



Clinical Case Scenarios Hot Sheet

- Case #1: Prostate Cancer Screening

Mr. Donald Jones is a 47-year-old African American male with a 2nd degree family history of prostate cancer in his maternal uncle who was diagnosed last year. His youngest uncle was 57 when diagnosed with intermediate risk prostate cancer and is doing well after radiation therapy. Mr. Jones is healthy, unmarried and has no children. Mr. Jones feels distrustful of medical providers and has heard conflicting information on the age to begin screening and whether to screen at all.

- Case #2: Prostate Cancer Treatment

Mr. Jason Santiago is a 46-year-old Venezuelan male with elevated PSA and normal DRE who was recently diagnosed with a PIRADS 4 lesion on prostate MRI last month. A transperineal prostate biopsy was done 2 weeks ago and the region of interest was an anterior apex lesion and was a GG2 prostate cancer. Systematic cores had Gleason 3+3 prostate cancer in 2 cores at the right mid gland peripheral zone. His PSA was 7.5ng/ml and his prostate volume was 57cc; so his PSA density is 0.14. He is predominantly Spanish speaking, and he has his 22-year-old English-speaking son, Ernie, in the examining room. He and his son know the results of the biopsy from the online patient portal and are interested in discussing the treatment that is best for his favorable intermediate risk prostate cancer.

- Case #3: Prostate Cancer Screening

Marcia Smith is a 51-year-old transgender female (male to female) who is on estrogen and spironolactone for 30 years and has a family history of prostate cancer. She has not had bottom surgery but had bilateral breast augmentation (top surgery). She saw online that some transgender females do get prostate cancer (0.04%) and her father had prostate cancer at age 62 that was treated by radical prostatectomy. Her dad died at age 77 of other illnesses. Marcia wants to know if she should bother to be screened for prostate cancer.

- Case #4: Prostate Cancer Treatment

57-year-old sexually active White gay male is here after a transrectal prostate biopsy 2 weeks ago. Based on his findings, he has newly diagnosed NCCN/AUA unfavorable intermediate risk prostate cancer with a Gleason 4+3 in 3 cores,



cT1c prostate cancer with a PSA density of 0.16, PSA of 6.4ng/ml and a 40-cm³ prostate. Maximal tumor involvement was 50% He is monogamous with a stable partner for the past year. He is a versatile sexual partner and regularly experiences both anal receptive and anal penetrative sex. He is a well-controlled diabetic and he is otherwise healthy without prior surgical or radiation history. He has good erections without medications and has very mild BPH symptoms with occasional nocturia and urgency. He has never had surgery and has a BMI of 30kg/m². He is employed as a high school teacher and has a grandfather with low risk prostate cancer who received external beam radiotherapy in his 60s. He wants to consider the sexual side effects that are particularly relevant to gay men for his treatment decision.

- Case #5: Prostate Cancer Screening

Mr. Jack Coleman is a 45-year-old White male living in rural setting in Iowa about 2 hours away from his Primary Care Provider and Urologist/Clinician. He was seen in Urology clinic after his stent was removed after ureteroscopy for an episode of nephrolithiasis that was treated 2 months ago. He completed a recent 24-hour urine that showed low volume (1 L/day). He is about to be discharged from care with increased water intake for his plan. However, he is interested to know when and how often he needs to be screened for prostate cancer and if it's worth the effort to drive 2 hours every year for the DRE and PSA since he has no cancer family history. His PSA last year was 0.6ng/ml.

- Case #6: Prostate Cancer Treatment

Mr. Li is a 62-year-old Chinese American male with unfavorable intermediate risk prostate cancer. He had three PIRADS 4-5 lesions that were correlated with Gleason 4+3 tumors in 2 of the sites and Gleason 3+4 in one core. The 4+3 lesions were in the left and right apex (1.1cm and 1.6cm) and the 3+4 lesion was in the left anterior mid gland, the non-targeted systematic cores were negative. He was leaning towards radical prostatectomy at his visit 4 weeks ago, but wanted to follow up again after discussing it with his family. He has been on the Internet and heard about how successful acupuncture and quercetin-based compounds are and would prefer to do this because of the side effect profile.