

Health Professionals Follow-Up Study

Dear Colleague,

Thank you for your longstanding participation in the Health Professionals Follow-Up Study. As you know, we are studying the determinants of long-term survival from prostate cancer. Through this study, we are gaining valuable insight about how diet and other factors can improve prognosis. Please note that we have all of your original diagnosis information. The purpose of this mailing, as we do every couple of years, is to obtain new follow-up information regarding your prostate cancer. Even if nothing has changed, that information is still important to our study.

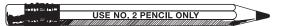
We would greatly appreciate it if you could complete the enclosed questionnaire regarding your prostate cancer and return it to us in the envelope provided. We realize this is a lengthy questionnaire; please fill out whatever you can. Your participation is completely voluntary, and if you do not wish to participate in this study on prostate cancer survival, you will still be a valuable member of the Health Professionals Follow-Up Study. By participating, you will be making a key contribution to our understanding of prostate cancer, which may ultimately lead to strategies geared at prevention or cure. Please do not hesitate to call me or Dr. Lorelei Mucci at 617-998-1067 if you have any questions about the study.

Sincerely Yours,

Walter Willett

Walter C. Willett, M.D. Principal Investigator

Lorelei Mucci, ScD. Co-Principal Investigator



PLEASE USE AN ORDINARY NO. 2 PENCIL TO ANSWER ALL QUESTIONS.

Fill in the appropriate response circles completely, or write the requested information in the boxes provided. The form is designed to be read by optical-scanning equipment, so it is important that you make <u>NO STRAY MARKS</u> and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

Please fill in the circles completely; do not mark this way: 🖉 🖉 🧉

4c. Mark all of the treatments you have had SINCE JANUARY 2018 and provide the dates as best as you can (if you cannot remember the month, include just the year).

Treatment/medication since January 2018 only	Start date or procedure date	End date or	Currently doing/taking?
Procedures	month/year	.nonth/year	
1. Radical prostatectomy 	01/2013	MA	
If radical prostatectomy, which type?		N/A	
 laparoscopic 	W.	N/A	
o robotic	A A	N/A	
open / retropubic	N/A	N/A	
🔵 open / perineal	N/A	N/A	
odon't know type	N/A	N/A	
2. Radiation to the pet o (exter a Man,	00/001 0		
proton beam, cyber, .e, etc,	02/2018		_
3. Brachytherapy/seeds		N/A	0
4. Orchiectomy		N/A	0
5. Cryosurgery/cryoablation		N/A	0
6. O High intensity focused ultrasound (HIFU)		N/A	0

The research team has great respect for your continued study participation, and therefore would like to remind you of several important points, as is standard practice in research. We do so in recognition of the fact that consent is an ongoing process rather than a one-time agreement. Please do not hesitate to contact us if you have any questions regarding this information.

- **a.** You are participating in a research study that focuses on what happens to men after a cancer diagnosis. Participation involves the completion of this questionnaire.
- **b.** Your participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled.
- **c.** There is a small risk of breach of confidentiality; however we have taken many steps to minimize this risk, and in the 34 years of the study have never had a breach.
- **d.** Samples are sometimes shared with entities outside of Harvard as part of research collaborations; in such cases we use a separate ID number to ensure confidentiality.
- e. You will not receive monetary compensation for participating.
- f. There are no direct benefits to you from study participation.
- **g.** If you wish to speak with someone not directly involved in this research study about your rights as a research participant, please contact the Harvard TH Chan School of Public Health's Office for Human Research Administration at 617-432-2143 (local calls) or 866-606-0573 (long distance calls), or at: <u>ohra@hsph.harvard.edu</u>.
- **h.** If you have any questions regarding the study itself, please call the study Research Assistant at 617-384-8664.

