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TITLE: Study of prostate cancer screening and mortality in black and white men in the five Atlanta area SEER counties

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CONTRACTING ORGANIZATION: Morehouse School of Medicine
Atlanta, Georgia 30310-1495

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13. ABSTRACT *(Maximum 200 Words)*

A case-control study is being implemented in the Five Metropolitan Atlanta SEER Counties to determine if screening with the prostate specific antigen and the digital rectal examination reduce mortality from prostate cancer in black and white men. 566 Prostate cancer death (221 Blacks and 345 Whites of the required sample of 170 Black and 280 White men)occurring to residents of the five counties during 1998-2001 have been identified, reviewed, and linked to the hospital(s)of prior treatment. IRB and access to medical records have been requested and approved from 18/19 different institutional and hospital IRBs. Two physicians with MPH degrees have been hired to provide the staff support(one is a post doctoral fellow). A medical abstract form has been developed, tested and is being used. A total of 119 medical charts of 219 made available for review from the 5 largest hospitals have been completed. Records of the Georgia Cancer Registry that includes already abstracted data on the same subjects are being reviewed. The project is progressing well given the fact that the IRB approval process has been labor intensive and time consuming but necessary. Efforts and arrangements are being made to expand the geographic area to include 23 urban and rural counties in North Central Florida.

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Table of Contents

Study of Prostate Cancer Screening and Mortality Among Black and White Men
In the Five Atlanta Area SEER Counties

I. Introduction

Prostate cancer is the leading cause of cancer morbidity and the second leading cause of cancer mortality among U.S. men, and is projected to account for an estimated 189,000 (30%) new cases and 30,300 (11%) deaths in the year 2002 (1). The significant decreases in mortality and incidence that occurred since 1992 and have continued to the present, primarily among white men, have been attributed to increased awareness of the disease and efforts in early detection. African American men have the highest incidence and mortality rates in the world and continue to experience significantly higher incidence and twice as high death rates as whites in the U.S. The disparity in morbidity and mortality between African American and white men in the U.S. has not been adequately studied or explained, although it is generally believed that a number of factors are responsible, including stage at time of diagnosis and accessibility to health care (1).

There is a great deal of controversy surrounding the interpretation of existing epidemiological and clinical evidence.Expert groups recommendations regarding the age, frequency and the necessity for the use of the Prostate Specific Antigen (PSA) and the Digital Rectal Examination (DRE) for mass screening in the general population as a public health policy remain conflicting and controversial. Results from large scale randomized controlled trials conducted by the National Cancer Institute and the European Union, necessary to document the benefits of screening through reduction in mortality, will be available in few years. Meanwhile, a number of case-controlled studies, including the present study, are underway to determine if screening with the PSA and DRE reduce mortality from Prostate Cancer.

II. Body

Objectives/Hypothesis: the objectives of this study is to provide much needed data on the efficacy of screening for prostate cancer using observational case-control methodology while awaiting the results of randomized controlled trials and to explain the black white disparity in mortality from prostate cancer. The hypothesis to be tested is that the frequency of screening tests (PSA and DRE) should be higher in the general population, as represented by a control group, than in the group of men who die from prostate cancer.

Specific Aim: Is to determine if screening with the PSA and DRE reduces mortality from prostate cancer.

Study Design: To accomplish this aim and test the hypothesis, a case-control study was planned and is being conducted in the 5 SEER Atlanta Georgia counties with access to or with an automated linkage to death certificates. The frequency of PSA and DRE screening prior to the diagnosis of prostate cancer will be compared between a sample of 450 men (170black& 280 white) who died from prostate cancer in the five counties during the 2-4 year 1998-2001 period and a sample of 450 control men (170black and 280 white) who did not die from prostate cancer. Deaths will be ascertained directly from the SEER Registry a nd t he G eorgia Department of Public Health. The hospital based cases and controls will be frequency matched by race, age, sex, and county of residence.

Death records will be systematically linked to hospital records using seven identifiers: name, Social security #, date of birth or age, date of death, race, and county of death and residence. Hospital, physician and laboratory records will be reviewed to assess the frequency of DRE and PSA tests in cases and controls for a period of 12 to 14 years prior to the date of death of the case and to include the exposure period prior to the reference date of diagnosis of the case.

The Odds Ratio with 95% C.I. will be used for overall comparisons and within subgroups defined by risk factors and adjusted for co-morbidity. Logistic regression will be used to generate summary odds ratios adjusted for Co-variates.

III. Key Research Accomplishments

Key research accomplishments are based on progress made relative to each of the items listed under Tasks 1-5 in the Statement of Work that follows and submitted as part of the Proposal.

