auto-fill ebrtunit2 as 95, ylowgy as 95, ydifdose as 95, and go to ebrboost   |  | | --- | | Must be > 0 and < = 9999 |   If ebrtotal > = 75 Gy or > = 7500 cGy, auto-fill ylowgy as 95 | **Total Dosage Received:** look for radiation oncology notes that document the **total radiation dosage actually received** over the course of therapy.  This is not the schedule for the fractionated dose of radiation that may be given daily. For example, a total Gy dose for one type of tumor may be 30 Gy, but the daily fraction dose is 1.8 to 2 Gy**.**  **If the total radiation dosage received by the patient is unable to be determined, enter default zzzz.** |

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| 92 | ebrtunit2 | RDE | Enter the unit.  1. Gy  2. cGy  95. Not applicable | 1,2   |  | | --- | | Warning if 1 and ebrtotal > 100  Warning if 2 and ebrtotal < 7500 |   Will be auto-filled as 95 if ebrtotal = zzzz  If ebrtotal < 75 Gy or < 7500 cGy, go to ylowgy; else if ebrtotal >= 75 Gy or >= 7500 cGy AND  ebrtplan = ebrtotal, auto-fill ydifdose as 95, and go to ebrboost | Gy dosages are smaller numbers and cGy dosages are the Gy dosages multiplied by 100 (e.g. a dosage of 75 Gy would be 7500 cGy). |
| 93 | ylowgy | DTP4  (same as above) | Is there physician/APN/PA documentation of a reason for a total EBRT dose < 75 Gy (7500 cGy)?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if ebrtotal > = 75 Gy, >= 7500 cGy, or zzzz | There must be explicit documentation by a physician/APN/PA of a reason why the patient received a total EBRT dose less than 75 Gy (7500 cGy). Examples include but are not limited to: concurrent brachytherapy, positive margins for prostate biopsy, toxicity from radiation therapy or other documented reason.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 94 | ydifdose | RDE | Is there physician/APN/PA documentation of a reason for administering a different radiation dose than planned?  1. Radiation complications  2. Other co-morbid diseases/complications, hospitalization  3. Patient failed to keep appointments  95. Not applicable  97. Reasons other than above  98. Patient refused radiation therapy  99. None of the above or unable to determine | 1,2,3,95,97,98,99  Will be auto-filled as 95 if ebrtplan = ebrtotal or ebrtotal = zzzz | **Reason for Different Dosage:** if the radiation dosage received is different than the dosage planned, look for documentation of a reason why.  1. In order to answer “1” documentation must clearly indicate that radiation complications/side effects were the reason for any delay, discontinuation or change in dosage. Radiation complications may include but are not limited to: urinary dysfunction, gastrointestinal dysfunction, sexual dysfunction.  2. In order to answer “2” documentation must clearly indicate that other co-morbid diseases/complications and/or hospitalizations were the reason for any delay, discontinuation or change in dosage. Examples include but are not limited to: “patient hospitalized for diabetes complications - hold off on radiation therapy”, “developed CHF - no further radiation for now”.  3. Any documentation that indicates patient “failed to keep appointments, was a no-show, cancelled multiple appointments” is acceptable.  97. Any documentation other than the above that indicates a reason for any delay, discontinuation or change in dosage is acceptable.  98. Patient refusal may be documented by a nurse or physician/APN/PA.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 95 | ebrboost | RDE | Does the record document a boost dose of radiation was administered to the patient?  1. Yes  2. No | 1,2  If 2, auto-fill boostdos as zzzz, boostunit as 95 and go to adjadtx (q98) as applicable | **Boost Dosage:** an additional set of radiation treatments to the tumor bed following radiation treatments. Look for documentation that boost dosages were given.  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 96 | boostdos | RDE | Enter the boost dosage. | \_\_ \_\_ \_\_ \_\_  Will be auto-filled as zzzz if ebrboost = 2  Abstractor may enter zzzz  If zzzz autofill boostunit as 95   |  | | --- | | Must be > 0 and < = 9999 | | **If there is documentation that a boost treatment or dose was administered but actual dosage is not indicated or unable to be determined, abstractor may enter zzzz.**  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes, consultation notes |
| 97 | boostunit | RDE | Enter the unit.  1. Gy  2. cGy  95. Not applicable | 1,2,95  Will be auto-filled as 95 if ebrboost = 2   |  | | --- | | Warning if 1 and boostdos > 100  Warning if 2 and boostdos < 7500 | | Gy dosages are smaller numbers and cGy dosages are the Gy dosages multiplied by 100 (e.g. a dosage of 75 Gy would be 7500 cGy). |
| **If primtx = 5, go to adjadtx (q98); else go to pstxpsa (q108)** | | | | | |

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| 98 | adjadtx | DTP6  (hi rsk rec and receiving EBRT) | During the time frame from (computer to display primtxdt - 6 months to primtxdt + 6 months) was neoadjuvant and/or adjuvant hormonal therapy prescribed?  1. Yes  2. No | 1,2  If 1, auto-fill ynoadj as 95, and go to pstxpsa (q108) | **The intent of the question is to determine if neoadjuvant and/or adjuvant hormonal therapy was prescribed for patients who were receiving EBRT. If there is documentation that adjuvant hormonal therapy was prescribed, but not administered, answer “yes”.**  **Neoadjuvant hormonal therapy:** refers to “pre-therapy” or hormonal therapy given before the main or “primary therapy”.  **Adjuvant hormonal therapy:** refers to hormonal therapy given along with, or soon after the “primary therapy”,  Hormonal therapy in prostate cancer is also referred to as androgen deprivation therapy **(ADT),** androgen suppression, androgen blockade, or anti-androgen therapy   * **Luteinizing hormone-releasing hormonal (LHRH) analogs/agonists** (chemical/medical castration): drugs which lower the amount of testosterone made by the testicles. LHRH analogs are injected or placed as small implants under the skin. LHRH analogs available in the United States include leuprolide (Lupron®, Viadur®, Eligard®), goserelin (Zoladex®), triptorelin (Trelstar®), and histrelin (Vantas®). * **Luteinizing hormone-releasing hormonal(LHRH) antagonists**: drugs which reduce testosterone levels more quickly than LHRH agonists. Degarelix (Firmagon®) is a new LHRH antagonist that was approved for use by the FDA in 2008. * **Anti-androgens:** block the body's ability to use any androgens. Drugs include flutamide (Eulexin®), bicalutamide (Casodex®), and nilutamide (Nilandron®), * **Other androgen-suppressing drugs:** may include estrogens, steroids or ketoconazole (Nizoral®).   **Suggested data sources:** urology notes, oncology notes |
| 99 | ynoadj | DTP6  (hi rsk rec and receiving EBRT) | Is there documentation by physician/APN/PA of a reason why neoadjuvant and/or adjuvant hormonal therapy was not prescribed?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if adjadtx = 1  If 1 or 2, go to pstxpsa (q108) | There must be explicit documentation by a physician/APN/PA of a reason for not administering adjuvant androgen deprivation therapy (e.g., patient is not a candidate; comorbidities such as CAD, recent MI, CHF, osteopenia, osteoporosis).  **Suggested data sources:** urology notes, oncology notes |
| If primtx = 5, go to pstxpsa (q108) | | | | | |

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|  |  |  | **Cryotherapy** |  |  |
| **Questions 100-103 apply to cases receiving cryotherapy** | | | | | |
| 100 | crytx | DTP2  TP1  DD1  DD3  DD6 | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where did the patient receive cryotherapy as the primary therapy?  3. cryotherapy at this VAMC  4. cryotherapy at another VAMC  5. cryotherapy at non-VHA facility | 3,4,5  If 3 or 5 auto-fill cryva as zzz   |  | | --- | | Hard edit: If 3 or 4 and fbcryo = 1, abstractor to confirm crytx = 3 or 4 | | **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”  **Cryotherapy:** involves inserting several thin metal rods through the perineum into the prostate. Once the rod tips are in place, liquid nitrogen or argon gas is released into the rods, where it circulates and freezes the nearby tissue, causing the cancerous cells to rupture and die. May be referred to as “cryo”.  **For the purposes of this study, fee-based treatment is considered to be performed outside the VHA.**  For the purposes of this question, if the patient had cryotherapy outside the VHA that was paid for by VHA (fee basis), enter “5.” Fee-based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if the cryotherapy was fee basis, check with the liaison.  **Suggested data sources:** urology notes, oncology notes, consultation notes |