Prosta	te Cancer Survivors Biennial 2020		Health P	rofessionals Follow-Up Stu	idy 🛑
TH					-
IH/	ANK YOU FOR PREVIOUSLY PROVIDING VALUA				
	PLEASE NOTE THAT WE HAVE ALL O			MATION.	
	WE NOW SEEK TO U	JPDATE YOUR II	NFORMATION.		
1.	Since January 2018, have you had a recurr	ence or progra	ession of your prost	ate cancer	
	indicated by a rise in PSA?				1
	O No – what is your highest PSA value since Jan 2	2018?	Continue to question	2	\bigcirc
	Yes – please complete question 1b:				
1b.	When did your PSA rise occur? /	What	t was your highest		b
	Month Y	ear PSA	value during this rise	e?	\bigcirc
				•	
2.	Have you <u>ever</u> been diagnosed with prost bone, or other organs?	ate cancer me	tastases to lymph n	odes,	-
	•				2
	 No – continue to question 3 Yes – found <i>at</i> diagnosis (continue to question 3) 	8)			
	 Yes – found after diagnosis (please complete the 				
				FOR OFFICE USE ONLY	-
2a.	At which site(s) were you diagnosed with me	tastases? Pleas	e mark all that apply.	(1) (2) (3) (4) Before 2018	
	O Lymph nodes			5 6 7 8 2018 2019	M
		-	Month Year	9 10 11 12 2020 2021	Ŷ
	O Bone	Date diagnosed	Month Year	1 2 3 4 Before 2018 5 6 7 8 2018 2019	M
	Other organs, specify:	Date diagnosed		9 10 11 12 2020 2021	
	· · · · · ·	U	Month Year	1 2 3 4 Before 2018	M
2b.	How were your metastases verified? Pleas	se mark all tha	t apply.	5 6 7 8 2018 2019 (9) 10 (11) (12) 2020 2021	(Y)
	Imaging (bone scan, CT, MRI, PSMA scan, PET)				b
	O Metastatic biopsy				0
	Other, specify:				
3.	Have you ever been told by your physiciar	ו that you hav	e castration-resistan	t prostate cancer?	
	⊖ Yes	-		-	
	If yes, what date?				a
	Month Year				
4.	Please read the <i>entire</i> list on the following	page of med	ications and treatme	ents for prostate	
	cancer and prostate cancer symptoms.	,			(4)
12	Since January 2018, have you had any trea	atmont or mov	lications for your pr	ostato cancor?	
4a.					a
	 No – continue to question 4b Yes – continue to question 4c 				
					-
4 b.	Have you ever had any treatment for your	prostate canc	er?		
	⊖ Yes			(1)(1)(1)(1)(1)(1)(1)	
	O No				
	Active surveillance / watchful waiting only		1 2 3 4 202 5 6 7 8 202		
	PLEASE TU	RN PAGE OVER 🛑	5 6 7 8 202 9 10 11 12 202		

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4c. Mark all of the treatments you have had SINCE JANUARY 2018 and provide the dates as best as you can (if you cannot remember the month, include just the year).