Statement of Work

Task 1. Personnel Recruitment/Arrangements, Months 1-4:

a. Prepare paper work, position description and advertisement.

Completed in a timely fashion.

b. Hire and train data abstractor(s).

Two key personnel were hired on the Project. Yassa Nadjakani, M.D., M.P.H. was hired as Project Coordinator on October 1, 2001 and Celestine Kiki, M.D., M.P.H. was hired as Post doctoral Fellow on November 5, 2001. Both are involved with the Principal Investigator in all aspects of the project including IRB approval and Hospital arrangements, form development, abstracting and data collection. There remains open the positions of Data Abstractor and One Post Doctoral Fellow. These will be filled as needed. A Report on Dr. Kiki'e Progress to date as a Post Doctoral Fellow appears in Appendix B.

c. Finalize arrangements with Tumor Registries, the Health Departments, Hospitals, Laboratories, Urologists, and Primary Care Providers.

Arrangements have been made and completed with the Tumor Registries at the Georgia Department of Human Resources and the Georgia Cancer Registry which includes the NCI sponsored SEER Registry. Arrangements have also been made with all the hospitals in the Metropolitan Atlanta which admit residents from the 5 SEER Counties of Clayton, Cobb, Dekalb, Fulton, and Gwinnett. It is too early to begin to contact laboratories, urologists and primary care providers. This process bein once cases and controls have been identified and their medical charts abstracted.

d. Obtain death certificates lists and all other materials from the State Health Departments and Tumor Registries.

Listing of all prostate cancer deaths have been obtained from the Georgia Department of Human Resources and the Georgia Cancer Registry that includes the SEER Registry for the years 1998, 1999, and 2000. Data for the year 2001 is forthcoming and has not been available yet.

Task 2. Sample Size Determination and Power Calculations, Months 1-4:

a. Review Georgia State Department of Health mortality records and registry data for 1999-2000 (expanded to include 1998-2001) to determine the number of men dying from prostate cancer.

The following table summarizes the prostate cancer mortality data obtained from the Georgia Department of Human Resources and the Georgia Cancer Registry. We expanded the initial 2 year period 1999-2000 to the four year period 1998-2001 to assure adequate sample size.

Table 1
Prostate Cancer Mortality in the 5 Metro Atlanta SEER Counties
1998, 1999, 2000, 2001*
By Race

Counties	1998		1999		2000		2001		Totals		Grand Totals
	Black	White	Black	White	Black	White	Black	White	Black	White	
Clayton	4	11	4	1	1	4			9	16	25
Cobb	3	33	6	21	5	26			14	80	94
Dekalb	24	32	17	22	17	27			58	81	139
Fulton	58	33	57	45	19	20			134	98	223
Gwinnett	1	23	3	26	2	21			6	70	76
Totals	90	132	87	115	44	98			221	345	566

* Data for 2001 will be provided soon

The 221 black deaths and 345 white deaths exceed the needed sample of 170 blacks and 280 whites projected for adequate power.

b. Determine the adequacy of sample size projected in the proposal.

The Sample size of 450 men 170 black and 280 white appear adequate at this time. Inclusion of 2001 death will provide additional 35-40 blacks and 80-90 white deaths.

Task 3. Modify and Pre-test Medical Record Review Form, Months 2-4:

a. Modify, pretest, refine and finalize the medical record review forms found in the appendix.

The Medical Record Review forms developed, pretested and used in the Carolina Prostate Cancer Screening Study (CPCSS) n which is funded by the American Cancer Society and being conducted by Paul Godley of the University of North Carolina Division of Hematology and Oncology has been adopted by this project, slightly modified and used. See Form in Appendix A.

b. IRB packages will include the final medical record review forms and protocol with sampling and data collection strategies and final sample size estimates.

IRB approval has been obtained from almost all of the participating hospitals with the exception of Northside hospital were access to medical records has been denied. Table 2 provides the detailed information regarding the Hospital/INstitutional IRB approval process and status:

Table 2
Study of Prostate Cancer Screening and Mortality In Black and White
Men in Five Atlanta Area SEER Counties
Hospital/Institutional IRB Approval Status