| 101 | cryva | DD1  DD6 | Enter the facility number of the VAMC that administered the initial cryotherapy.  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if crytx = 3 or 5 |  |
| 102 | fbtrtdtcryo |  | Computer to auto-fill fee basis cryotherapy treatment date. | Mm/dd/yyyy   |  | | --- | | If fbtrtdtcryo <= 1 week prior to or after primtxdt or = primtxdt, auto-fill fbcryo as 1; else auto-fill fbcryo as 2 | | **Will be auto-filled based on fee basis data.** |
| 103 | fbcryo |  | **Computer auto-fill question:**  Was the cryotherapy performed on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdtcryo <= 1 week prior to or after primtxdt or = primtxdt  Will be auto-filled as 2 if fbtrtdtcryo >1 week prior to or after primtxdt | **Will be auto-filled based on fee basis data.** |
| **If primtx = 6, go to pstxpsa (q108)** | | | | | |
|  |  |  | **Androgen Deprivation Therapy** |  |  |
| **Questions 104-107 apply to cases receiving ADT as primary therapy.** | | | | | |
| 104 | andeptx | DTP5  DTP6  DD1  DD3 | During the time frame from (computer display pcconfdt to pcconfdt + 12 months) after the pathologic confirmation of prostate cancer, where did the patient receive androgen deprivation therapy (ADT) as the primary therapy?  3. ADT at this VAMC  4. ADT at another VAMC  5. ADT at non-VHA facility | 3,4,5  If 3 or 5 auto-fill adtva as zzz   |  | | --- | | Hard edit: If 3 or 4 and fbhorm = 1, abstractor to confirm andeptx = 3 or 4 | | **The intent of this question is to determine if the patient received ADT as the “primary therapy” for prostate cancer.**  **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. **There may be cases where the patient has neoadjuvant and/or adjuvant (ADT) in conjunction with another therapy such as EBRT. In these cases, the EBRT would be considered “primary therapy” and NOT the ADT.**  **Androgen Deprivation Therapy (ADT):** may also be referred to as hormonal/hormone therapy, androgen suppression, androgen blockade, anti-androgen therapy. The goal is to reduce levels of the male hormones (androgens), which often makes prostate cancer cells shrink or grow more slowly. Methods of therapy include:   * **Orchiectomy** (surgical castration/bilateral removal of testicles) - although a type of surgery, its main effect is as a form of hormonal therapy * **Luteinizing hormone-releasing (LHRH) analogs/agonists** (chemical/medical castration): drugs which lower the amount of testosterone made by the testicles. LHRH analogs are injected or placed as small implants under the skin. LHRH analogs available in the United States include leuprolide (Lupron®, Viadur®, Eligard®), goserelin (Zoladex®), triptorelin (Trelstar®), and histrelin (Vantas®). * **Luteinizing hormone-releasing hormone (LHRH) antagonists**: drugs which reduce testosterone levels more quickly than LHRH agonists. Degarelix (Firmagon®) is a new LHRH antagonist that was approved for use by the FDA in 2008. * **Anti-androgens:** block the body's ability to use any androgens. Drugs include flutamide (Eulexin®), bicalutamide (Casodex®), and nilutamide (Nilandron®), * **Other androgen-suppressing drugs:** may include estrogens, steroids or ketoconazole (Nizoral®).   **Cont’d next page**  **ADT cont’d**  For the purposes of this question, if the patient had ADT outside the VHA that was paid for by VHA (fee basis), enter “5.” Fee-based treatment may be noted as such in consultation requests with reports/notes of treatment found in scanned documents. If unsure if the ADT was fee basis, check with the liaison.  **Suggested data sources:** urology notes, oncology notes, progress notes (e.g., PCP). |
| 105 | adtva |  | Enter the facility number of the VAMC that administered the initial ADT  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if andeptx = 3 or 5 |  |
| 106 | fbtrtdthorm |  | Computer to auto-fill initial fee basis ADT treatment date | Mm/dd/yyyy   |  | | --- | | If fbtrtdthorm <= 1 week prior to or after primtxdt or = primtxdt, auto-fill fbhorm as 1; else  auto-fill fbhorm as 2 | | **Will be auto-filled based on fee basis data.** |
| 107 | fbhorm |  | **Computer auto-fill question:**  Was the ADT received on a fee basis status?  1. Yes  2. No | Will be auto-filled as 1 if fbtrtdthorm <= 1 week prior to or after primtxdt or = primtxdt  Will be auto-filled as 2 if fbtrtdthorm > 1 week prior to or after primtxdt | **Will be auto-filled based on fee basis data.** |

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|  |  |  | **Post Therapy PSA** |  |  |
| 108 | pstxpsa | DD3 | During the time frame from (computer display primtxdt to primtxdt + 18 months) following the start of primary therapy for prostate cancer did the record document a total PSA level/value?  1. Yes  2. No | 1,2  If 2, auto-fill pstxpsadt as 88/88/8888, psa3 as zzzz.zz, and go to prgdis as applicable | The intent of the question is to determine if a PSA level was done within 18 months following any of these primary therapies: surgery (radical prostatectomy), EBRT, brachytherapy, cryotherapy, or hormonal therapy (ADT).  **Primary therapy:** the initial therapy received within one year after diagnosis is considered the “primary therapy”. |
| 109 | pstxpsadt | DD3 | Enter the **first** date following the start of primary therapy that a PSA level was documented. | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if pstxpsa = 2   |  | | --- | | > primtxdt and <= 18 months after primtxdt | | Enter **first** date for the PSA level documented after the date of any of the applicable primary therapies.  Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 110 | psa3 | DD3 | Enter the PSA level. | \_\_ \_\_ \_\_ \_\_. \_\_ \_\_  Will be auto-filled as zzzz.zz if pstxpsa = 2   |  | | --- | | >= 0 and <= 9999.99 | | PSA is most commonly reported in ng/mL. Enter **first** PSA level/value documented after the date of any of the applicable primary therapies. |
| **If primtx = 7, go to prgdis; else go to weight (q118)** | | | | | |

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| 111 | prgdis | DTP5 | During the time frame from the date androgen deprivation therapy (ADT) was started up to 12 months after the start of ADT, did the physician/APN/PA document progressive disease?  1. Yes  2. No | 1,2  If 2, auto-fill dctchemo as 95, prgdisdt as 88/88/8888, dctva as zzz, ynodct as 95 and go to weight (q118) | **Progressive disease**: a term which may be used to describe the spread or advance of a specific disease.  Acceptable documentation within the applicable timeframe may include: “…pt has progressive/advanced metastatic disease…”; “…not responding to ADT, disease progressing…”; “lesion increased from 2x2 cm to 3x4 cm since previous study”; “ more lesions on bone scan indicating mets”.  Mention of any of the following within the applicable timeframe is also acceptable: new metastasis (mets) attributed to the prostate cancer. Rising PSA, enlarging prostate, lymph nodes alone would not meet the definition of progressive disease.  **Informational only: For prostate cancer progressive disease may also be described by the clinician as:**  (a) progression of a bidimensionally measurable lesion (e.g. 2x4 cm); or  (b) progression that could be evaluated but not measured (e.g., evaluated by bone scan).  **Suggested data sources:** urology notes, oncology notes |
| 112 | prgdisdt | DTP5 | Enter the date the physician/APN/PA documented progressive disease. | mm/dd/yyyy   |  | | --- | | >= primtxdt and <= 12 months after primtxdt | | Enter the exact date. The use of 01 to indicate missing month or day is not acceptable. |
| 113 | dctchemo | DTP5 | During the 6 months following the diagnosis of progressive disease, did the patient receive docetaxel-containing chemotherapy?  3. docetaxel at this VAMC  4. docetaxel at another VAMC  5. docetaxel at non-VHA facility  6. docetaxel not received  95. Not applicable  99. Unable to determine | 3,4,5,6,95,99  If 6 or 99, (auto-fill dctva as zzz), and go to ynodct  If 3 or 5 auto-fill dctva as zzz   |  | | --- | | Hard edit: If 3, 4, 6 or 99 and fbdoce = 1, abstractor to confirm dctchemo = 3, 4, 6, or 99 | | **Docetaxel (Taxotere®):** anti-cancer (“antineoplastic” or “cytotoxic”) chemotherapy drug; also classified as a “plant alkaloid”, a “taxane’ and an “antimicrotubule” agent. May be administered in combination with estramustine phosphate (Emcyt®) and/or prednisone  If it is clearly evident the patient did NOT receive docetaxel, choose “6”.  The month and year must be documented in order to be able to compute whether the docetaxel was received in the acceptable timeframe. If documentation is insufficient to determine when the treatment/therapy was given, choose “99”.  FEE BASIS STATUS: treatments/procedures performed at a non-VHA facility contracted/paid for by the VHA.  **Suggested data sources:** Nursing chemotherapy notes, oncology notes, urology notes. |