Treatment/medication since January 2018 only	Start date or	End date	Currently		FOR	OFF	ICE	USE	ONLY	
freatment/medication since January 2016 only	procedure date	or	doing/taking?		Tre	atm	ent	Code:		
				1	2 (3 (4	5	6 (7) 8 9	D
Procedures	month/year	month/year							6 (17) (18	
	inoninii youi	inoninii youi		\sim					5 26 27	7)
1. Radical prostatectomy		N/A		28) 33 3		
If radical prostatectomy, which type?	N/A	N/A						n/yeai	r:	
Iaparoscopic	N/A	N/A		1	2 (3 (4	9	Before	2018	
robotic	N/A	N/A		5	6	7)(8		2018	2019	
🔵 open / retropubic	N/A	N/A		9	(10)	11 (1	2	2020	2021	
🔵 open / perineal	N/A	N/A			En	d mo	onth	/year	:	
on't know type	N/A	N/A		1	2 (3 (4)	2018	2019	
2. O Radiation to the pelvis (external beam,			0	5	6)	7) (8		2020	2021	
proton beam, cyberknife, etc.)			<u> </u>	9	(10) (11) (1:	2)			
B. Brachytherapy/seeds		N/A	\bigcirc	\square						
4. Orchiectomy		N/A	<u> </u>		Tre	atm	ent	Code:		
5. Cryosurgery/cryoablation		N/A		T)(8)(9	5
6. High intensity focused ultrasound (HIFU)		N/A		\sim					6) (17) (18	
		N/A		\sim					5) (26) (27	
Oral medications	month/year	month/year) (33) (3		2
Canaday (biaglutamida) Eulavia (flutamida)				20						
7. Casodex (bicalutamide), Eulexin (flutamide)								n/yeai		
B. Estrogens and DES			0	\sim	2 (Before		
9. Nilandron (nilutamide)			0	\sim	6			2018	2019	
). 🔵 Zytiga (abiraterone)			0	9	(10) (11) (1:	2)	2020	2021	
I. 🔵 Xtandi (enzalutamide)			\bigcirc		En	d mo	onth	/year	:	
2. 🔵 Lynparza (olaparib)			\bigcirc	1	2	3 (4)	2018	2019	
3. 🔵 Erleada (apalutamide)			0	5	6	7 8		2020	2021	
4. 🔿 Nubeqa (darolutamide)			0	9	(10)	11) (1	2			
5. O Rubraca (rucaparib)			0	_						_
6. 🔿 Zejula (niraparib)			<u> </u>							
7. O Talzenna (talazoparib)			Ŏ		Tre	atm	ent	Code:		
				1	2 (3 (4	5	6 (7	89	3
Injections/implants/infusions	month/year	month/year		10	(11)	12 (1	3 (14	15 (1	6 (17) (18	8
3. 🔘 Lupron/Eligard/Viadur (leuprolide)			0	19	20 (21 (2	2 23	24 2	5 26 27	7
 Zoladex (goserelin) 			0	28	29 (30 3	1 32	33 3	4 35	
D. 🔿 Trelstar (triptorelin)			<u> </u>		Sta	rt m	ontł	n/year	r:	
1. O Plenaxis (abarelix)			Ŏ	1	(2)	3) (4	G	Before	2018	
2. Firmagon (degarelix)				-	6)			2018	2019	
3. Vantas (histrelin)				\sim	(10) (2020	2021	
4. Zometa (zoledronic acid)								/year		
5. Xgeva (denosumab)					(2) (2018	2019	
6. Jevtana (cabazitaxel)				\sim						
				\sim	6			2020	2021	
				9	(10)	1) (1	2)			
B. Provenge (sipuleucel-T)										
9. Xofigo (Radium-223)			\bigcirc							
D. 🔿 ¹⁷⁷ Lu-PSMA-617			0							
1. 🔵 Keytruda (pembrolizumab)			0							
2. OTHER, specify:			0							
Prostate symptom control	month/waar	month/waar								
Prostate symptom control	month/year	month/year								
3. O Proscar (finasteride)			0							
4. O Avodart (dutasteride)			0							
5. C Flomax (tamsulosin)										

		swer the following quest	 e appropriate circle. All que Select one answer for each	
5.	During the LAS	T MONTH, overall, hov Very small problem	n has your urinary functio	on been for you?
5-	Which of the fo	ollowing best describe		ontrol
7.		ds or adult diapers per	 using for urinary leakag 3 or more pads per day	e?

8. How large a problem, if any, has each of the following been for you?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
a. Pain or burning with urination	0	0	0	0	0
b. Need to urinate frequently	0	0	0	0	0
c. Weak urine stream/incomplete bladder emptying	0	0	0	0	0
d. Urinary dripping or leakage	0	0	0	0	0

2 2 2 2 2 2 2 2 2

(4) (4) (4) (4) (4) (4) (4) (4) (4)

8 8 8 8 8 8 8 8

 \mathbf{P} (\mathbf{P}) (\mathbf{P}) (\mathbf{P}) (\mathbf{P}) (\mathbf{P}) (\mathbf{P}) (\mathbf{P})

9. How large a problem, if any, has each of the following been for you?

	No problem	Very small problem	Small problem	Moderate problem	Big problem
a. Rectal pain or urgency of bowel movements	0	0	0	0	0
b. Increased frequency of your bowel movements	0	0	0	0	0
c. Overall problems with your bowel habits	0	0	0	0	0