Hospital/ Institution	Telephone	IRB Contact	IRB Status	Date Approved
Morehouse School of Medicine	404-752-1973 404-752-1711	John Smith, M S W Ralph Trottier, PhD, JD	Approved	11/16/2000 Revised 1/23/2001
Georgia Department Human Resources	404-657-1453 404-657-5254	Margaret Palli Exec. Sec. Allan Goldman, member	Approved Incorporated changes in Consent Form	2/20/2001 Revised Letter received 8/9/2001
US Army M.R.M. Command	301-619-6987	Maryann Pranulis		Grant Awarded 9/24/2001
V.A.M.C.	404–321-6111 X2512	Emory HIC Matthew Howard	Approved/ Emory Submitted 8/7/01 8/16/01 (directly)	8/15/2001 letter received 12/6/01
Crawford Long Hosp.	404-727-5646 Dr. Bennett (Local) Special Forms	Emory HIC	Approved/Emory. Submitted 8/7/01	8/15/2001 letter received 12/6/01
Cobb Hospital & Med Center	770-732-4000 770-739-3495	Accepts MSM IRB Approval	Approved Submitted letter 8/8/01 to access	11/16/2000 Revised 1/23/2001
Decatur Hospital	404-501-6100 Richard Schmidt Exec. Director	Accepts Dekalb Med Center IRB Approval	Approved Submitted 8/23/01	9/07/2001
Dekalb Med Center	404-501-1000 Special Forms(7:00) Local Investigator	Robert C. Jerris, PhD Chair, IRB	Approved Submitted 8/23/01	9/07/2001
Emory Univ Hospital	404-727-5646 Local Investigator	Emory HIC www.Emory.Edu/WHSC/MED/HIC	Approved Submitted 8/7/01	8/15/2001 Letter received 12/6/01

Atlanta Med Center	404-265-3592 local Investigator	Carol Ehlban Dr. Saltzman, IRB Chair	Approved Submitted 8/8/01 to access	11/8/2001 with 4 specifications
Grady H.S.	404-616-4360 Local Investigator Dr. Bennett	Accepts MSM	Approved Submitted 8/8/01; Approval on 10/2/2001	11/16/2000 Revised 1/23/2001
Gwinett Med Center	678-442-3288 Local Investigator	Polly Dormyny	Not submitted	To mail list of Urologists
Kennestone Hospital	(770)732-4152	Andrea Parson Accepts MSM	Approved Submitted letter 8/8/01 to access	11/16/2000 Revised 1/23/2001
Northside Hospital	(404) 851-6848 NSH 612 Special forms Local Investigator	Shirley S. Elks IRB Data Manager	Denied Approval Submitted 8/7/01 Review 8/28/01	
Piedmont Hospital	(404)605-3638 Submit 4 copies on 9/18/01 for 10/9/01	Emmy Jansen IRB meets quarterly 10/9/2001 meeting	Approved. Submitted 8/14/01	10/9/2001 for one year
St Joseph's hospital	(404)851-5615 Local Investigator	Magi Riley Need full proposal	Approved. Submitted 8/8/01	12/17/01 for one year, letter dated 12/18/01
Shepherd Center	404-352-2020 Dr. Bennett	9/13	Approved. Submitted 8/9/01	10/15/2001 subject receipt n-o-k In.Consent
South Fulton Med Center	404-305-4571	Vicky Blound. Accepts MSM	Approved Submitted letter 8/16/01 to access	11/16/2000 Revised 1/23/2001
Southern Regional Med Center	(770)-991-8334 Require Active Medical Staff Co-Investigator/Sponsor	Karen Rymmyr	Pending IRB App. Submitted 8/15/01	Co-Investigators agree to participate. Awaiting identification of subjects from death records
Wellstar Kennestone	(770)732-4152	Accepts MSM IRB	Approved MSM Submitted letter 8/9/01	11/16/2000 Revised 1/23/2001

Task 4. Access Hospital Lists/Select Controls, Months 4-6:

a. Identify list of hospitals where cases were diagnosed.

Table 3 provides a summary of all participating hospitals and numbers of cases that have been availed and/or abstracted.

Table 3
Study of Prostate Cancer Screening and Mortality In Black and White Men
In Five Atlanta Area SEER Counties
Medical Record Abstracting of Cases
Progress Report
October 20, 2002

Hospital	# of Charts Reviewed	Charts Reviewed Blacks	Charts Reviewed Whites	Number of Charts Requested	Number of Charts Pending Review	Estimated Total Number of Charts
V.A. M.C.	ASAP					

Crawford Long Hosp	13	10	3	16	28	60
Cobb Hospital						
Decatur Hospital						
Dekalb Med Center	7	3	4	27		34
Emory University Hospital	49	4	45			49
Atlanta Medical Center						
Grady H.S.	45	44	1	10		55
Gwinett Medical Center						
Kennestone Hospital						
Northside Hospital						
Piedmont Hospital	5	1	4	17		21
St. Joseph Hospital	ASAP					
Shepherd Center						
South Fulton Med Cntr						
Southern Regional Medical Center						
Wellstar Kennestone						
Totals	119	62	57	70	28	219

b. Finalize arrangements with hospitals for in-site visit.

