



PROSTATE CANCER RISK ASSESSMENT

EXISTING PCA

GOAL: MAINTAIN RELATIONSHIP WITH SPECIALIST



RESULT EXPLAINED

Men in this category are between the ages of 20 and 89 and have reported a diagnosis of prostate cancer (PCa).



EXAMPLE PERSONA

Marvin is a 66-year-old Caucasian male with newly diagnosed prostate cancer. He is concerned about having a cancer diagnosis, since his father also had prostate cancer, and wonders what his long-term prognosis is.

Marvin is aware there are numerous treatment options for prostate cancer. He finds the Prostate Cancer Risk Assessment and learns that most men diagnosed with PCa have a good prognosis. He appreciates the links to online resources. With the information he finds, he has more knowledge to have a discussion with his doctor about his best options for treatment.



CUSTOMIZED CALL-TO-ACTION MESSAGES

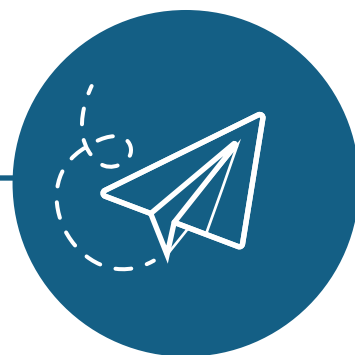
Focus Call to Action (CTA) messaging in the follow-up section of portal on scheduling a visit with a specialist.



PHONE CALL FOLLOW UP

Follow up with users as soon as possible by phone call to:

- Review the results report with them
- Encourage an appointment to discuss treatment options
- Explain the risk and benefits of a genetic evaluation



FOLLOW-UP EMAILS

- The importance of following the doctor-recommended treatment and surveillance plan
- How knowing their family history of PCa may help doctors choose better cancer treatments
- That learning genetic information may help the man, his immediate family, and his other relatives better estimate their PCa risk



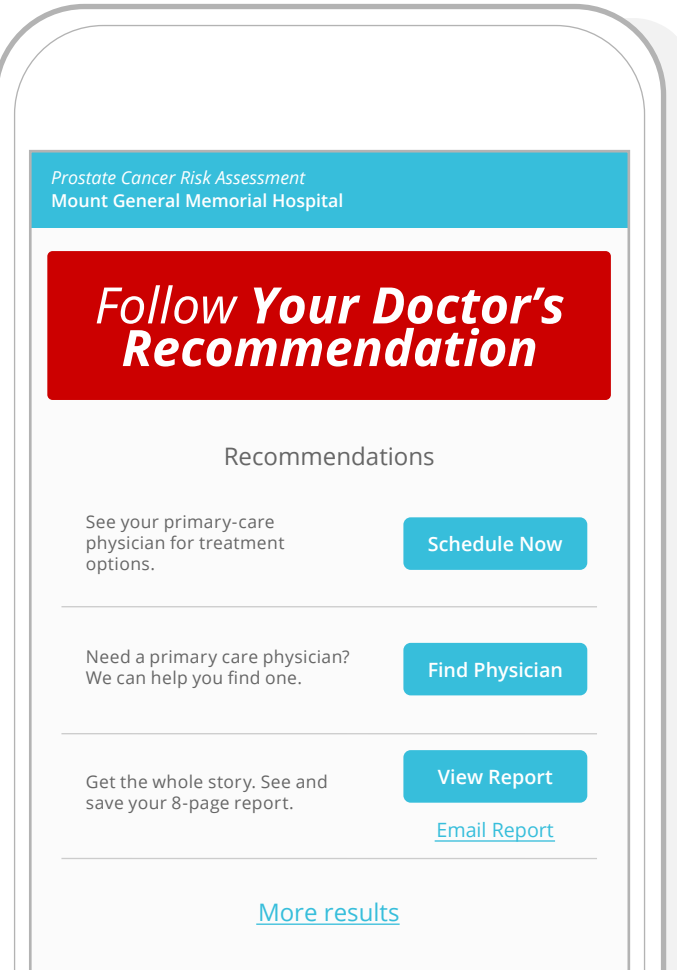
SPECIALIST FOLLOW UP

The importance of understanding and following treatment and any future screening plans as recommended by their healthcare provider.

Address any questions the man has regarding treatment and screening plans.