a. Hot flashes or breast tenderness/enlargement	a. Hot flashes or breast tenderness/enlargement						No problen		' small blem	Small problem	Moderate problem	Big problem
11. How would you rate your ability to reach orgasm (climax)? Very good Good Fair Poor Very poor to none 12. How would you describe the usual quality of your erections? Firm enough for masturbation and foreplay only Not firm enough for any sexual activity 13. Overall, how large a problem has your sexual function or lack of sexual function been for you? None at all any sexual activity 13. Overall, how large a problem has your sexual function or lack of sexual function been for you? No problem 14. Since January 2018, which erectile dysfunction medications have you used? 15. None STARTED COURSE 2018 2019 2020 2021 CURRENTI TAKING Viagra, Levitra, Cialis (sildenafil) O O O O Intraurethral/penile injectable medications; O O O O Vacuum devices; penile prosthesis O O O O Testosterone replacement therapy O O O O Dog Cat Rabbit Parrot Other Parrot Other	11. How would you rate your ability to reach orgasm (climax)? Very good Good Fair Poor Very poor to none 12. How would you describe the usual quality of your erections? Firm enough for masturbation and foreplay only Not firm enough for any sexual activity 13. Overall, how large a problem has your sexual function or lack of sexual function been for you? None at all any sexual activity 14. Since January 2018, which erectile dysfunction medications have you used? IVAME OF MEDICATION/TREATMENT STARTED COURSE 2018 2019 2020 2021 CURRENTL TAKING Viagra, Levitra, Cialis (sildenafil) O O O O O Intraurethral/penile injectable medications; O O O O O 15. Do you own any of the following animals? (Mark all that apply) Other Farm animals Other Other	a.	Hot flashes or breas	t tenderness/enl	argement		0					
Very good Good Fair Poor Very poor to none 12. How would you describe the usual quality of your erections? Firm enough for masturbation or lack of sexual function been for you? None at all any sexual activity None at all or problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? None None Viagra, Levitra, Cialis (sildenafil) Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Testosterone replacement therapy Mog 15. Do you own any of the following animals? (Mark all that apply) Dog Cat Rabbit Parrot Other Other Parrot Other Parrot	Very good Good Fair Poor Very poor to none 12. How would you describe the usual quality of your erections? Firm enough for masturbation or lack of sexual function been for you? No problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? None Viagra, Levitra, Cialis (sildenafil) O Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Testosterone replacement therapy O Vacuum devices; penile prosthesis O O O Testosterone replacement therapy O O O O Dog Cat Rabbit Parrot Other Other Other	b.	Lack of energy				0		0	0	0	0
Firm enough for intercourse Firm enough for masturbation and foreplay only Not firm enough for any sexual activity None at all any sexual activity 13. Overall, how large a problem has your sexual function or lack of sexual function been for you? No problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? None Image: Course of the problem Current of the problem Current of the problem Current of the problem None Image: Course of the problem Started Course of the problem Image: Course of the problem Current of the problem None Image: Course of the problem Started Course of the problem Image: Course of the problem Image: Course of the problem of the problem Image: Course of the problem of the problem Image: Course of the problem of	Firm enough for intercourse Firm enough for masturbation and foreplay only Not firm enough for any sexual activity None at all any sexual activity 13. Overall, how large a problem has your sexual function or lack of sexual function been for you? No problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? NAME OF MEDICATION/TREATMENT STARTED COURSE 2018 2019 2020 2021 CURRENTL TAKING None Viagra, Levitra, Cialis (sildenafil) O <t< td=""><td>11.</td><td>-</td><td></td><td>-</td><td>-</td><td></td><td></td><td>or to no</td><td>ne</td><td></td><td></td></t<>	11.	-		-	-			or to no	ne		
No problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? NAME OF MEDICATION/TREATMENT STARTED COURSE BEFORE 2018 2019 2020 2021 CURRENTL TAKING None 0	No problem Very small problem Small problem Moderate problem Big problem 14. Since January 2018, which erectile dysfunction medications have you used? NAME OF MEDICATION/TREATMENT STARTED COURSE 2018 2019 2020 2021 CURRENTL TAKING None Intraurethral, Cialis (sildenafil) Intraurethral/penile injectable medications; Image: Constant of the prosthesis Image: Constant of the prosthesis Image: Constant of the prosthesis Testosterone replacement therapy Image: Constant of the pairrot Other of the prosthesis Image: Constant of the pairrot Image: Constan	12.	Firm enough	O Firm	enough for r	masturbation	r erectio) Not f		0	O No	ne at all
NAME OF MEDICATION/TREATMENT STARTED COURSE BEFORE 2018 2019 2020 2021 CURRENTI TAKING None Viagra, Levitra, Cialis (sildenafil) O	NAME OF MEDICATION/TREATMENT STARTED COURSE BEFORE 2018 2018 2019 2020 2021 CURRENTL TAKING None Viagra, Levitra, Cialis (sildenafil) O	13.			-							-
NAME OF MEDICATION/TREATMENT BEFORE 2018 2018 2019 2020 2021 TAKING None Viagra, Levitra, Cialis (sildenafil) O	NAME OF MEDICATION/TREATMENT BEFORE 2018 2018 2019 2020 2021 TAKING None Viagra, Levitra, Cialis (sildenafil) O	14.	Since January 2	2018, which e	rectile dys	sfunction m	edicatio	ons ha	ive you	used?		
Viagra, Levitra, Cialis (sildenafil) Intraurethral/penile injectable medications; Intraurethral/penile injectable medications; Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Image: Construction of the prosthesis Image: Construction of the prosthesis Image: Construction of the prosthesis Testosterone replacement therapy Image: Construction of the prosthesis Image: Construction of the prosthesis Image: Construction of the prosthesis Image: Construction of the prost of t	Viagra, Levitra, Cialis (sildenafil) Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Testosterone replacement therapy		NAME OF MEDI	CATION/TREAT	MENT			2018	2019	2020	2021	
Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Image: Construction of the prosthesis Image: Constr	Intraurethral/penile injectable medications; Vacuum devices; penile prosthesis Image: Construction of the prosthesis Image: Construction of the prosthesis Image: Construction of the prosthesis Testosterone replacement therapy Image: Construction of the prosthesis Image: Construction of the prosthesis <td< td=""><td></td><td></td><td></td><td></td><td>BEFORE</td><td>2018</td><td></td><td></td><td></td><td></td><td>IAKING</td></td<>					BEFORE	2018					IAKING
Vacuum devices; penile prosthesis 0	Vacuum devices; penile prosthesis O	С	None			BEFORE	2018					TAKING
15. Do you own any of the following animals? (Mark all that apply) Obg Cat Rabbit Parrot Other bird Reptile Horse Farm animals Other animals	15. Do you own any of the following animals? (Mark all that apply) O Dog Cat Rabbit Parrot Other Reptile Horse Farm Other bird						2018	0	0			
Obg Cat Rabbit Parrot Other Reptile Horse Farm Other animals	Obg Cat Rabbit Parrot Other Reptile Horse Farm Other animals animated) Viagra, Levitra, Cia Intraurethral/penil	alis (sildenafil) le injectable me		0	2018			0	0	0
			Viagra, Levitra, Cia Intraurethral/penil Vacuum devices; p	alis (sildenafil) le injectable me penile prosthesi	S	0	2018	0		0	0	0
			 Viagra, Levitra, Cia Intraurethral/penil Vacuum devices; p Testosterone repla Do you own any Dog Cat 	alis (sildenafil) le injectable me benile prosthesis acement therapy y of the follow	s / wing anim	nals? (Mark	all that	o o apply	0 0	0	O O Farm	0