See Tables 2 and 3 above.

c. Selection of Controls at each hospital.

Not completed, awaits completion of case accrual and abstracting before selection of controls begins

Task 5: Conduct Medical Record Review/Computerize Data Set for Analysis, Months 6-30:

a. Begin data collection on cases and controls from hospitals, physicians and laboratories.

Work in Progress. Please see Table 3.

b. Conduct the medical record review on 450 black and white males prostate cancer deceased cases and their 450 frequency matched age and race male controls.

Work in Progress. Please see tables 3.

c. Ongoing quality control, cleaning and completeness of data.

A sub set of the data abstracted by Dr. Kiki has been re-abstracted by Dr. Nadjakani for quality control. Differences, when noted have been discussed and the data corrected when appropriate. Further, Information abstracted by the Tumor Registry Personnel on prostate cancer cases is being reviewed and serves as a quality control on our own abstracting and providing a useful source to obtain missing information.

d. Computerize completed, cleaned, and validated data and translate into ASCII file format with a data dictionary.

Not applicable .

Task 6. Data Analysis, Months 30-33:

a. Comprehensive analyses of collected data according to statistical procedures outlined in the statistical section of the proposal.

Not Applicable

Task 7. Final Report/Manuscript Preparation, Months 33-36:

a. Preparation of the final report to funding agency and manuscript prepared for publication.

Not Applicable

IV. Reportable Outcomes

Work In Progress no Outcomes to Report.

V. Conclusions

Study is progressing as planned. Only one post doctoral fellow was hired, she and the project director are performing, in part, duties other wise performed by the abstractor.

The Principal Investigator has relocated to the University of Florida at Gainesville. He continues to retain Adjunct Affiliation with Morehouse School of Medicine where the Study is currently housed. The P.I. maintains daily contact with staff through e-mail and telephone exchanges and travels almost weekly to Atlanta and Morehouse School of Medicine to attend to Project needs.

The Principal Investigator plans to expand the Geographic area of the study to include in addition to the 5 Metro Atlanta Counties,23 counties in North Central Florida, that demographically include is diverse population of blacks, whites, rural and urban residents.

IRB approval has been obtained from the University of Florida Health Sciences Center that covers the Shands Health System in North Central Floprida that includes the University of Florida Campuses in Gainesville and Jacksonville. The Chief of the Division of Urology at the University of Florida has agreed to join the project as Co-investigator and has agreed to provide both the urologic expertise and contacts with urologists in North Central Florida. The Florida Department of Health has agreed to provide all needed mortality records. The Florida State Tumor Registry will provide access to any and all prostate cancer data that has already been collected.

The Principal Investigator is currently engaged with Morehouse School of Medicine Administrators and the funding agency in discussions to either transfer the project to the University of Florida and provide Morehouse School of Medicine a subcontract or to leave the Project

at Morehouse School of Medicine and provide the University of Florida a Subcontract. The Executive Dean at Morehouse School of Medicine , E. Nigel Harris, has already provided a letter suppoting the transfer of the project to the University of Florida.

VI. References

1. American Cancer Society Facts and Figure, 2002, ACS, Atlanta, Georgia

VII. Appendices

Appendix A: Study of Prostate Cancer Screening and Mortality: Medical Records Abstract Form

Appendix B: Progress Report, Celestine Kiki, M.D., M.P.H., Post Doctoral Fellow

Appendix A

Study of Prostate Cancer Screening and Mortality in Black and White Men

Nabih R. Asal, Ph.D., Principal Investigator

Medical Record Abstract Form

PD Study Medical Record #:_ _ _ _ _ _ _ _

PROSTATE CANCER DISEASE STUDY
CHART REVIEW FORM

REVIEWER_ _ _

LAST NAME:_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

FIRST NAME:_ MIDDLE INITIAL: _

BIRTH DATE (mm/dd/yyyy): _ _/_ _ _ _

INDEX PROSTATE CANCER DIAGNOSIS DATE (mm/dd/yy) : _ _/_ _/ 19 _ _

DATE 12 MONTHS PRIOR TO DIAGNOSIS (Mm/dd/yy) : _ _/_ _/ 19 _ _

ADMINISTRATIVE

		DATE
01	DATE CHART REVIEW COMPLETED	_ _/_ _/ 20_ _
02	FIRST CHART NOTE (Within one year PRECEDING index prostate cancer diagnosis date)	_ _/_ _/ 19_ _
03	LAST CLINICAL CHART NOTE	_ _/_ _/ _ _