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| 114 | dctva |  | Enter the facility number of the VAMC that administered the initial docetaxel.  (Drop-down box of VAMC facility numbers/names) | \_\_ \_\_ \_\_  Will be auto-filled as zzz if  dctchemo = 3 or 5 |  |
| 115 | fbtrtdtdoce |  | Computer to auto-fill initial fee basis docetaxel treatment date. | Mm/dd/yyyy   |  | | --- | | If fbtrtdtdoce <= 6 months after or = prgdisdt, auto-fill fbdoce as 1; else auto-fill as 2 | | **Will be auto-filled based on fee basis data.** |
| 116 | fbdoce |  | **Computer auto-fill question:**  Was the docetaxel received on a fee basis status?  1. Yes  2. No | 1,2  Will be auto-filled as 1 if fbtrtdtdoce <= 6 months after or = prgdisdt  Will be auto-filled as 2 if fbtrtdtdoce < prgdisdt or > 6 months after prgdisdt | **Will be auto-filled based on fee basis data.** |
| 117 | ynodct | DTP5 | During the 6 months following the diagnosis of progressive disease, is there physician/APN/PA documentation of a reason for not administering docetaxel?  1. Yes  2. No  95. Not applicable | 1,2,95  Will be auto-filled as 95 if dctchemo = 3,4 or 5 | There must be explicit documentation by a physician/APN/PA of a reason for not administering docetaxel-containing chemotherapy during the 6 months following the diagnosis of progressive disease (e.g. patient is not a candidate due to comorbidities; patient refused chemotherapy; patient has evidence of liver disease/toxicity). |

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|  |  | **ACE-27 (All cases)** | |  |  |
| 118 | weight | During the **time frame from** (computer display pcconfdt – 2 months to pcconfdt + 1 month), enter the earliest weight documented in the record. | | \_\_\_\_\_  Abstractor can enter default zzz if weight not measured during the specified timeframe  If z-filled, auto-fill wtunit as 95 and wtdt as 88/88/8888 | **The purpose of this section is to collect data about weight, medical history and/or diagnoses that the patient had during the 2 months prior to 1 month after the pathologic confirmation of the prostate cancer diagnosis. Weight source:** **May be taken from either the inpatient or outpatient record**  **Rules: Use the earliest weight recorded in the medical record within the specified timeframe.**  Enter default zzz if patient’s weight was not measured during the specified timeframe. |
| 119 | wtunit | Unit of measure:   1. Pounds 2. Kilograms   95. Not applicable | | 1,2,95  If weight z-filled, will be auto-filled as 95   |  | | --- | | Warning window: when wtunit = 1 and weight < = 98 or > = 278  When wtunit = 2, and weight < = 44 or > = 126 | | **BMI is calculated in kilograms. If pounds are entered, the computer will convert pounds to kilograms in making the calculation. The resulting BMI is displayed on the computer screen.**  **Abstractor cannot enter 95 if valid weight was entered in WEIGHT.** |
| 120 | wtdt | Enter the date the earliest weight was measured during the 2 months prior to or 1 month after the pathologic confirmation of the prostate cancer diagnosis. | | mm/dd/yyyy  Will be auto-filled as 88/88/8888 if weight z -filled   |  | | --- | | If pcconf = 1, < = 2 months prior to or = pcconfdt and < = 1 month after pcconfdt | | Day may be entered as 01, if exact date is unknown. At a minimum, the month and year must be entered accurately.  If WEIGHT was z-filled, the date will be auto-filled as 88/88/8888. The abstractor cannot enter the 99/99/9999 default date if a valid weight is entered in question WEIGHT. |
| 121 | height | Enter the patient’s height. | | \_\_ \_\_ \_\_ Abstractor can enter default zzz if no height available  If z-filled, auto-fill htunit as 95. | **No time period applies to this element. If more than one height is recorded, use the most recent.**  Height must be entered wholly in inches or centimeters. If pt. is 5 feet 8 inches, enter 68. 5ft = 60 in. 6ft = 72in.  **Enter default zzz if no height can be found in the record.** |
| 122 | htunit | Unit of measure:   1. Inches 2. Centimeters    1. Not applicable | | 1,2,95  If height z-filled, will be auto-filled as 95   |  | | --- | | Warning window: when htunit = 1, and height < = 56 or > = 77  when htunit = 2, and height < = 156 or > = 191 | | HTUNIT will be auto-filled as 95 if no valid height was entered. Abstractor cannot enter 95 if valid value was entered in question HEIGHT. |
| 123 | perfstat1  perfdt1  perfstat2  perfdt2  perfstat3  perfdt3  perfstat99 | RDE | During the timeframe from (computer display pcconfdt to pcconfdt + 6 months) after the pathologic confirmation of the prostate cancer diagnosis, does the record document the patient had poor performance status?  **Indicate all that apply and for each item checked enter the earliest date the item was documented in the record.**   |  |  |  | | --- | --- | --- | | **Poor performance status** | mm/dd/yyyy   |  | | --- | | >= pcconfdt and <= 6 mos after pcconfdt | | | 1. ECOG score > 2 | mm/dd/yyyy | | 2. Karnofsky score of < 60% | mm/dd/yyyy | | 3. Poor performance status documented by physician/NP/PA | mm/dd/yyyy | | 99. None of the above |  | | 1,2,3,99 | **ECOG (Eastern Cooperative Oncology Group)** - This 0-4 scale is used by researchers in cancer clinical trials and by clinicians to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient. The ECOG has been shown to be an important predictor of prognosis and is often used as a factor in treatment/therapy decisions.  **KPS (Karnofsky Performance Scale)** – The 0-100 scale allows patients to be classified according to their functional impairment. Like the ECOG scale, the KPS is used by researchers in cancer clinical trials and by clinicians to assess how a patient's disease is progressing, assess how the disease affects the daily living abilities of the patient. The lower the Karnofsky score, the worse the survival for most serious illnesses.  **In order to answer “3,” there must be documentation of poor performance status by the physician/APN/PA.**  Suggested data sources: History and Physical, Urology notes, Radiation Oncology notes, Oncology notes, Primary Care notes, consultation notes |
|  |  | **During the time frame from** (computer display pcconfdt – 2 months to pcconfdt + 1 month)**, did the record document any of the following comorbid conditions:**  **Indicate all conditions documented in the record. For each condition selected, enter the degree of severity.** | | Patients with cancer often have other diseases, illnesses, or conditions in addition to their index cancer. These other conditions are generally referred to as  comorbidities.  **The purpose of this section is to collect data about medical history and/or diagnoses that the patient had during the 2 months prior to 1 month after the pathologic confirmation of the prostate cancer diagnosis. A modified version of the ACE-27 tool is being used is this study to capture comorbid conditions. If the patient has an inpatient hospitalization during the specified timeframe, it is only necessary to review clinic documentation on the day of and day after admission.**  **Data Source**   * Any clinical documentation in the **Notes tab** of CPRS * Primary source of documentation will be new consults, pre-op evaluations and H&Ps in the **Notes tab** of CPRS * Problem list in the **Problems tab**   **Do NOT code as a comorbidity:**   * Any other illness(es) referred to in the chart that are diagnosed after the registry date of diagnosis * Any complication of the cancer or its therapy that occurs (e.g., post-operative myocardial infarction).   **Rule-out Diagnoses or Conditions**  If the condition is documented as a rule-out (R/O) condition, do not code presence of the condition unless the R/O diagnosis is ruled-in during the overall abstraction window for the study. Note that in this case, a patient may have a R/O diagnosis prior to the date of cancer diagnosis and not receive the definitive diagnosis until after the date of cancer diagnosis.  **Conflicting Data regarding presence of a condition**  If there is conflicting information in the medical record, for example, if one provider states “Coronary Artery Disease (CAD)” and another states “no Coronary Artery Disease (CAD)”, always document the problem being present, rather than the problem being absent for the time period specified ***unless there is documentation that the condition was “ruled out” or the original documentation was in error***.  **Conflicting Data regarding severity of condition**  **The ACE-27 Guidelines specify that if there is conflicting information regarding the disease severity or grades of comorbidity for a single condition, always select the least severe grade.**  **Note:** **This is the opposite of our general guidelines for conflicting data where we always code the greatest pathology.**  **Timeframes:**  **Recent** – will be interpreted as the six month period prior to date of diagnosis  **Old** – will be interpreted as anytime earlier than 6 months prior to date of diagnosis | |