OTHER CONSIDERATIONS

Men in this category have indicated they have been diagnosed with prostate cancer and may be in any stage of treatment or post-treatment. It is assumed they have a relationship with and have discussed future screening plans with their healthcare provider as part of their overall treatment plan.





PROSTATE CANCER RISK ASSESSMENT

HAS EXISTING SCREENING PLAN

GOAL: MAINTAIN RELATIONSHIP WITH PRIMARY CARE



RESULT EXPLAINED

Men in this group have indicated they have previously been screened for prostate cancer or have discussed screening options with their healthcare provider.



EXAMPLE PERSONA

John is a 48-year-old Asian man who has been discussing when to start screening for prostate cancer (PCa) with his primary care provider since turning 45.

Since he has no close relatives diagnosed with PCa, his healthcare provider has recommended John should decide if he wants to start prostate cancer screening at age 50.



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

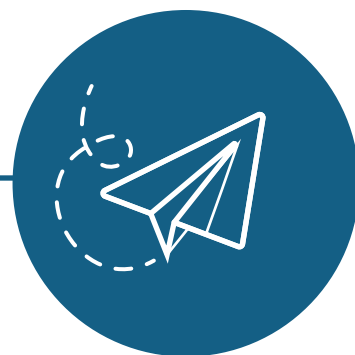
- Maintaining relationship with PCP and following established plans for PCa screening



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- That PCa is very common, all men are at risk, and the risk increases with age
- How knowing their family history of PCa may help determine their risk
- That genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk
- That screening for PCa has several risks, and risks often outweigh benefits in men older than 69



PRIMARY CARE FOLLOW UP

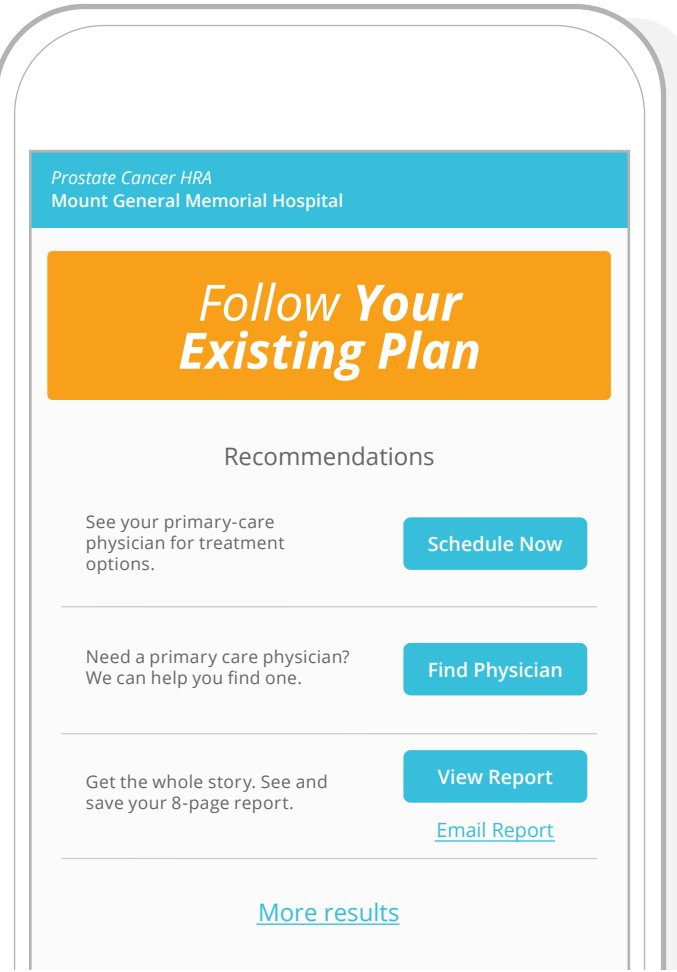
Discuss the possible risks and benefits of screening for prostate cancer. Address any questions the men have from the questions included in the Results Report.

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

OTHER CONSIDERATIONS

Men in this category have indicated they have not been diagnosed with prostate cancer.





