

Patient Checklist

Bring this checklist with you to your next doctor's visit to get the answers you need to stay healthy. See the chapter 2 "Patient Checklist" for questions to ask about PSA testing.

Is my prostate enlarged? Does this pose a health risk for me at this point in time? _____

How can I treat urinary problems at home? _____

Do I need medication for prostate problems? What are the risks and benefits? _____

Do my prostate problems increase my risk of prostate cancer? _____

Given my health and family history, age, and lifestyle, what is my individual risk for prostate cancer? _____

Should I be making any dietary or lifestyle changes to keep my prostate healthy? _____

When should I return for a follow-up visit? How often should I be getting my prostate checked? _____

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Does my family or medical history put me at a high risk for prostate cancer? _____

Based on my age and prostate cancer risk, should I have a PSA screening and digital rectal exam? _____

Do you recommend a PCA3 test if my PSA level comes back high?

If my PSA test comes back high, will you retest it? _____

What is my PSA value and what does it mean? _____

What is my PSA density and velocity? How do you interpret these?

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- I do not have prostate cancer. Does anything in my personal, health, or family history increase my risk of getting it? Should I be screened, and if so, how and when? _____

- I do not have prostate cancer, but one or more relatives have had it. Am I at increased risk and what precautions should I take?

- I have prostate cancer. Should other men in my family (brothers, father, sons) undergo regular screening now that they are at higher risk? If so, what and when? _____

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Why are you recommending a biopsy for me? _____

What imaging technique do you recommend for my biopsy and why?

Is multiparametric MRI an option for me? _____

If my first biopsy is negative, what is your suggested follow-up and why? _____

What is the risk of my cancer spreading based on my biopsy pathology report? _____

Will I need to take antibiotics before and/or after my procedure to minimize the chance of serious infection? _____

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What treatment(s) are appropriate for my particular kind of prostate cancer? _____

Do any of my existing health conditions make successful treatment more difficult? _____

What are the potential side effects of the treatment(s) you propose?

Am I a candidate for active surveillance? Why or why not? _____

If active surveillance is an option for me, what is your recommended screening schedule? _____

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If your doctor has recommended radical prostatectomy surgery, bring this checklist with you to your next doctor's visit to get the answers you need to stay healthy.

Will you be doing a nerve-sparing surgery? If not, why? _____

How many prostate cancer surgeries like mine have you done? _____

How soon can I return to work and to regular activities following surgery? _____

How will this surgery impact my urinary control? _____

How will this surgery impact my sexual functioning? _____

After surgery, are there treatments you recommend to help me regain erectile function faster? _____

What is my risk of biochemical recurrence of my cancer? _____

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Patient Checklist

If your doctor has recommended radiation therapy, or if you are interested in discussing this option with him, bring this checklist with you to your radiation oncology appointment to get the answers you need to stay healthy.

- Am I a candidate for radiation therapy? Why or why not? _____

- Are there other treatment options for me outside of radiation? What are they, in order of your recommended preference? _____

- What is my risk for developing a secondary cancer after undergoing radiation therapy? _____

- If I choose radiation therapy, what type is best for my cancer? _____

- How often will I need to come for treatment? Can you describe a typical appointment? _____

- What side effects should I expect from the radiation treatments both during treatment and in the future? _____

- What is your personal experience with the form of radiation you are recommending? How long have you been doing it and what kind of success rates have you had? _____

- Are there precautions I need to take around my family and friends following treatment? _____

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Patient Checklist

If your doctor has recommended ablation, or if you are interested in discussing this option with him, bring this checklist with you to your next appointment to get the answers you need to stay healthy.

Am I a candidate for whole gland ablation therapy? If so, what kind do you recommend? If not, why not? _____

Am I a candidate for focal ablation therapy? If so, what kind do you recommend? If not, why not? _____

What side effects should I expect following my ablation procedure? How soon can I resume normal activities? _____

How many ablation procedures have you performed? _____

What follow-up is required after the ablation procedure? What tests will I need and how often? _____

What are the chances of cancer recurring after the ablation procedure? _____

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Patient Checklist

If your doctor has recommended hormone therapy, bring this checklist with you to your next doctor's visit to get the answers you need to stay healthy.

What hormone treatment do you recommend for my particular prostate cancer and why? _____

What side effects should I expect? _____

What can I do to manage side effects? _____

How often and how will I get the hormone? _____

Is hormone therapy my only treatment choice? _____

How will we monitor for growth of my cancer? _____

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Patient Checklist

Bring this checklist with you to your first post-treatment doctor's visit to get the answers you need to stay healthy.

How often should I be coming back for follow-up care? How many years will follow-up care last? _____

What will follow-up care consist of? _____

Should I be starting penile rehabilitation? _____

Are there any treatments or strategies to lessen my urinary symptoms? _____

Are there any symptoms that should be red flags for me to come in for an appointment? _____

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