| 124  125 | cmmi  misev | Myocardial Infarction  1. Mild - Old MI by ECG only, age undetermined  2. Moderate - MI > 6 months prior to prostate cancer diagnosis  3. Severe - MI ≤ 6 months prior to prostate cancer diagnosis | | 1,2,3 |  |
| 126  127 | cmcad  cadsev | Angina/Coronary Artery Disease  1. Mild   * ECG or stress test evidence or catheterization evidence of coronary disease without symptoms * Angina pectoris not requiring hospitalization * CABG or PTCA (>6 mos. prior to prostate cancer diagnosis) * Coronary stent (>6 mos. prior to prostate cancer diagnosis)   2. Moderate   * Chronic exertional angina * Recent (≤ 6 months prior to diagnosis) Coronary Artery Bypass Graft (CABG) or Percutaneous Transluminal Coronary Angioplasty (PTCA) * Recent (≤ 6 months prior to diagnosis) coronary stent   3. Severe   * Unstable angina | | 1,2,3 |  |
| 128  129 | cmdhf  chfsev | Congestive Heart Failure  1. Mild   * CHF with dyspnea which has responded to treatment * Exertional dyspnea * Paroxysmal Nocturnal Dyspnea (PND)   2. Moderate   * Hospitalized for CHF >6 months prior to prostate cancer diagnosis * CHF with dyspnea which limits activities   3. Severe   * Hospitalized for CHF within 6 months of prostate cancer diagnosis * Ejection fraction < 20% | | 1,2,3 |  |
| 130  131 | cmarhyt  arrhysev | Arrhythmias  1. Mild   * Sick Sinus Syndrome   2. Moderate   * Ventricular arrhythmia > 6 months of prostate cancer diagnosis * Chronic atrial fibrillation or flutter * Pacemaker   3. Severe   * Ventricular arrhythmia ≤ 6 months of prostate cancer diagnosis | | 1,2,3 |  |
| 132  133 | cmhtn  htnsev | Hypertension  1. Mild   * DBP 90-114 mm Hg while not taking antihypertensive medications * DBP <90 mm Hg while taking antihypertensive medications * Hypertension, not otherwise specified   2. Moderate   * DBP 115-129 mm Hg * DBP 90-114 mm Hg while taking antihypertensive medications * Secondary cardiovascular symptoms: vertigo, epistaxis, headaches   3. Severe   * DBP>130 mm Hg * Severe malignant papilledema or other eye changes * Encephalopathy | | 1,2,3 | **DBP = Diastolic blood pressure** |
| 134  135 | cmvenous  veinsev | Venous Disease  1. Mild   * Old DVT no longer treated with Coumadin or Heparin   2. Moderate   * DVT controlled with Coumadin or heparin * Old PE > 6 months of prostate cancer diagnosis   3. Severe   * Recent PE ≤ 6 mos. of prostate cancer diagnosis * Use of venous filter for PE’s | | 1,2,3 | **DVT = Deep Vein Thrombosis**  **PE = Pulmonary Embolism** |
| 136  137 | cmpad  padsev | Peripheral Arterial Disease  1. Mild   * Intermittent claudication * Untreated thoracic or abdominal aneurysm   (< 6 cm)   * S/p abdominal or thoracic aortic aneurysm repair   2. Moderate   * Bypass or amputation for gangrene or arterial insufficiency > 6 months of prostate cancer diagnosis * Chronic arterial insufficiency   3. Severe   * Bypass or amputation for gangrene or arterial insufficiency < 6 months of prostate cancer diagnosis * Untreated thoracic or abdominal aneurysm (>6 cm) | | 1,2,3 |  |
| 138  139 | cmresp  respsev | Respiratory Disease  1. Mild   * Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which has responded to treatment * FEV1 (66%-80%)   2. Moderate   * Restrictive Lung Disease or COPD (chronic bronchitis, emphysema, or asthma) with dyspnea which limits activities * FEV1 (51%-65%)   3. Severe   * Marked pulmonary insufficiency * Restrictive Lung Disease or COPD with dyspnea at rest despite treatment * Chronic supplemental O2 * CO2 retention (pCO2 > 50 torr) * Baseline pO2 < 50 torr * FEV1 (< 50%) | | 1,2,3 |  |
| 140  141 | cmhep  hepsev | Hepatic (liver) Disease  1. Mild   * Chronic hepatitis or cirrhosis without portal hypertension * Acute hepatitis without cirrhosis * Chronic liver disease manifested on biopsy or persistently elevated bilirubin (>3 mg/dl)   2. Moderate   * Chronic hepatitis, cirrhosis, portal hypertension with moderate symptoms "compensated hepatic failure"   3. Severe   * Portal hypertension and/or esophageal bleeding ≤ 6 mos. (Encephalopathy, Ascites, Jaundice with Total Bilirubin > 2) | | 1,2,3 | If record states “hepatitis in past” or “exposure to hepatitis”, do not code as comorbidity. |
| 142  143 | cmgidx  gidxsev | Stomach/Intestinal Disease (GI disease)  1. Mild   * Diagnosis of ulcers treated with meds * Chronic malabsorption syndrome * Inflammatory bowel disease (IBD) on meds or h/o with complications and/or surgery   2. Moderate   * Ulcers requiring surgery or transfusion of < 6 units of blood   3. Severe   * Recent ulcers ≤ 6 months of prostate cancer diagnosis requiring ≥ 6 units of blood transfusion | | 1,2,3 | **Stomach/Intestine Notes:**   1. Erosive gastritis includes NSAID gastroentrleropathy, stress-related mucosal damage and ulcers, alcohol gastropathy, phlegmonous gastritis, chronic erosive gastritis, postoperative alkaline gastritis, gastric ischemia, Menetrier’s disease, eosinophilic gastritis, granulomatous gastritis, watermelon stomach 2. Irritable bowel syndrome is not inflammatory bowel disease   Gastroesophageal reflux alone or history of ulcers, but not currently on medications, should not be coded as comorbid conditions. |
| 144  145 | cmpanc  pancsev | Pancreas  1. Mild   * Chronic pancreatitis w/o complications   2. Moderate   * Uncomplicated acute pancreatitis * Chronic pancreatitis with minor complications (malabsorption, impaired glucose tolerance, or GI bleeding)   3. Severe   * Acute or chronic pancreatitis with major complications (phlegmon, abscess, or pseudocyst) | | 1,2,3 |  |
| 146  147 | cmckd  ckdsev | Renal disease  1. Mild   * Chronic Renal Insufficiency with creatinine 2-3 mg%.   2. Moderate   * Chronic Renal Insufficiency with creatinine >3 mg% * Chronic dialysis   3. Severe   * Creatinine > 3 mg% with multi-organ failure, shock, or sepsis * Acute dialysis | | 1,2,3 | Do NOT code kidney transplant as comorbidity. Code the underlying medical condition as the comorbidity |
| 148  149 | cmdm  dmsev | Diabetes Mellitus  1. Mild   * AODM (Type II DM) controlled by oral agents only   2. Moderate   * IDDM without complications * Poorly controlled AODM (Type II DM)   3. Severe   * Hospitalization ≤ 6 months for DKA * Diabetes causing end-organ failure * retinopathy * neuropathy * nephropathy\* * coronary disease\* * peripheral arterial disease\* | | 1,2,3 | **DKA = Diabetic Ketoacidosis**  **Diabetes Mellitus Notes:**   * If AOAM is controlled by diet alone, do NOT code as a comorbid condition. * Poorly controlled AODM implies elevated glucose values despite use of oral agents; frequent medical visits for evaluation of blood glucose and modifications in therapy   \*For severe diabetes, also code the comorbid conditions of nephropathy, coronary disease, and peripheral arterial disease in both the endocrine system and other organ system, i.e., Renal, Cardiovascular or Peripheral Vascular Disease |
| 150  151 | cmstroke  cvasev | Stroke  1. Mild   * Stroke with no residual * Past or recent TIA   2. Moderate   * Old stroke with neurologic residual   3. Severe   * Acute stroke with significant neurologic deficit | | 1,2,3 | **Stroke/CVA Notes:**   1. TIA – transient ischemic attacks that are focal and abrupt in onset usually lasting for 5-20 minutes and which may last as long as 24 hours 2. RIND – reversible ischemic neurologic deficit lasts longer than 24 hours and less than 7 days   “Residual” includes loss of vision, difficulty speaking, aphasia (loss or impairment of the power to use or comprehend words), paresis, or sensory disturbance. |
| 152  153 | cmdemen  demsev | Dementia  1. Mild   * Mild dementia (can take care of self)   2. Moderate   * Moderate dementia (not completely self-sufficient, needs supervising)   3. Severe   * Severe dementia requiring full support for activities of daily living | | 1,2,3 | **Dementia Note:**  1. Basic Activities of Daily Living (ADL) – Eating, bathing, toileting, dressing, grooming, transferring (to/from bed/chair/bath), ambulating (or other locomotion), and communicating |
| 154  155 | cmparaly  parasev | Paralysis  1. Mild   * Paraplegia or hemiplegia, ambulatory and providing most of self care   2. Moderate   * Paraplegia or hemiplegia requiring wheelchair, able to do some self care   3. Severe   * Paraplegia or hemiplegia requiring full support for activities of daily living | | 1,2,3 |  |