DO NOT DATA ENTER THE INFORMATION AT THE BOTTOM OF THIS PAGE

Chart locations	Vol. #		Reason not reviewed
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________
_ _ _	_	Reviewed: [1] Yes [2] No	______________

PD Study MR #: ___ ___ ___ ___ ___ ___ ___

DEMOGRAPHICS

Marital Status at diagnosis 1=Single 2=Married 3=Separated 4=Divorced 5=Widowed 7=Unclear 8=Not noted		Race/ethnicity 01=White 02=Black 03=Am. Indian 04=Asian or Pacific Islander 50=Other 51=Hispanic 70=Unclear 80=Not noted	
Height (at diagnosis) feet/inches	/	Weight (at diagnosis) pounds	

Code 9/99 for missing height

Code 999 for missing weight

DIAGNOSIS DATE: ___ / ___ / 19 ___

In the 12 months BEFORE prostate cancer diagnosis, was a digital rectal exam (DRE) performed?
1=YES 2=NO 7=Unclear 8 = Not noted |___|

DATE					
Result					
Referral to urologist					

AFTER the date of diagnosis for prostate cancer, was a digital rectal exam (DRE) performed?
1=YES 2=NO 7=Unclear 8 = Not noted |___|

DATE					
Result					
Referral to urologist					

If more than 5 tests, record first three after diagnosis and last two notations.

PSA

In the 12 months BEFORE prostate cancer diagnosis, was a PSA performed?
1=YES 2=NO 7=Unclear 8 = Not noted |___|

DATE					
PSA level					
Referral to Urologist					

1=YES 2=NO 3=Test by Urologist 7=Unclear 8=Not noted

POST DIAGNOSIS PSA LEVELS	Work area to count PSA Lab Results			Data Entry Area for PSA Lab Results			
Time since diagnosis	0 -3.99	4.0 - 9.99	≥ 10**	Total Number of PSAs in Time Period	Number of PSAs 0 - 3.99	Number of PSAs 4 - 9.99	Number of PSAs ≥ 10
0-12 months							
13-24 months							
25-36 months							
37-48 months							
49-60 months							
Year 6-10							
Year 11-15							
Year 16-20							
Year 21-25							
Year 26+							

** ENTER DATE and LEVEL FOR ANY PSAs THAT EXCEED 10

DATE (Year in 4 digits)	LEVEL

THE NEXT TWO PAGES REFER TO **PROSTATE ACID PHOSPHATASE**

In the 12 months BEFORE prostate cancer diagnosis, was an acid phosphatase level obtained?

1=YES 2=NO 7=Unclear 8 = Not noted |___|

DATE					
Result					
Referral to urologist					

1=Yes
2=No
3=Test by Urologist
7=Unclear
8=Not noted

PD Study MR #: ___ ___ ___ ___ ___ ___ ___

POST DIAGNOSIS ACID PHOSPHATASE LEVELS	Work area to count Acid Phosphatase Lab Results			Data Entry Area for Acid Phosphatase Lab Results			
Time since diagnosis	0 -0.8	0.81-1.59	≥1.6**	Total Number of APs in Time Period	Number of APs 0 - 0.8	Number of APs 0.81-1.59	Number of APs ≥ 1.6
0-12 months							
13-24 months							
25-36 months							
37-48 months							
49-60 months							
Year 6-10							
Year 11-15							
Year 16-20							
Year 21-25							
Year 26+							

** ENTER DATE and LEVEL FOR ANY PROSTATE ACID PHOSPHATASE LEVEL THAT EXCEEDS

DATE (Year in 4 digits)	LEVEL

NEEDLE BIOPSY

BEFORE DIAGNOSIS

	1=YES 2=NO 7=Unclear 8=Not noted		
	In the 12 months BEFORE prostate cancer diagnosis, was a needle biopsy performed?		
		IF YES, what was the date?	
		IF YES, what was the result?	
	In the 12 months BEFORE prostate cancer diagnosis, was a second needle biopsy performed?		
		IF YES, what was the date?	
		IF YES, what was the result?	

AFTER DIAGNOSIS

	1=YES 2=NO 7=Unclear 8=Not noted		
	AFTER diagnosis of prostate cancer, was a needle biopsy performed?		
		IF YES, what was the date?	
		IF YES, what was the result?	
	AFTER diagnosis of prostate cancer, was a second needle biopsy performed?		
		IF YES, what was the date?	
		IF YES, what was the result?	