PROSTATE CANCER RISK ASSESSMENT

DISCUSS SCREENING OPTIONS

GOAL: SCHEDULE ANNUAL PHYSICAL WITH PRIMARY CARE



RESULT EXPLAINED

Men in this category meet one of these requirements:

- Age 50 or older
- African American ethnicity and age 45 or older
- Non African American ethnicity, age 45 or older AND have one close family member with a PCa diagnosis before age 65
- Non African American ethnicity, age 40 or older AND have two or more close family members with a PCa diagnosis before age 65



EXAMPLE PERSONA

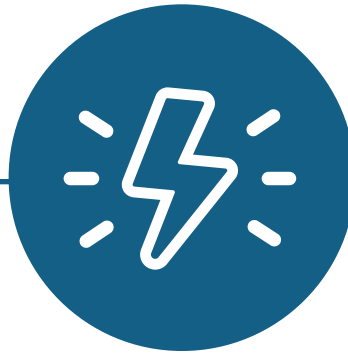
Marco is a 45-year-old Hispanic man. His father was recently diagnosed with prostate cancer at age 64.

He takes the Prostate Cancer Risk Assessment and learns that he may want to start screening for PCa sooner rather than later. He decides to schedule an appointment to discuss his options with his healthcare provider.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on scheduling an appointment.



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and explain why screening may be recommended
- Encourage annual physical and/or genetic evaluation



FOLLOW-UP EMAILS

Customize your follow-up email content to explain that:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



PRIMARY CARE FOLLOW UP

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

NO

GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

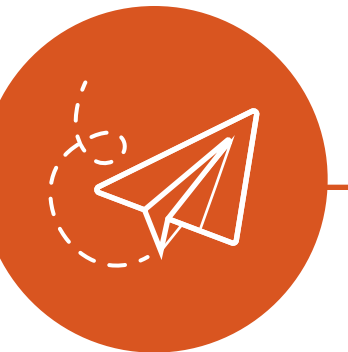
- Finding a doctor
- Scheduling an appointment



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Find a primary care physician and set up an appointment
- Review the results report with them and explain why screening may be recommended
- Explain that changes to their family history or health history may change when they should discuss PCa screening
- Encourage annual physicals



FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



PRIMARY CARE FOLLOW UP

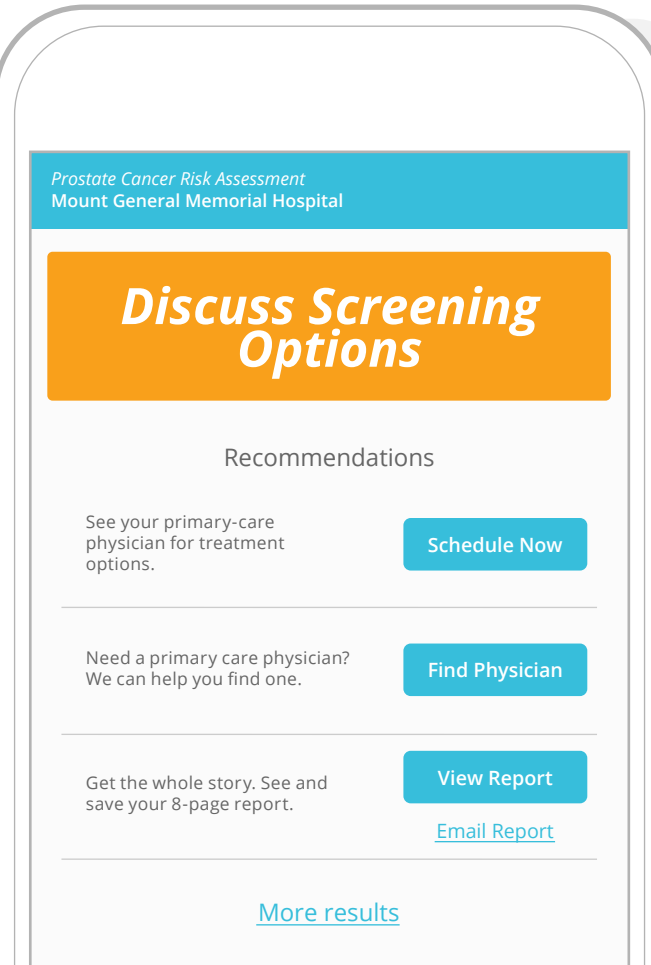
Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

OTHER CONSIDERATIONS

Men in this category have indicated they have not been diagnosed with prostate cancer.

They have also indicated they have not previously been screened for PCa and have not yet discussed a screening plan with a healthcare provider.