| 156  157 | cmneumus  nmsev | Neuromuscular  1. Mild   * MS, Parkinson’s, Myasthenia Gravis, or other chronic neuromuscular disorder, but ambulatory and providing most of self care   2. Moderate   * MS, Parkinson’s, Myasthenia Gravis, or other chronic neuromuscular disorder, but able to do some self care   3. Severe   * MS, Parkinson’s, Myasthenia Gravis, or other chronic neuromuscular disorder and requiring full support for activities of daily living | | 1,2,3 | **MS = Multiple Sclerosis** |
| 158  159 | cmpsych  psychsev | Psychiatric disorder  1. Mild   * Major depression or bipolar disorder controlled w/ medication   2. Moderate   * Major depression or bipolar disorder uncontrolled * Schizophrenia controlled w/ meds   3. Severe   * Recent suicidal attempt * Active schizophrenia | | 1,2,3 | **Depression or bipolar mood disorder is indicated by any of the following diagnoses:**   * Affective disorder * Atypical depressive disorder * Bipolar disorder * Brief depressive reaction * Cyclothymic disorder * Depressive disorder * Dysthymia * Manic-depressive disorder * Major depressive disorder or depression * Neurotic depression   **Psychosis and psychotic illness (including schizophrenia) is indicated by any of the following:**   * Psychosis * Psychosocial/psychosomatic psychosis * Schizoaffective disorder * Schizo-affective psychosis * Schizophrenia |
| 160  161 | cmrheum  rheumsev | Rheumatologic Disorders  1. Mild   * Connective Tissue Disorder on NSAIDS or no treatment   2. Moderate   * Connective Tissue Disorder on steroids or immunosuppressant medications   3. Severe   * Connective Tissue Disorder with secondary end-organ failure (renal, cardiac, CNS) | | 1,2,3 |  |
| 162  163 | cmhiv  hivsev | HIV/AIDS  1. Mild   * Asymptomatic HIV+ patient. * HIV+ w/o h/o AIDS defining illness. CD4+ > 200/μL   2. Moderate   * HIV+ with h/o defining illness. CD4+ < 200/μL   3. Severe   * Fulminant AIDS w/KS, MAI, PCP (AIDS defining illness) | | 1,2,3 | **Aids Defining Illnesses:**   1. Viral Infections such as Cytomegalovirus (CMV), Creutzfeld-Jacob (CJ) Virus, Herpes Simplex Virus 2. Bacterial Infections such as salmonella, syphilis 3. Mycobacterial Infections such as Mycobactreium Avium-Intracellulare (MAI), Tuberculosis 4. Fungal Infections such as Candidiasis (oral, esophageal and vaginal infections), Cryptococcous neoformans (CNS disease), Histoplasma capsulatum (disseminated disease and septicemia), Coccidioides immitis (extensive pulmonary disease) 5. Pneumoncystitis Carinii Pneumonia (PCP) 6. Protozoal Infection such as Toxoplasmosis (causes CNS lesions with encephalopathy), Cryptosporidium (causes enteric infections)   7. Neoplasms such as Non-Hodgkin’s Lymphoma (NHL), Kaposi’s Sarcoms (KS) |
| 164  165 | cm2tumor  tumorsev | Second Solid Tumor (includes melanoma)  1. Mild   * Any controlled solid tumor without documented metastases, but initially diagnosed and treated > 5 years ago   2. Moderate   * Any controlled solid tumor without documented metastases, but initially diagnosed and treated within the last 5 years   3. Severe   * Uncontrolled cancer * Newly diagnosed but not yet treated * Metastatic solid tumor | | 1,2,3   |  | | --- | | **Warning if 3 and prexcan = 2 or othcandx = 2** | | Always **exclude** the following from coding as a solid tumor comorbidity:   1. Basal cell skin cancer 2. Squamous cell cancer of skin 3. Any carcinoma in-situ (CIS) 4. Paget disease of bone 5. Bowen’s disease 6. Barrett’s esophagus 7. Lymphoma is coded separately 8. Non-malignant tumors e.g. insulinoma, meningioma   9. Hematologic disorders (e.g. leukemia) are coded separately |
| 166  167 | cmleuk  leuksev | Leukemia and Myeloma  1. Mild   * H/o leukemia or myeloma with last treatment > 1 yr prior   2. Moderate   * 1st remission or new diagnosis <1yr * Chronic suppressive therapy   3. Severe   * Relapse * Disease out of control | | 1,2,3   |  | | --- | | **Warning if 3 and prexcan = 2 or othcandx = 2** | | **Leukemia, Myeloma and Hematopoietic Disorders Notes:**  **Leukemias include: acute lymphocytic leukemia, chronic lymphocytic leukemia, acute myeloid leukemia, chronic myeloid leukemia, etc.**  Also, included in this category and considered hematopoietic comorbidities are the myeloproliferative disorders and myelodysplastic syndromes which include   1. Polycythemia vera or polycythemia rubra vera (PV) 2. Chronic myeloproliferative disease/disorder (MPD) 3. Myelosclerosis w/ myeloid metaplasia 4. Megakaryocytic myelosclerosis 5. Myelofibrosis w/ myeloid metaplasia 6. Agnogenic myeloid metaplasia 7. Idiopathic thrombocythemia/thrombocytosis 8. Essential Thrombocythemia/thrombocytosis (ET) 9. Refractory anemia (RA), RA w/ sideroblasts, RA w/ excess blasts (RAEB), RA w/ excess blasts in transformation (RAEB-T) 10. Myelodysplastic syndrome, NOS   **11.** Preleukemia or preleukemic syndrome |
| 168  169 | cmlymph  lymphsev | Lymphoma  1. Mild   * H/o lymphoma w/ last treatment >1 yr prior   2. Moderate   * 1st remission or new diagnosis <1yr * Chronic suppressive therapy   3. Severe   * Relapse | | 1,2,3   |  | | --- | | **Warning if 3 and prexcan = 2 or othcandx = 2** | | **Lymphoma Notes:**  **Lymphoma include:** Hodgkin’s Disease and Non-Hodgkin’s Lymphoma including small lymphocytic lymphoma, Burkitt’s lymphoma, diffuse large cell lymphoma, MALT lymphoma, Mantle cell lymphoma, T-cell lymphoma, Mycosis fungoides, Sezary syndrome |
| 170  171 | cmetoh  etohsev | Substance abuse Alcohol  1. Mild   * H/o alcohol abuse but not presently drinking   2. Moderate   * Active alcohol abuse with social, behavioral, or medical complications   3. Severe   * Delirium tremens | | 1,2,3 | **Alcohol Notes:**   1. Classify an individual as a current alcohol abuser if they quit < 6 months of the date of diagnosis 2. Chart states “heavy drinker in past”, but patient continues to drink occasionally, do NOT code alcohol abuse. 3. Chart states “patient has history of alcohol abuse, but stopped drinking completely”, code as “1” for alcohol abuse. |
| 172  173 | cmsud  sudsev | Substance Abuse Illicit Drugs  1. Mild   * H/o substance abuse but not presently using   2. Moderate   * Active substance abuse with social, behavioral, or medical complications   3. Severe   * Acute Withdrawal Syndrome | | 1,2,3 | **Substance Abuse Notes:**  1. Classify an individual as a current substance abuser if they quit < 6 months of the date of diagnosis  2. Chart mentions the substance but does not suggest any associated social, behavioral or medical complications, do NOT code as substance abuse. |
| 174 | cmadm | Enter the number of hospitalizations that occurred during the year prior to the pathologic confirmation of the prostate cancer diagnosis | | \_\_ \_\_   |  | | --- | | Whole numbers only 0 - 50 | | Warning if > 20 | | **Data Source: Discharge Summary Tab**   * Count number of discharge summaries |

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|  |  | **Urine Cultures** |  |  |

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| 175 | urcltbx | RDE | During the time frame from (computer display pcconfdt - 30 days to pcconfdt + 30days), did the record document a urine culture performed at any VAMC?  1. Yes  2. No | 1,2  If 2 go to urcltx, else go to urcltdt1 | The intent of this question is to determine the number of urine cultures done within 30 days prior to and up to 30 days after the date on which the procedure/biopsy that confirmed the diagnosis of prostate cancer was done.  **Urine culture:** laboratory test to find and identify organisms that may be causing a urinary tract infection (UTI) and/or to determine if treatment for a UTI was successful. If the culture is positive, **sensitivity/susceptibility testing** is done to facilitate decision-making regarding treatment.  **Suggested data sources:** Lab reports, urology notes |
