



## A1 Clinician Hot Sheet – Case 4

### AHQR SHARE\* prompts:

Seek your patient's participation

Help your patient explore and compare treatment options

Assess your patient's values and preferences

Reach a decision with your patient

Evaluate your patient's decision

### Patient Description

#### **Kevin Taylor:**

- Is a 57-year-old gay White male
- Lives near the clinic
- Has no children and stable partner for past year
- Grandfather had prostate cancer at age 67 and underwent external beam radiation therapy and did well
- Sexually versatile (anal penetrative and receptive)
- He is voiding normally and is asymptomatic following his prostate biopsy
- Has newly diagnosed unfavorable intermediate risk prostate cancer (cT1c, Gleason 4+3 in 3 cores, PSA 6.4, volume 40cc, PSA density 0.16.)
- Good erections, BMI 30 kg/m<sup>2</sup>, mild BPH symptoms, well controlled diabetes
- Is here to decide between radical prostatectomy and radiotherapy

### **SCRIPT: You are the "CLINICIAN"**

**Clinician:** "Well I am glad you are doing well after the biopsy. I know we've gone over your biopsy results by phone, so you know that you have unfavorable intermediate risk prostate cancer. Do you have any questions for me about your diagnosis or the treatments?"

(Patient will respond)

**Clinician:** **Seek** to engage patient in shared decision making

(Patient will respond)

**Clinician:** **Help** explore the pros and cons of the following options:

- Robotic Assisted Radical prostatectomy
- IMRT
- Combination (HDR Boost with IMRT)



**Physician prompts for issues relevant to men who have sex with men**

**Radical Prostatectomy concerns:**

- Climacturia (urine leak during orgasm)
- Weaker erections for anal penetration (meds, rings, and VED can help)
- Less pleasure with anal receptive sex (prostate is pleasure source)
- No semen with RP
- No ejaculation, maybe dry orgasm
- Reduction in penis size (1-2cm)
- Infertility

**Radiation concerns:**

- Brachytherapy means no anal receptive sex for 2-6 months depending on seed radioactive half-life (Palladium 2 months vs. Iodine 6 months)
- Reduced or no semen with radiotherapy
- Radiation-induced rectal fibrosis, rectal bleeding, tenesmus/anal sensitivity can render anal receptive sex less pleasurable
- Fatigue
- The Androgen Deprivation Therapy can cause a loss of libido
- Fertility
- Reduced sensation to the prostate during receptive sex

**Support groups:** Whether they choose RP or XRT, he may benefit from a Gay and Bisexual support group (US TOO or Zero or Gilda's Club) or sexual health nurse/specialist visit.

(Patient will respond)

**Clinician:** Assess the patient's values

(Patient will respond)

**Clinician:** Reach a decision with the patient.

*Note: Giving the patient time to think it over is an acceptable course too.*

(Patient will respond)

**Clinician:** Evaluate the patient's decision in concordance with their values.

(Patient will respond)

**Clinician:** wrap up the visit

\*Agency for Healthcare Research and Quality

<https://www.ahrq.gov/health-literacy/professional-training/shared-decision/index.html>