BONE SCAN

BEFORE DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	In the 12 months BEFORE prostate cancer diagnosis, was a bone scan performed?		
			IF YES, what was the date?
			IF YES, what was the result?
	In the 12 months BEFORE prostate cancer diagnosis, was a second bone scan performed?		
			IF YES, what was the date?
			IF YES, what was the result?

AFTER DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	AFTER diagnosis of prostate cancer, was a bone scan performed?		
			IF YES, what was the date?
			IF YES, what was the result?
	AFTER diagnosis of prostate cancer, was a second bone scan performed?		
			IF YES, what was the date?
			IF YES, what was the result?

LYMPH NODE BIOPSY

BEFORE DIAGNOSIS

	1=YES 2=NO 7=Unclear 8=Not noted	
In the 12 months BEFORE prostate cancer diagnosis, was a lymph node biopsy performed?		
	IF YES, what was the date?	
	IF YES, what was the result?	
	IF YES, how many nodes were biopsied?	
	IF YES, how many nodes were positive?	
In the 12 months BEFORE prostate cancer diagnosis, was a second lymph node biopsy performed?		
	IF YES, what was the date?	
	IF YES, what was the result?	
	IF YES, how many nodes were biopsied?	
	IF YES, how many nodes were positive?	

LYMPH NODE BIOPSY - Continued

AFTER DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted		
	AFTER the diagnosis for prostate cancer, was a lymph node biopsy performed?			
			IF YES, what was the date?	
			IF YES, what was the result?	
			IF YES, how many nodes were biopsied?	
			IF YES, how many nodes were positive?	
	AFTER the diagnosis for prostate cancer, was a second lymph node biopsy performed?			
			IF YES, what was the date?	
			IF YES, what was the result?	
			IF YES, how many nodes were biopsied?	
			IF YES, how many nodes were positive?	

ULTRASOUND OF THE PROSTATE

BEFORE DIAGNOSIS

	1=YES 2=NO 7=Unclear 8=Not noted	
In the 12 months BEFORE prostate cancer diagnosis, was a ultrasound of the prostate performed?		IF YES, what was the date?
		IF YES, what was the result?
In the 12 months BEFORE prostate cancer diagnosis, was a second ultrasound of the prostate performed?		IF YES, what was the date?
		IF YES, what was the result?

AFTER DIAGNOSIS

	1=YES 2=NO 7=Unclear 8=Not noted	
AFTER diagnosis of prostate cancer, was a ultrasound of the prostate performed?		IF YES, what was the date?
		IF YES, what was the result?
AFTER diagnosis of prostate cancer, was a second ultrasound of the prostate performed?		IF YES, what was the date?
		IF YES, what was the result?

MRI OF THE PROSTATE
BEFORE DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	In the 12 months BEFORE prostate cancer diagnosis, was a MRI of the prostate performed?		
			IF YES, what was the date?
			IF YES, what was the result?
	In the 12 months BEFORE prostate cancer diagnosis, was a second MRI of the prostate performed?		
			IF YES, what was the date?
			IF YES, what was the result?

AFTER DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	AFTER diagnosis of prostate cancer, was a MRI of the prostate performed?		
			IF YES, what was the date?
			IF YES, what was the result?
	AFTER diagnosis of prostate cancer, was a second MRI of the prostate performed?		
			IF YES, what was the date?
			IF YES, what was the result?

CAT SCAN OF THE PROSTATE
BEFORE DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	In the 12 months BEFORE prostate cancer diagnosis, was a CAT scan of the prostate performed?		IF YES, what was the date?
			IF YES, what was the result?
	In the 12 months BEFORE prostate cancer diagnosis, was a second CAT scan of the prostate performed?		IF YES, what was the date?
			IF YES, what was the result?

AFTER DIAGNOSIS

		1=YES 2=NO 7=Unclear 8=Not noted	
	AFTER diagnosis of prostate cancer, was a CAT scan of the prostate performed?		IF YES, what was the date?
			IF YES, what was the result?
	AFTER diagnosis of prostate cancer, was a second CAT scan of the prostate performed?		IF YES, what was the date?
			IF YES, what was the result?