| 176  177  178  179  180 | urcltdt1  urcltpos1  urcltorg1  esblprd1  orgres1 | RDE | Enter the dates of all urine cultures done from (computer display pcconfdt - 30 days to pcconfdt + 30days) and results for each. If the culture was positive select the organism(s) identified, indicate if the organism is identified as an ESBL producer, and indicate documented resistance to any antibiotics.  **Please read ALL Definition/Decision Rules before answering these questions.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | <= 30 days prior to pcconfdt and < = 30 days after pcconfdt | | **Result Positive**  1. Yes  2. No  99. Unable to determine  If 1, go to urcltorg, else go to next urcltdt | **Organism**  (drop down table of organisms)  May select more than one | **ESBL Producer**  1. Yes  2. No | **Antibiotic Resistance**  (drop down table of antibiotics)  May select more than one for each organism | |  |  |  |  |  | | | **Positive results:** Culture results are considered positive if there are greater than (>) 100,000 Colony Forming Units (CFU) per mL of a specific organism.  **Example of positive report with multiple organisms:**   |  | | --- | | CULTURE RESULTS: 1. >100,000 CFU/ML ESCHERICHIA COLI  2. >100,000 CFU/ML ENTEROCOCCUS FAECALIS |   **If there are multiple organisms identified, only organisms with > 100,000 CFU/mL are considered positive. In this example, only the Escherichia coli would be entered in the organism column.**   |  | | --- | | CULTURE RESULTS: 1. >100,000 CFU/ML ESCHERICHIA COLI  2. 20,000 CFU/ML PROTEUS MIRABILIS |   **Negative results:** Culture results are considered negative if there are less than (<) 100,000 CFU/mL or no organisms grow in the urine.  **Example of a negative report:**   |  | | --- | | BACTERIOLOGY FINAL REPORT  Bacteriology Remark(s):  NO GROWTH IN 48 HOURS (FINAL) |   **Extended-spectrum beta-lactamase (ESBL):** anenzyme, produced byvarious bacterial organisms. that causes the organism to be immune/resistant to antibiotics such as penicillin and cephalosporin. **Example of positive culture with ESBL:**   |  | | --- | | CULTURE RESULTS: >100,000 CFU/ML ESCHERICHIA COLI  Comment: \*\*\* CONFIRMED EXTENDED  SPECTRUM BETA LACTAMASE PRODUCER \*\*\*  ESBL PRODUCING STRAINS MAY BE RESISTANT CLINICALLY  TO ALL PENICILLINS, CEPHALOSPORINS & AZTREONAM. |   **Antibiotic Resistance:** the ability of organisms to survive in the presence of antibiotic doses that were previously effective.  **Cont’d next page**  **Urine culture cont’d**  **Example of antibiotic susceptibility/sensitivity test:**   |  | | --- | | ANTIBIOTIC SUSCEPTIBILITY TEST RESULTS:  1. ESCHERICHIA COLI  SUSC INTP  AMIKACIN <=2 S  AMPICIL/SULBAC4 S  AMPICILLIN >=32 R  CEFAZOLIN <=4 S  CEFEPIME <=1 S  CEFOXITIN <=4 S |   **Suggested data sources:** Lab reports |
| **If primetx = 3, go to urcltx; else go to rdoncdt1 (q173) as applicable** | | | | | |
|  |  |  | **Urine Culture: Radical Prostatectomy** |  |  |
| 181 | urcltx | RDE  (Cases with radical prostatectomy) | During the time frame from (computer display primtxdt to primtxdt + 90days), following a radical prostatectomy, did the record document a urine culture performed at any VAMC?  1. Yes  2. No | 1,2  If 2, go to radoncdt1 (q187) as applicable | The intent of this question is to determine the number of urine cultures done within 90 days following the date on which a radical prostatectomy was done as the primary therapy for prostate cancer. |

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| 182  183  184  185  186 | urcltxdt1  urcltxpos1  urcltxorg1  esbltx1  orgrestx1 | RDE | Enter the dates of all urine cultures done from (computer display primtxdt to primtxdt + 90days) and results for each. If the culture was positive select the organism(s) identified, indicate if the organism is identified as an ESBL producer, and indicate documented resistance to any antibiotics.  **Please read ALL Definition/Decision Rules before answering these questions.**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | >=primtxdt and <= 90 days after primtxdt | | **Result Positive**  1. Yes  2. No  99. Unable to determine  If 1, go to urcltxorg, else go to next urcltxdt | **Organism**  (drop down table of organisms)  May select more than one | **ESBL Producer**  1. Yes  2. No | **Antibiotic Resistance**  (drop down table of antibiotics)  May select more than one for each organism | |  |  |  |  |  | | **Positive results:** Culture results are considered positive if there are greater than (>) 100,000 Colony Forming Units (CFU) per mL of a specific organism.  **Example of positive report with multiple organisms:**   |  | | --- | | CULTURE RESULTS: 1. >100,000 CFU/ML ESCHERICHIA COLI  2. >100,000 CFU/ML ENTEROCOCCUS FAECALIS |   **If there are multiple organisms identified, only organisms with > 100,000 CFU/mL are considered positive. In this example, only the Escherichia coli would be entered in the organism column.**   |  | | --- | | CULTURE RESULTS: 1. >100,000 CFU/ML ESCHERICHIA COLI  2. 20,000 CFU/ML PROTEUS MIRABILIS |   **Negative results:** Culture results are considered negative if there are less than (<) 100,000 CFU/mL or no organisms grow in the urine.  **Example of a negative report:**   |  | | --- | | BACTERIOLOGY FINAL REPORT  Bacteriology Remark(s):  NO GROWTH IN 48 HOURS (FINAL) |   **Extended-spectrum beta-lactamase (ESBL):** anenzyme, produced byvarious bacterial organisms that causes the organism to be immune/resistant to antibiotics such as penicillin and cephalosporin. **Example of positive culture with ESBL:**   |  | | --- | | CULTURE RESULTS: >100,000 CFU/ML ESCHERICHIA COLI  Comment: \*\*\* CONFIRMED EXTENDED SPECTRUM BETA LACTAMASE PRODUCER \*\*\*  ESBL PRODUCING STRAINS MAY BE RESISTANT CLINICALLY  TO ALL PENICILLINS, CEPHALOSPORINS & AZTREONAM. |   **Cont’d next page**  **Urine Cultures cont’d**  **Antibiotic Resistance:** the ability of organisms to survive in the presence of antibiotic doses that were previously effective. In a Susceptibility/sensitivity report, Antibiotic Resistance is usually indicated by an “R” after the name of the antibiotic.  **Example of antibiotic susceptibility/sensitivity test:**   |  | | --- | | ANTIBIOTIC SUSCEPTIBILITY TEST RESULTS:  1. ESCHERICHIA COLI  SUSC INTP  AMIKACIN <=2 S  AMPICIL/SULBAC4 S  AMPICILLIN >=32 R  CEFAZOLIN <=4 S  CEFEPIME <=1 S  CEFOXITIN <=4 S |   In this example, the Organism selected should be Escherichia coli and the Antibiotic Resistance selected should be Ampicillin.  **Suggested data sources:** Lab reports |
| **If primtx = 4 and ipbtx = 3 or 4 OR if primtx = 5 and ebrtx = 3 or 4, go to rdoncdt1; else go to urosrv (q190)** | | | | |

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| 187  188  189 | rdoncdt1  rdcmp1  yesrdcmp1  rdcmp2  yesrdcmp2  rdcmp3  yesrdcmp3  rdcmp4  yesrdcmp4  rdcmp5  yesrdcmp5  rdcmp6  yesrdcmp6  rdcmp7  yesrdcmp7  rdcmp8  yesrdcmp8  rdcmp9  yesrdcmp9  rdcmp10  yesrdcmp10  rdcmp99 | RDE | During the time frame from (computer display pcconfdt + 1 day to revdte) enter the dates of all outpatient visits with Radiation Oncology (physician/APN/PA), which of the following assessments were performed, and the outcome.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Enter ALL dates**  mm/dd/yyyy   |  | | --- | | > pcconfdt and <= revdte | | |  |  | | --- | --- | | **Indicate ALL assessments documented:** | **For each assessment documented, indicate whether the condition/symptom was present.**  **1. Yes (abnormal condition present/positive)**  **2. No (condition absent/negative)** | | 1. Patient complaints/concerns regarding urination | 1. 2. | | 2. Urinary incontinence | 1. 2. | | 3. Dysuria/irritative  symptoms | 1. 2. | | 4. Frequency/nocturia | 1. 2. | | 5. Urinary obstruction/obstructive symptoms | 1. 2. | | 6. Hematuria | 1 2. | | 7. Bowel dysfunction | 1. 2. | | 8. Sexual dysfunction | 1. 2. | | 9. Use of erectile aids | 1. 2. | | 10. Skin quality | 1. 2. | | 99. None of the above |  | | | | **Guidelines:**  **1) Enter the outpatient Radiation Oncology visit date. DO NOT include the date of the biopsy visit.**  **2) For each date, indicate if any of the functional assessments were documented.**  **3) For each functional assessment documented, indicate whether the condition/symptom was PRESENT or ABSENT.**  **Any description of normality or abnormality may apply.** **Documentation that indicates the condition/symptom is absent/negative may include but is not limited to: normal function, absence of problems, no symptoms, no complaints, negative Lower Urinary Tract Symptoms (LUTS), and is acceptable to answer “2”.**  **To answer “1”, documentation that indicates the condition is abnormal/present/positive may include but is not limited to reference to any of the following:**  1**. Patient complaints/concerns regarding urination** - patient dissatisfaction with urinary symptoms/control/condition  - patient description of urinary function as a problem  - “bother” of 1-5 (e.g., “patient reports a bother of 3” – often reported in conjunction with IPSS score)  - IPSS score >7. This is separate from the “bother” score and would be referred to as “IPSS or AUA symptoms score of….”  - “positive LUTS”  NOTE: If documentation refers only to LUTS, check “1” for assessments documented, then indicate whether LUTS was positive/present or negative/absent. The acronym “LUTS” DOES NOT NEED TO BE USED to document the presence of voiding dysfunction. If more specific symptoms are assessed (e.g., incontinence, dysuria, etc.), check the applicable symptom and indicate whether present or absent.  **2. LUTS - incontinence**:  - incontinence  - dripping/dribbling/leaking of urine  - lack/no/poor urinary control  - diaper/pad use  **3.** LUTS - **Dysuria/irritative symptoms**  - dysuria  - irritative symptoms  - pain/ irritation/burning with urination  - use of Pyridium for irritative symptoms  **4. LUTS - Frequency/nocturia**  - frequency  - nocturia  - need to urinate frequently during day or night  - need to wake at night to urinate  - need to urinate every two hours or more frequently  **5. LUTS - obstruction/obstructive symptoms**  - urinary retention  - urinary obstruction  - sensation of incomplete bladder emptying after urination- weak stream  - stopping & starting during urination  - pushing or straining to urinate  - reduced bladder capacity < 500cc  **6. Hematuria**  - hematuria  - spotting or bleeding with urination  **7. Bowel dysfunction**  - urgency  - sensation of having to pass a stool, but not passing a stool.  - tenesmus  - diarrhea/loose stools or constipation  - diarrhea/loose stools or constipation requiring medication  - mucous or bloody rectal discharge  - blood stools  - cramping or abdominal pain or pelvic pain with defecation  - lack/no/poor control of stool or leakage of stool  - two or more bowel movements per day  - abdominal or rectal pain requiring medication  **8. Sexual dysfunction**  - patient report/complaint of difficulty/problem with/ poor sexual function  - no daily nocturnal tumescence (no erection achieved during a sleep state)  - lack/no/poor level of sexual desire  - lack/no/poor erection  - lack/no/poor ability to reach orgasm/climax  - lack/no/poor erections firm enough for intercourse or other desired sexual activity  - erections not attained whenever desired  - sexual activity (frequency) diminished compared to usual or baseline  **9. Use of erectile aids.** Documentation of use of any of the following is acceptable:  - PDE-5 inhibitors [e.g. sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra)]  - Intraurethral or injectable erectile medications (e.g. alprostadil (Caverject, Edex, Prostin VR)  - Vacuum-assist device  - Implantable device (semirigid or inflatable)  **10. Skin Quality**  - erythematous skin  - pigmented skin  - desquamation  - ulceration or necrosis of skin  - skin changes  - dry or damaged skin  - edema or pitting of skin  **Suggested data sources:** Radiation Oncology/Radiation Therapy notes |
|  |  |  | **Urology Services** |  |  |
| 190 | urosrv | RDE | During the time frame from (computer display pcconfdt + 1 day to revdte) after the pathologic confirmation of prostate cancer was the patient seen as an outpatient by Urology services at any VAMC?  1. Yes  2. No | 1,2  If 2, go to edenc (q203) | **Urology services:** clinicians who specialize in the treatment of genitourinary conditions. The visit/encounter should be one in which the patient was seen face-to-face by a physician/APN/PA. Refers only to outpatient visits. DO NOT include the date of the biopsy visit.  **Suggested data sources:** urology notes |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 191  192  193 | urosrvdt1  urcmp1  yesurcmp1  urcmp2  yesurcmp2  urcmp3  yesurcmp3  urcmp4  yesurcmp4  urcmp5  yesurcmp5  urcmp6  yesurcmp6  urcmp7  yesurcmp7  urcmp8  yesurcmp8  urcmp9  yesurcmp9  urcmp99 | | RDE | | | During the time frame from (computer display pcconfdt + 1 day to revdte) enter the dates of all outpatient visits with urology services (physician/APN/PA), which of the following functional assessments were performed, and the outcome.   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Enter ALL dates**  mm/dd/yyyy   |  | | --- | | >pcconfdt and <= revdte | | |  |  | | --- | --- | | **Indicate ALL assessments documented:** | **For each assessment documented, indicate whether the condition/symptom was present.**  **1. Yes (condition present/positive)**  **2. No (condition absent/negative)** | | 1. Patient complaints/concerns regarding urination | 1. Yes 2. No | | 2. Urinary incontinence | 1. Yes 2. No | | 3. Dysuria/irritative  symptoms | 1. Yes 2. No | | 4. Frequency/nocturia | 1. Yes 2. No | | 5. Urinary obstruction/obstructive symptoms | 1. Yes 2. No | | 6. Hematuria | 1. Yes 2. No | | 7. Bowel dysfunction | 1. Yes 2. No | | 8. Sexual dysfunction | 1. Yes 2. No | | 9. Use of erectile aids | 1. Yes 2. No | | 99. None of the above |  | | | | **Guidelines:**  **1) Enter the outpatient Urology visit date. DO NOT include the date of the biopsy visit.**  **2) For each date, indicate if any of the functional assessments were documented. 3) For each functional assessment documented, indicate whether the condition/symptom was PRESENT or ABSENT.**  **Any description of normality or abnormality may apply.** **Documentation that indicates the condition/symptom is absent/negative may include but is not limited to:** normal function, absence of problems, no symptoms, no complaints, negative Lower Urinary Tract Symptoms (LUTS), and is acceptable to answer “2”.  **To answer “1”, documentation that indicates the condition is abnormal/present/positive may include but is not limited to reference to any of the following:**  1**. Patient complaints/concerns regarding urination**  - patient dissatisfaction with urinary symptoms or control or condition  - patient description of urinary function as a problem  - “bother” of 1-5 (e.g., “patient reports a bother of 3” – often reported in conjunction with IPSS score)  - IPSS score >7. This is separate from the “bother” score and would be referred to as “IPSS or AUA symptoms score of….”  - “positive LUTS”  NOTE: If documentation refers only to LUTS, check “1” for assessments documented, then indicate whether LUTS was positive/present or negative/absent. The acronym “LUTS” DOES NOT NEED TO BE USED to document the presence of voiding dysfunction. If more specific symptoms are assessed (e.g., incontinence, dysuria, etc.), check the applicable symptom and indicate whether present or absent.  **2. LUTS - incontinence**  - incontinence  - dripping/dribbling/leaking of urine  - lack/no/poor urinary control  - diaper/pad use  **3.** LUTS - **Dysuria/irritative symptoms** - dysuria  - irritative symptoms  - pain/irritation/burning with urination  - use of Pyridium for irritative symptoms  **4. LUTS - Frequency/nocturia**  - frequency  - nocturia  - need to urinate frequently during the day or night  - need to wake at night to urinate  - need to urinate every two hours or more frequently  **5. LUTS - obstruction/obstructive symptoms**  - urinary retention  - urinary obstruction  - sensation of incomplete bladder emptying after urination  - weak stream  - stopping & starting during urination  - pushing or straining to urinate  - reduced bladder capacity < 500cc  **6. Hematuria**  - hematuria  - spotting or bleeding with urination  **7. Bowel dysfunction**  - urgency  - sensation of having to pass a stool, but not passing a stool.  - tenesmus  - diarrhea/loose stools or constipation  - diarrhea/loose stools or constipation requiring medication  - mucous or bloody rectal discharge  - blood stools  - cramping or abdominal pain or pelvic pain with defecation  - lack/no/poor control of stool or leakage of stool  - two or more bowel movements per day  - abdominal or rectal pain requiring medication  **8. Sexual dysfunction**  - patient report/complaint of difficulty/ problem with/ poor sexual function  - no daily nocturnal tumescence (no erection achieved during a sleep state)  - lack/no/poor level of sexual desire  - lack/no/poor erection  - lack/no/poor ability to reach orgasm/climax  - lack/no/poor erections  - lack/no/poor erections firm enough for intercourse or other desired sexual activity  Cont’d next page  - erections not attained whenever desired  - sexual activity (frequency) diminished compared to usual or baseline  **9. Use of erectile aids** = Documentation of use of any of the following is acceptable:  - PDE-5 inhibitors [e.g. sildenafil (Viagra), tadalafil (Cialis), vardenafil (Levitra)]  - Intraurethral or injectable erectile medications (e.g. alprostadil (Caverject, Edex, Prostin VR)  - Vacuum-assist device  - Implantable device (semirigid or inflatable)  **Suggested data sources:** urology notes | |