We are interested in some things about you and your health. Please answer all of the questions yourself by filling in the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

5

		Not at All	A Little	Quite a Bit	Very Much	
16.	Do you have any trouble doing strenuous activities like carrying heavy shopping bag or a suitcase?	1	2	3	4	16
17.	Do you have any trouble taking a long walk?	1	2	3	4	17
18.	Do you have any trouble taking a short walk outside the house?	1	2	3	4	18
19.	Do you need to stay in bed or a chair during the day?	1	2	3	4	19
20.	Do you need help with eating, dressing, washing yourself or using the toilet?	1	2	3	4	20
	During the <u>past week</u> :	Not at All	A Little	Quite a Bit	Very Much	
21.	Were you limited in doing either your work or other daily activities?	1	2	3	4	21
22.	Were you limited in pursuing your hobbies or other leisure activities?	1	2	3	4	22
23.	Were you short of breath?	1	2	3	4	23
24.	Have you had pain?	1	2	3	4	24
25.	Have you had bone pain?	1	2	3	4	25
26.	Did you need rest?	1	2	3	4	26
27.	Have you had trouble sleeping?	1	2	3	4	27
28.	Have you felt weak?	1	2	3	4	28
29.	Have you lacked appetite?	1	2	3	4	29
30.	Have you felt nauseated?	1	2	3	4	30
31.	Have you vomited?	1	2	3	4	31
32.	Have you been constipated?	1	2	3	4	32
33.	Have you had diarrhea?	1	2	3	4	33
34.	Were you tired?	1	2	3	4	34
35.	Did pain interfere with your daily activities?	1	2	3	4	35
36.	Have you had difficulty in concentrating on things, like reading a newspaper or watching television?	1	2	3	4	36
37.	Did you feel tense?	1	2	3	4	37
38.	Did you worry?	1	2	3	4	38
39.	Did you feel irritable?	1	2	3	4	39
40.	Did you feel depressed?	1	2	3	4	40