PROSTATE CANCER RISK ASSESSMENT

DISCUSS SCREENING OPTIONS AT AGE 40

GOAL: DISCUSS THE RISKS OF SCREENING FOR PROSTATE CANCER



RESULT EXPLAINED

Men in this category meet these requirements:

- Non African American ethnicity, under age 40 AND have two or more family members with a PCa diagnosis before age 65



EXAMPLE PERSONA

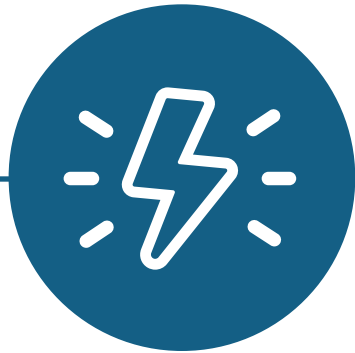
Steve is a 31-year-old Caucasian man. Steve's 63-year-old father was recently diagnosed with prostate cancer. His 66-year-old uncle was diagnosed with PCa 5 years ago.

Because of his family history, Steve finds and takes the Prostate Cancer Risk Assessment. Based on his results, he decides to ask his healthcare provider if he should begin screening for PCa at age 40.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL-TO-ACTION MESSAGES

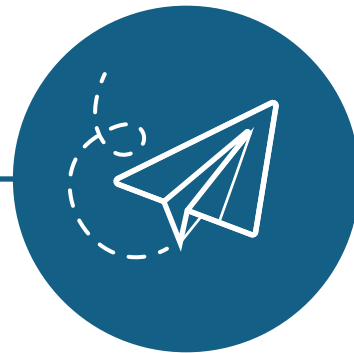
Focus Call to Action (CTA) messaging in the follow-up section of portal on scheduling a physical.



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and explain why screening isn't recommended after age 69
- Explain that the tests to look for PCa carry risks that may be greater than their risk of PCa
- Encourage annual physicals



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The importance of knowing family history of PCa to better understand their risk
- That screening for PCa has several risks, and risks tend to outweigh benefits in men older than 69



PRIMARY CARE FOLLOW UP

Discuss their PCa risks and any remaining questions about screening for prostate cancer. Refer men at high risk for genetic evaluation, when appropriate.

NO

GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

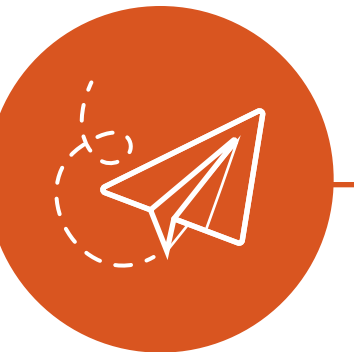
- Finding a doctor
- Scheduling a physical



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Find a primary care physician and set up an appointment
- Review the results report with them and explain why screening isn't recommended after age 69
- Explain that the tests to look for PCa carry risks that may be greater than their risk of PCa
- Encourage annual physicals



FOLLOW-UP EMAILS

Customize your follow-up email content to explain:

- The value of regular physicals
- The importance of knowing family history of PCa to better understand their risk
- That screening for PCa has several risk factors, and risks tend to outweigh benefits in men older than 69