| 194 | outur | | RDE | | | During the time frame from (computer display pcconfdt + 1 day to pcconfdt + 30 days) does the record document any outpatient Urology encounters at any VAMC?  1. Yes  2. No | 1,2  **If urosrv = 1 and any urosrvdt <= 30 days after pcconfdt, computer will auto-fill as 1 and go to outurdt1**  **If urosrv = 1 and all urosrvdt > 30 days after pcconfdt, computer will auto-fill as 2 and go to outusrg** | **Urology services:** clinicians who specialize in the treatment of genitourinary conditions. The visit/encounter should be one in which the patient was seen face-to-face by a physician/APN/PA. For the purposes of this question the visit/encounter is limited to an outpatient visit at any VAMC.  **Suggested data sources:** urology notes | |
| 195  196 | outurdt1  urcth1  urcth2  urcth3  urcth4  urcth5  urcth99 | | RDE | | | For each outpatient Urology encounter (computer display pcconfdt + 1 day to pcconfdt + 30 days), enter the date(s) and indicate the presence of a urinary catheter and any procedure related to the urinary catheter or catheterization.   |  |  |  | | --- | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | > pcconfdt and <= 30 days after pcconfdt | | Did the record document any of the following?  **Indicate all that apply:**  1.Urinary catheter present  2.Urinary catheter placed  3.Urinary catheter re-placed  4.Urinary catheter removed  5.CIC, or intermittent catheterization performed  99.None of the above or unable to determine | | | **Guidelines:**  **1) Enter the date of the outpatient Urology visit.**  **2) For the date entered, indicate if any of the listed procedures were documented by checking the checkbox.**  **Urinary catheters**: include and/or may be referred to as: Foley catheters, Coude catheters, three-way Foley, Murphy drip, urethral catheter/tube, suprapubic catheter/tube.  **CIC**: continuous intermittent catheterization. This refers to a catheter being placed momentarily in the bladder and then removed in the same visit. This catheter would be placed and removed prior to the patient leaving. | |
| **If primtx = 3, go to outusrg, else go to edenc** | | | | | | | | | |
| 197 | | outusrg | | RDE | During the time frame from (computer display primtxdt to primtxdt + 90 days) does the record document any outpatient Urology encounters at any VAMC?  1. Yes  2. No | | If 2, go to edenc  **If urosrv = 1 and any urosrvdt >= primtxdt and < = 90 days after primtxdt, computer will auto-fill as 1 and go to usrgdt1**  **If urosrv = 1 and all urosrvdt > 90 days after primtxdt, computer will auto-fill as 2, and go to edenc (q200)** | | **Urology services:** clinicians who specialize in the treatment of genitourinary conditions. The visit/encounter should be one in which the patient was seen face-to-face by a physician/APN/PA. For the purposes of this question the visit/encounter is limited to an outpatient visit at any VAMC.  **Suggested data sources:** urology notes |
| 198  199 | | usrgdt1  usrgcth1  usrgcth2  usrgcth3  usrgcth4  usrgcth5  usrgcth99 | | RDE | |  |  |  | | --- | --- | --- | | **Enter all dates** mm/dd/yyyy   |  | | --- | | >= primtxdt and <= 90 days after primtxdt | | Did the record document any of the following?  **Indicate all that apply:**  1.Urinary catheter present  2.Urinary catheter placed  3.Urinary catheter re-placed  4.Urinary catheter removed  5.CIC, or intermittent catheterization performed  99.None of the above or unable to determine |   For each outpatient Urology encounter from (computer display **primtxdt** to **primtxdt** + 90 days), enter the date(s) and indicate the presence of a urinary catheter and any procedure related to the urinary catheter or catheterization. | | | | **Guidelines:**  **1) Enter the date of the outpatient Urology visit.**  **2) For the date entered, indicate if any of the listed procedures were documented by checking the checkbox.**  **Urinary catheters**: include and/or may be referred to as: Foley catheters, Coude catheters, three-way Foley, Murphy drip, urethral catheter/tube, suprapubic catheter/tube.  **CIC**: continuous intermittent catheterization. This refers to a catheter being placed momentarily in the bladder and then removed in the same visit. This catheter would be placed and removed prior to the patient leaving. |

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| 200 | edenc | RDE | During the time frame from (computer display pcconfdt to pcconfdt + 30 days) does the record document any Emergency Department encounters at any VAMC?  1. Yes  2. No | If 2, go to edsrg as applicable (q203) | **Emergency Department (ED):** may be referred to as Emergency Room (ER).  **Exclude:** Urgent Care/Ambulatory Care/Urgent Clinic/ED visits that resulted in an overnight stay or hospital admission.  **Suggested data sources:** ED/ER notes |
| 201  202 | eddt1  edcth1  edcth2  edcth3  edcth4  edcth5  edcth6  edcth7  edcth99 | RDE | For each Emergency Department encounter from (computer display pcconfdt to pcconfdt + 30 days), enter the date(s) and indicate the presence of a urinary catheter and any procedure related to the urinary catheter or catheterization.   |  |  |  | | --- | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | >=pcconfdt and <= 30 days after pcconfdt | | Did the record document any of the following?  **Indicate all that apply:**  1.Urinary catheter present  2.Urinary catheter placed  3.Urinary catheter re-placed  4.Urinary catheter removed  5.CIC, or intermittent catheterization performed  6. Cystoscopy  7. Continuous bladder irrigation (CBI)  99.None of the above or unable to determine | | | **Guidelines:**  **1) Enter the date of the Emergency Department visit.**  **2) For the date entered, indicate if any of the listed procedures were documented by checking the checkbox.**  **Urinary catheters**: include and/or may be referred to as: Foley catheters, Coude catheters, three-way Foley, Murphy drip, urethral catheter/tube, suprapubic catheter/tube.  **CIC**: continuous intermittent catheterization. This refers to a catheter being placed momentarily in the bladder and then removed in the same visit. This catheter would be placed and removed prior to the patient leaving.  **Cystoscopy:** procedure to visualize the urinary bladder using an instrument/scope, usually via the urethra.  **Continuous bladder irrigation (CBI):** infusion of a sterile solution into the bladder, usually by using a three-way irrigation closed system with a triple-lumen catheter. CBI is primarily used following genitourinary surgery to keep the bladder clear and free of blood clots or sediment.  **Suggested data sources:** ED/ER notes |

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| --- | --- | --- | --- | --- | --- |
| **If primtx = 3, go to edsrg, else go to end.** | | | | | |
| 203 | edsrg | RDE | During the time frame from (computer display primtxdt to primtxdt + 90 days) does the record document any Emergency Department encounters at any VAMC?  1. Yes  2. No | If 2, go to end | **Emergency Department (ED):** may be referred to as Emergency Room (ER).  **Exclude:** Urgent Care/Ambulatory Care/Urgent Clinic/ED visits that resulted in an overnight stay or hospital admission.  **Suggested data sources:** ED/ER notes |
| 204  205 | edsrgdt1  esrgcth1  esrgcth2  esrgcth3  esrgcth4  esrgcth5  esrgcth6  esrgcth7  esrgcth99 | RDE | For each Emergency Department encounter from (computer display primtxdt to primtxdt + 90 days), enter the date(s) and indicate the presence of a urinary catheter and any procedure related to the urinary catheter or catheterization.   |  |  |  | | --- | --- | --- | | **Enter all dates**  mm/dd/yyyy   |  | | --- | | >= primtxdt and <= 90 days after primtxdt | | Did the record document any of the following?  **Indicate all that apply:**  1.Urinary catheter present  2.Urinary catheter placed  3.Urinary catheter re-placed  4.Urinary catheter removed  5.CIC, or intermittent catheterization  performed  6. Cystoscopy  7. Continuous bladder irrigation (CBI)  99.None of the above or unable to determine | | | **Guidelines:**  **1) Enter the date of the Emergency Department visit.**  **2) For the date entered, indicate if any of the listed procedures were documented by checking the checkbox.**  **Urinary catheters**: include and/or may be referred to as: Foley catheters, Coude catheters, three-way Foley, Murphy drip, urethral catheter/tube, suprapubic catheter/tube.  **CIC**: continuous intermittent catheterization. This refers to a catheter being placed momentarily in the bladder and then removed in the same visit. This catheter would be placed and removed prior to the patient leaving.  **Cystoscopy:** procedure to visualize the urinary bladder using an instrument/scope, usually via the urethra.  **Continuous bladder irrigation (CBI):** infusion of a sterile solution into the bladder, usually by using a three-way irrigation closed system with a triple-lumen catheter. CBI is primarily used following genitourinary surgery to keep the bladder clear and free of blood clots or sediment.  **Suggested data sources:** ED/ER notes |