SURGERY IN THE 12 months PRIOR and ALL TIME AFTER PROSTATE CANCER DIAGNOSIS

Was surgery performed for prostate treatment? 1=YES 2=NO 7=Unclear 8 = Not noted |__|

DATE					
TYPE					

10=TURP or transurethral resection of the prostate **without** lymph node dissection.
20=TURP or transurethral resection of the prostate **with** lymph node dissection.
30= Subtotal/simple prostatectomy **without** dissection of lymph nodes
40= Subtotal/simple prostatectomy **with** dissection of lymph nodes
50= Radical or total prostatectomy **without** dissection of lymph nodes
60= Radical or total prostatectomy **with** dissection of lymph nodes
70= Cystoprostatectomy, pelvic exeneration with or without dissection of lymph nodes
80= Surgery of regional or distance site or nodes ONLY
90= Prostatectomy, NOS, Surgery, NOS
95= Orchiectomy

RADIATION AFTER PROSTATE CANCER DIAGNOSIS

Was radiation given for prostate cancer treatment? 1=YES 2=NO 7=Unclear 8 = Not noted |__|

DATE mm/yy	Body Site 1=prostate 2=spine/back	Type 1=Cobalt 2=Linear 3=other 7=unclear/insuff info 8=Not noted	Dose (Rads)	Vendor (hospital or facility)	Noted Complications

CHEMOTHERAPY AFTER PROSTATE CANCER DIAGNOSIS

Was chemotherapy given for prostate cancer treatment? 1=YES 2=NO 7=Unclear 8 = Not noted |___|

DATE										
TYPE										

HORMONE AFTER PROSTATE CANCER DIAGNOSIS

Was hormone treatment given for prostate cancer treatment? 1=YES 2=NO 7=Unclear 8 = Not noted |___|

START DATE										
STOP DATE										
TYPE										

1= Aldactone
1= Anadron
1= Cyproterone acetate
3= DES
3= estrogen

1= Aminoglutethimide
1= Casodex
1= Cytadren
3= Diethylstilbestrol

1= Flutamide
2= Goserelin
2= Lupron
3= Megestrol
2= Zoladex

1= Glucoscoticolds/cortisone
2= leuprolide (Lupron)
3= Megace
1= nilutaminde

AFTER INITIAL PROSTATE CANCER TREATMENT,

Did cancer in the prostate recur?	1=YES 2=NO 7=Unclear 8 = Not noted	|___|
Did metestatic cancer related to inital prostate cancer occur or recurr?	1=YES 2=NO 7=Unclear 8 = Not noted	|___|

OTHER SYMPTOMS / SIGNS / SIDE EFFECTS / COMPLICATIONS

	Noted before Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	Noted before TUR 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9=N/A	Noted AFTER Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	If after diagnosis: Was this treatment related? 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9= N/A	Date First Noted mm/dd/yy
GI CONDITIONS					
Abdominal/pelvic pain - NOS					
Bowel irritation					
Bowel obstruction					
Constipation					
Diarrhea					
GI upset -NOS					
Nausea or upset stomach					
Proctitis					
Ulcers					
Vomiting					
SKIN CONDITIONS					
Alopecia or hair loss					
Skin - burns					

	Noted before Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	Noted before TUR 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9=N/A	Noted AFTER Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	If after diagnosis: Was this treatment related? 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9= N/A	Date First Noted mm/dd/yy
Skin - rash, eczema,					
Skin - NOS					
GENERAL PROBLEMS					
Cachexia					
Fatigue, loss of energy, weakness					
Fever					
Gynecomastia, enlarged breasts					
Renal or kidney problems, NOS					
Weight loss					
RENAL / URINARY / SEXUAL					
Impotence/sexual dysfunction					
Loss of libido or sexual interest					
Urinary - dysuria					
Urinary - frequency					
Urinary - hematuria					

	Noted before Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	Noted before TUR 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9=N/A	Noted AFTER Dx 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED	If after diagnosis: Was this treatment related? 1=YES 2=NO 7=UNCLEAR 8=NOT NOTED 9= N/A	Date First Noted mm/dd/yy
Urinary - hesitancy					
Urinary - incontinence					
Urinary - nocturia					
Urinary - painful urination					
Urinary - retention					
Urinary - other/NOS					

NO	It is noted specifically in the medical record that the patient DOES NOT have the symptom. etc.
YES	It is noted specifically in the medical record that the patient DOES have the symptom, etc.
Unclear	Code if a) it is reported specifically that unclear whether the symptom is present or b) the report itself is unclear as the whether the patient has the symptom, etc.
Not Noted	No mention is made in the medical record as the whether the patient has or does not have the symptom, etc.
Date First Recorded	Record date symptom first noted in chart; use 99 for any part of date that is unclear. If symptom is "1", "7", "8", or "9", leave blank.

