



C2 Clinician Hot Sheet – Case 3

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

Marcia Smith:

- Is a 51-year-old transgender female (male to female).
- Is married to a female.
- Has 2 Children from time before transitioning to female.
- Has a father that had prostate cancer at age 62 and lived 15 years and died of a myocardial infarction (MI).
 - Father underwent external beam radiation therapy and did well.
- Did not think prostate cancer was possible and wants to know whether to screen at all.
- Saw this urology clinician 6 months ago who performed a physical exam and did a cystoscopy for Marcia during a microscopic hematuria evaluation which was negative. This clinician knows she has atrophic 8cc testes bilaterally and a normal circumcised penis and her prostate feels to be about 10cc with normal landmarks.

SCRIPT: You are the "CLINICIAN"

Clinician: "Mrs. Smith, I see from your referral that you are back here because you were concerned about prostate cancer screening given your family history of prostate cancer. How can I help you today?"

(Patient will respond)

Clinician: Seek your patient's participation in Shared Decision making

(Patient will respond)

Clinician: Help your patient explore and compare treatment options

Please explore the pros and cons of the following options:

- No screening ever (it is fairly rare)



- Baseline PSA today with me and 6 months after you stop your hormones and PSA screening and digital rectal exam every 2 years. If PSA >1ng/ml while on hormones, then consider biopsy. If PSA rises > 0.7ng/ml/year, then consider biopsy when off of hormones. Continue until age 69
- Start at age 55 after you are off hormones; PSA every 2 years until age 69 with your trusted primary care doctor. You can avoid the digital rectal examination unless there are concerning changes.

(Patient will respond)

Clinician: Assess your patient's values and preferences

(Patient will respond)

Clinician: Reach a decision with your patient

(Patient will respond)

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

(Patient will respond)

Clinician: wrap up the patient visit

*Agency for Healthcare Research and Quality

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