PLEASE TURN PAGE OVER

Prostate	Cancer	Survivors	Biennial	2020
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	During the <u>past</u>	week:				Not Al		Quite a Bit	Very Muc
41	. Have you had d	ifficulty rem	nembering t	hings?		(1	2	3	4
42	. Has your physic your family life		n or medica	l treatment	interfered w	vith (1	2	3	4
43	. Has your physic your social act	al condition	n or medica	l treatment	interfered w	vith (1	2	3	4
44	Has your physic financial diffic	al condition	n or medica	l treatment	caused you	(1	2	3	4
- or	the following quest	ions please s	elect the nun	nber betwee	n 1 and 7 that	best applies	to you.		
45.	How would you	-		-	e past week?)			
	1 2 3 Very Poor	(4)	(5) (6) Exc	(7) cellent					
46.	How would you	rate vour o	verall qualit	v of life dur	ing the past	week?			
	1 2 3	-	5 6	7	<u></u>				
	Very Poor		Exc	ellent					
	The following as	sks about fa	mily history		in your siblir	ngs and you	ır children		
s	Did either of your siblings or children nave (mark if yes)	PROSTATE CANCER	LUNG CANCER	COLON OR RECTAL CANCER	MELANOMA	BREAST CANCER	PANCREAT CANCER		PHOM
	Sister(s)	N/A	0	0	0	0	0		0
	Brother(s)	0	Ō	Ō	Ō	Õ	0		0
	Daughter(s)	N/A	0	0	0	0	0		0
5	Son(s)	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc		0
40.	In the PAST 12 I purposes? (smo		libles, etc.)	AST 12 MONT	HS, how often of times	did you use ai s/month	ny marijuana 1–2 times/w	a produc eek	
	○ No ○ Yes				<u> </u>		an once per d	lay	
	<u> </u>	wer		mes/week	O Daily				
49.	Yes Prefer not to ans Has your doctor	· ordered ge	_ 3–5 ti nomic testi		Daily			type D	X
49.	Yes Prefer not to ans Has your doctor Prostate, Deciph No	· ordered ge	O 3-5 ti nomic testi Promark)? ► If yes, w	ng of a sam	Daily	<u>tumor</u> (suc	h as Onco	type D	х
49.	Yes Prefer not to ans Has your doctor Prostate, Deciph	· ordered ge	O 3-5 ti nomic testi Promark)? ► If yes, w O No	ng of a sam ould you be w	Daily	<u>tumor</u> (suc the results wi	h as Onco th us?	type D	x
	Yes Prefer not to ans Has your doctor Prostate, Deciph No Yes	ordered ge ner, Prolaris,	 3-5 ti nomic testi Promark)? If yes, w No Yes (i 	ng of a sam ould you be w f yes, we may o	Daily Daily Daily Daily Daily Daily Daily Daily Daily Daily Daily	<u>tumor</u> (suc the results wi sk for the test r	h as Onco th us? esults)		
	 Yes Prefer not to ans Has your doctor Prostate, Deciph No Yes Do not know Have you had a No Yes, test(s) order 	blood test t	 3-5 ti nomic testi Promark)? If yes, w No Yes (i that gives in If yes, would y No 	ng of a sam ould you be w f yes, we may o formation a you be willing	Daily Daily	tumor (suc the results wi sk for the test r r risk inheri sults related t	h as Onco th us? esults) ited within to cancer ris	n famil	lies?
	 Yes Prefer not to ans Has your doctor Prostate, Deciph No Yes Do not know Have you had a No Yes, test(s) order through a doctor Yes, test(s) order 	blood test f	 3-5 ti nomic testi Promark)? If yes, w No Yes (i that gives in If yes, would y No 	ng of a sam ould you be w f yes, we may o aformation a you be willing we may contac	Daily Daily	tumor (suc the results wi sk for the test r r risk inheri sults related t	h as Onco th us? esults) ited within to cancer ris	n famil	lies?
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