COMORBID CONDITIONS

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
AIDS				
Alcohol Abuse				
Anemia				
ARTHRITIS				
Arthritis, NOS				
Inflammatory Arthritis				
Polymyalgia Rheumatica				
Rheumatoid Arthritis				
Back Pain Disease				
CANCER (list type)				
_____				
_____				
_____				
_____				

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
Cerebrovascular Accident or disease or stroke				
Chest (non-angina) pain				
Coagulopathy				
Deaf/NOS				
Diabetes				
EYE DISEASE				
Blind, NOS				
Cataracts				
Glaucoma				
Macular Degeneration				
GASTROINTESTINAL DISEASE				
Cholecystitis				
Cholelithiasis				
Cirrhosis				

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
Diverticulitis				
Diverticulosis				
GI Hemorrhage				
Hepatitis				
Hiatal Hernia				
Inflammatory Bowel Disease OR Crohn's Disease				
Liver Disease, NOS				
Peptic Ulcer Disease				
Other intestinal, stomach or GI problems, NOS				
Ulcers				
CARDIOVASCULAR OR HEART OR VASCULAR CONDITIONS				
Angina or (Cardiac) Chest Pain				

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
Arrhythmia				
Cardiac Arrest				
Congestive Heart Failure (CHF)				
Deep Vein Thrombosis				
Heart Disease NOS				
Myocardial Infarction				
Hypertension				
Thrombophlebitis				
Transient Ischemic Attack (TIA)				
Valvular Disease				
MENTAL OR NEUROLOGICAL DISEASE				
Alzheimer's Disease				

PD Study MR # _____

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
Dementia				
Depression				
Other Dementia				
Parkinson's disease				
MUSCULOSKELETAL				
Degenerative Joint Disease (DJD)				
Fracture				
Osteoarthritis				
Osteoporosis				
Residual Joint or Skeletal Problem Resulting from Injury/Fall				
Other Pain NOS				
Paralysis				
PULMONARY OR LUNG DISEASE				

CONDITION	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted	PRESENT 1=Current med. management 2=Condition noted, specific report of no med. management, 3=Condition noted, no med mangement mentioned 4=History of condition 5=Condition noted, unknown if hist. of or current 6=Review of system normal, infer absence 7=Unclear/insuff. info 8=Not stated	THERAPY 1=therapy initiated 2=Therapy changed 3=No therapy 7=Unclear/insuff. info 8=Not noted
	12 Months PRIOR to Diagnosis		From Diagnosis to Death or End of Follow-up	
Asthma				
Chronic Bronchitis				
Chronic Obstructive Pulmonary Disease (COPD)				
Emphysema				
GENITOURINARY SYSTEM OR RENAL DISEASE				
Chronic Cystitis				
Kidney (renal) Failure				
Nephritis				
Nephropathy				
Nephrosis				
Thyroid or Glandular Disorders				
Tinnitus or hearing problems				

Appendix B
Celestine Kiki, M.D., M.P.H.
Post Doctoral Fellow
Prostate Cancer Screening and Mortality Study
Progress Report

Celestine Kiki received her M.D. degree from the University of Benin in 1996. She completed and MPH in Epidemiology at the University of Oklahoma School of Public Health in 2001. She was recruited and joined the project on November 5, 2001.

The following are Project and Educational activities that She was engaged in:

She regularly attended the following seminars:

Public Health
Cardiovascular Research Institute
Social Epidemiology Research Division

She attended the following Software Training Classes listed below (offered by Department of Information Technology):

Jan. 14: Class 101-Microsoft PowerPoint Basic.
Jan. 23: Class 102-Microsoft PowerPoint Design.
Jan. 28: Class 103-Microsoft PowerPoint Advanced.
Feb. 4: Class 104-Using Word:Web&Publication Issues.
Feb. 18: Class 202-Photoshop, Scanning,&Fireworks.
Feb. 25: Class 203-Web Basics&HTML.
Mar. 6: Class 301-Dreamweaver.
Mar. 13: Class 401-All Tools.
May 30: Class 105-Word: Administrative Tasks.
May 8: Class 106-Excel Basics.
June 12: Class 107-Access Basics.
July 3: Class 204-Photoshop Intermediate.

She wrote and submitted to the Department of Defense on June 18, 2002 a proposal entitled , "the association talcum powder use, coffee and alcohol consumption and ovarian cancer among women in Metropolitan Atlanta." This was completed in consultation with Drs Asal, (P.I.) Patello P{rofessor of OBGYN and Dr. Lee Caplan (Associate Professor of Community Health and Preventive Medicine (Epidemiologist)

Since June 24, she has been involved performing chart abstractions for the prostate cancer study.
In addition, she is involved in the study of risk factors of ovarian cancer in Johanesburg (South Africa) for Morehouse of Medicine Department of Pediatrics South African Pediatric Elective.

She registerd and plans to attend the Americal Public Health Association Annual Meeting in Philadelphia in November, 2002.