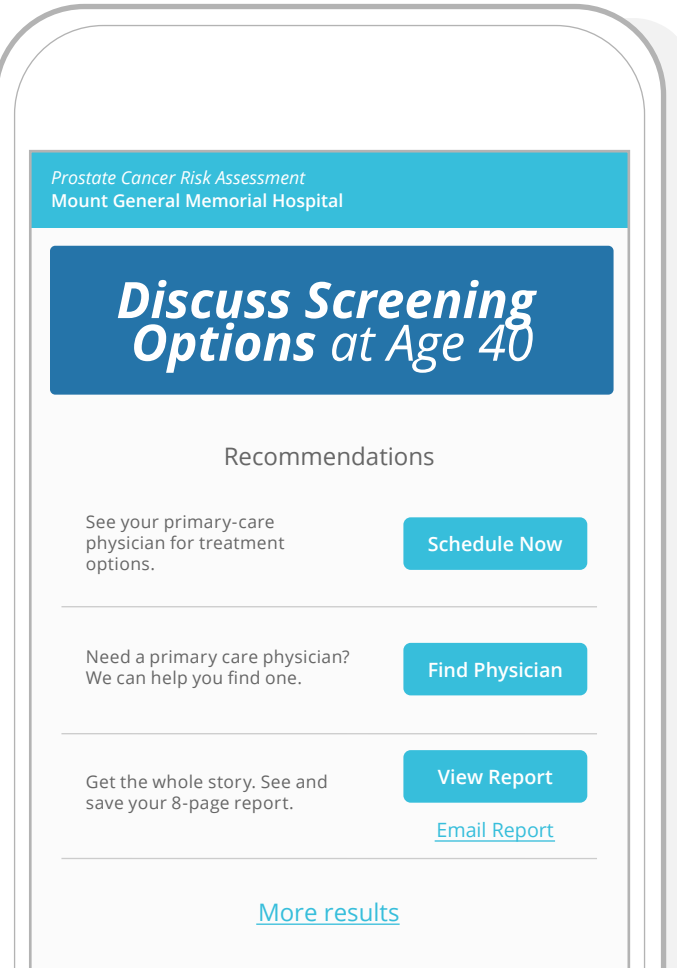


PRIMARY CARE FOLLOW UP

Discuss their PCa risks and any remaining questions about screening for prostate cancer. Refer men at high risk for genetic evaluation, when appropriate.

OTHER CONSIDERATIONS

Men in this category have indicated they have not been screened previously and have not yet discussed a screening plan with a healthcare provider.





PROSTATE CANCER RISK ASSESSMENT

DISCUSS SCREENING OPTIONS AT AGE 45



RESULT EXPLAINED

Men in this category meet one of these requirements:

- African American ethnicity and under age 45
- Non African American ethnicity, under age 45 AND have one close family member with a PCa diagnosis before age 65



EXAMPLE PERSONA

Sam is a 43-year-old African American male in good health. He has no known family history of prostate cancer, but is curious to know when or if he should be screened. Since he does not have a primary healthcare provider, he finds the Prostate Cancer Risk Assessment online.

Sam was suprised to learn that his ethnicity puts him at higher risk for PCa and decides to schedule time with a healthcare provider to discuss his options should he decide to start screening at age 45.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL-TO-ACTION MESSAGES

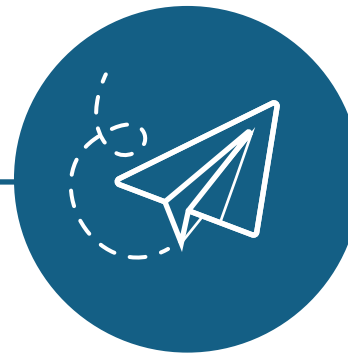
Focus Call to Action (CTA) messaging in the follow-up section of portal on scheduling an appointment.



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and explain why screening may be recommended
- Encourage annual physical and/or genetic evaluation



FOLLOW-UP EMAILS

Customize your follow-up email content to explain that:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening\
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



PRIMARY CARE FOLLOW UP

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

NO



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

- Finding a doctor
- Scheduling an appointment



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Find a primary care physician and set up an appointment
- Review the results report with them and explain why screening may be recommended
- Explain that changes to their family history or health history may change when they should discuss PCa screening
- Encourage annual physicals



FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



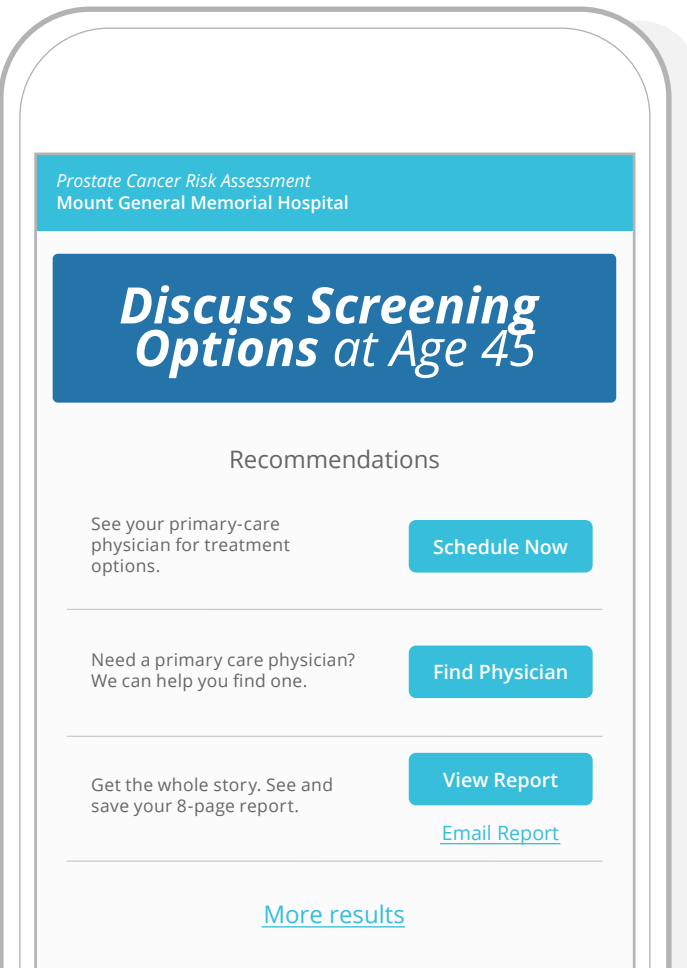
PRIMARY CARE FOLLOW UP

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

OTHER CONSIDERATIONS

Men in this category have indicated they have not been screened previously and have not yet discussed a screening plan with a healthcare provider.





PROSTATE CANCER RISK ASSESSMENT

DISCUSS SCREENING OPTIONS AT AGE 50

GOAL: SCHEDULE ANNUAL PHYSICAL WITH PRIMARY CARE



RESULT EXPLAINED

Men in this category meet these requirements:

- Non African American ethnicity, under age 50 AND no known family history of PCa



EXAMPLE PERSONA

Jude is a 47-year-old Caucasian male who is very active and fit. He takes the Prostate Cancer Risk Assessment just out of curiosity.

Jude has no known family history of prostate cancer (PCa), so he doesn't think he's at risk.

After completing the assessment, Jude learns that all men have a risk of developing PCa. Jude also learns that he needs to talk to his doctor about screening for PCa in 3 years, when he turns 50.



DOES THE USER HAVE A PRIMARY CARE PHYSICIAN?

YES



CUSTOMIZED CALL-TO-ACTION MESSAGES

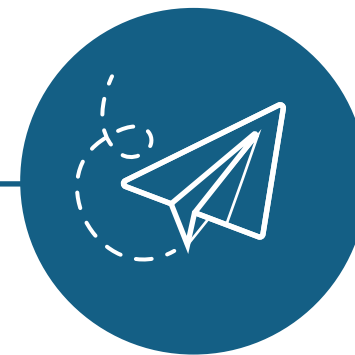
Focus Call to Action (CTA) messaging in the follow-up section of portal on scheduling an appointment.



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Review the results report with them and explain why screening may be recommended
- Encourage annual physical and/or genetic evaluation



FOLLOW-UP EMAILS

Customize your follow-up email content to explain that:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



PRIMARY CARE FOLLOW UP

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

NO

GOAL: CREATE A RELATIONSHIP WITH A PRIMARY CARE PHYSICIAN



CUSTOMIZED CALL-TO-ACTION MESSAGES

Focus Call to Action (CTA) messaging in the follow-up section of portal on:

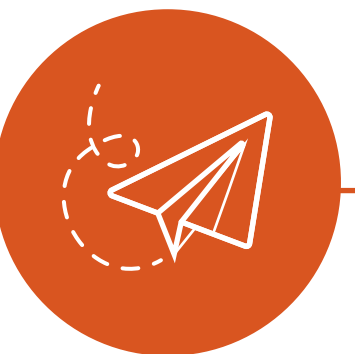
- Finding a doctor
- Scheduling an appointment



PHONE CALL FOLLOW UP

Follow up with users by phone call to:

- Find a primary care physician and set up an appointment
- Review the results report with them and explain why screening may be recommended
- Explain that changes to their family history or health history may change when they should discuss PCa screening
- Encourage annual physicals



FOLLOW UP EMAILS

Customize your follow-up email content to explain:

- PCa is very common, all men are at risk, and the risk increases with age
- Changes to their family history or health history may change when they should discuss PCa screening
- Explain that genetic information can help men, their immediate family, and their other relatives better estimate their PCa risk



PRIMARY CARE FOLLOW UP

Refer men with the following family history for a genetic evaluation, as appropriate:

- Two or more men with PCa in an immediate family
- Any PCa diagnosed before age 56
- Multiple primary cancers in family
- A known gene variant in the family
- Three generations in a row with PCa

OTHER CONSIDERATIONS

Men in this category have indicated they have not been screened previously and have not yet discussed a screening plan with a healthcare provider.

