

Southall et al. Impact of pre-treatment counselling on decisional regret of prostate cancer survivors: Cross-sectional analysis of patient reported experience following diagnosis or treatment

Prostate Cancer Survivorship Manitoba

Section A. Demographics

A1. Today's date:

Example: January 7, 2019

A2. What is your birthdate?

Example: January 7, 2019

A3. How old were you when you were diagnosed with prostate cancer?

A4. How old were you when you were treated for prostate cancer?

A5. How important would you consider your sexual health to be?

Mark only one.

very important

somewhat important

not very important

not important at all

A6. Which of the following treatment options were offered? (Select all that apply)

surgical removal of the prostate (radical prostatectomy)

radiation therapy (external beam radiation)

cryotherapy (cryoablation)

hormone therapy (androgen deprivation therapy)

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observation (watchful waiting)

active surveillance (scheduled bloodwork, rectal exams, and repeat biopsies)

chemotherapy

Other: _____

A7. Which of the following treatment options did you receive? (Select all that apply)

surgical removal of the prostate (radical prostatectomy)

radiation therapy (external beam radiation)

cryotherapy (cryoablation)

hormone therapy (androgen deprivation therapy)

observation (watchful waiting)

active surveillance (scheduled bloodwork, rectal exams, and repeat biopsies)

chemotherapy

Other: _____

Section B. Prior to treatment

B1. Since you were first diagnosed with prostate cancer, were you ever told by any of the doctors treating you that you would need regular follow-up care and monitoring even after cancer treatments were over?

Mark only one.

yes

no

B2. Do you feel you understood treatment risks?

Mark only one.

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strongly agree

somewhat agree

neither agree or disagree

somewhat disagree

strongly disagree

B3. Was fertility discussed?

Mark only one.

yes

no

B4. Were options for future family planning offered?

Mark only one.

yes

no

B5. Was erectile dysfunction as a side effect of treatment discussed?

Mark only one.

yes

no

B6. Do you feel you understood how treatment could impact your erections?

Mark only one.

strongly agree

somewhat agree

neither agree or disagree

somewhat disagree

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strongly disagree

B7. Regarding erectile dysfunction, which of the following treatment options were offered?

Mark only one.

oral medications (i.e. viagra, cialis, etc.)

penile injections (i.e. intracavernosal injections)

penile prostheses (i.e. penile implants)

sexual health psychiatric counselling

Other: _____

B8. Was urinary leakage (incontinence) as a side effect of treatment discussed?

Mark only one.

yes

no

B9. Do you feel you understood how treatment could impact your ability to control urination (incontinence)?

Mark only one.

strongly agree

somewhat agree

neither agree or disagree

somewhat disagree

strongly disagree

B10. Regarding urinary leakage (incontinence) which of the following treatment options were offered?

Mark only one.

chronic indwelling catheterization

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clean intermittent catheterization

pelvic floor physiotherapy

suprapubic catheterization

Other: _____

B11. Was penile shortening as a side effect of treatment discussed?

Mark only one.

yes

no

B12. Was climacturia (involuntary loss of urine at time of orgasm) discussed?

Mark only one.

yes

no

B13. Was penile rehabilitation discussed?

Mark only one.

yes

no

B14. Was a referral to a sexual health specialist offered? (urologist specializing in erectile dysfunction, therapist, etc.)

Mark only one.

yes

no

Section C. During and after treatment

C1. Where did you see a doctor for cancer-related follow-up care? (select all that apply)

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At the doctor's stand-alone clinic

At the doctor's clinic, located at a hospital

Virtual appointment (telephone)

Other: _____

C2. How frequently was sexual dysfunction discussed?

Mark only one.

every follow-up visit

most follow-up visits

infrequently at follow-up visits

never

C3. Were treatments for sexual dysfunction offered?

Mark only one.

yes

no

C4. If answer to C3. was yes, which options were offered? (select all that apply)

NA (answered no to C3)

Oral medications

Intracavernosal injections (ICI)

Penile prosthesis

Other: _____

C5. How frequently was urinary leakage (incontinence) discussed?

Mark only one.

every follow-up visit

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most follow-up visits

infrequently at follow-up visits

never

C6. Only answer if you suffer from urinary leakage. How many pads per day do you currently use on average, for urinary incontinence?

Mark only one.

1

2

3

4

5

6

>6

C7. Were treatments for urinary leakage (incontinence) offered?

Mark only one.

yes

no

C8. Have you ever, or do you currently feel any regret about the type of treatment you selected and received?

Mark only one.

yes

no

C9. How do you feel we can improve the quality of prostate cancer survivorship care?

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