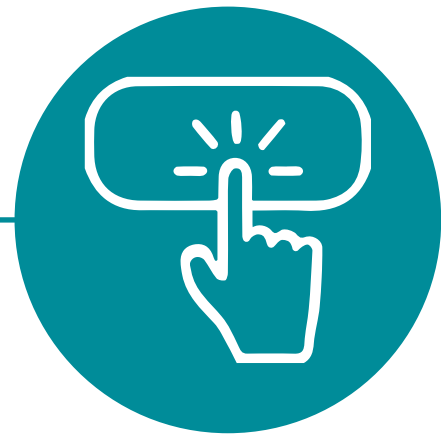
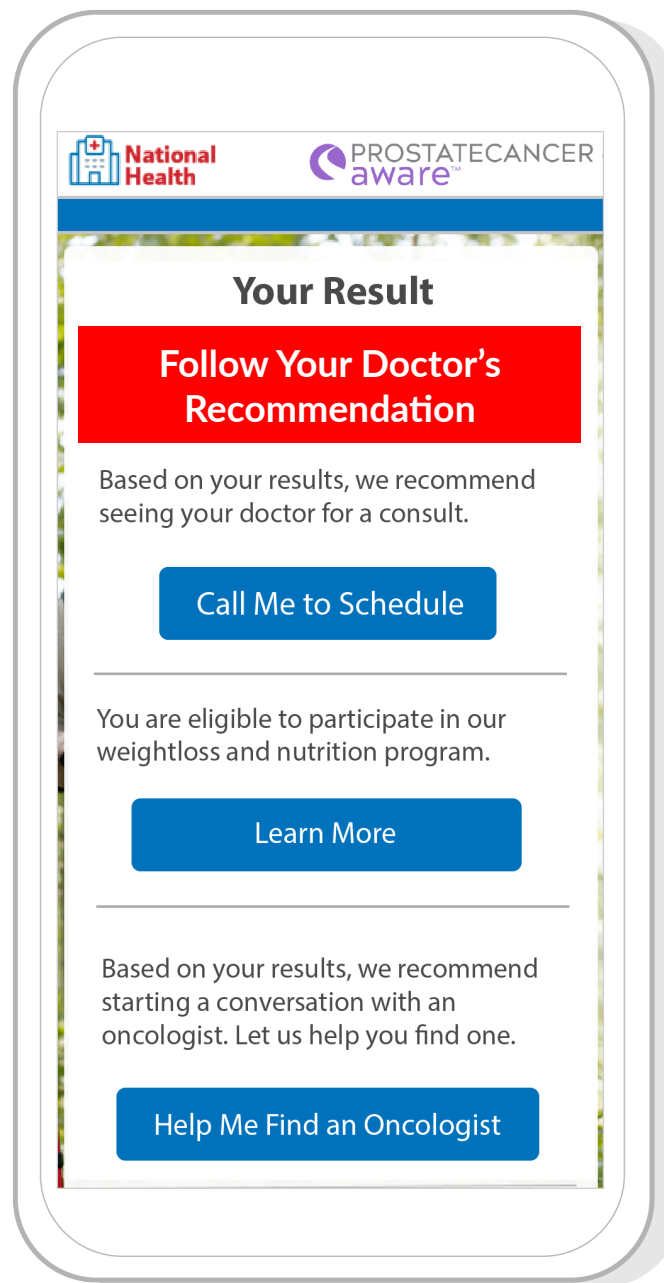


FOLLOW YOUR DOCTOR'S RECOMMENDATION (EXISTING PROSTATE CANCER)

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

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.

GOAL: MAINTAIN RELATIONSHIP WITH SPECIALIST



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.



FOLLOW UP

Follow up with the user as soon as possible to:

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



NURTURING

Customize your nurturing content to explain:

- The importance of following the doctor-recommended treatment and surveillance plan.
- How knowing their family history of prostate cancer 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 prostate cancer 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.



EXAMPLE PERSONA

James is a 68-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.

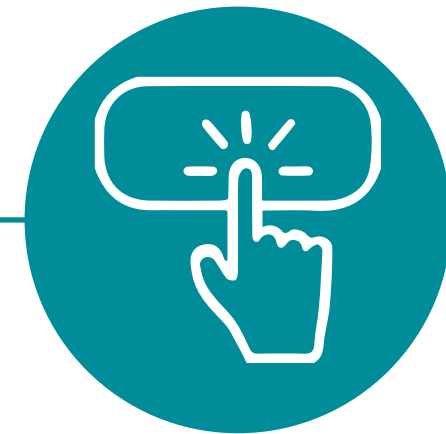
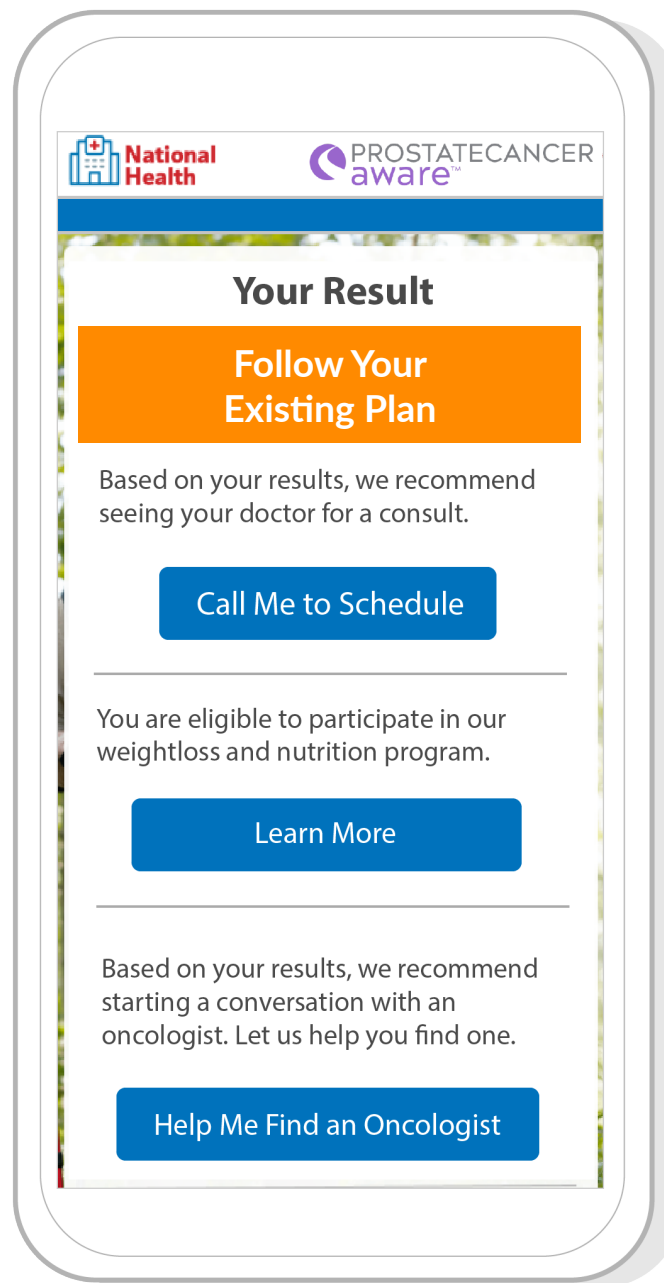
James is aware there are numerous treatment options for prostate cancer. He finds the ProstateCancerAware HRA and learns that most men diagnosed with prostate cancer have a good prognosis. He appreciates the links to online resources. With the information he finds, he has more knowledge to have a discussion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

FOLLOW YOUR EXISTING PLAN

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

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

GOAL: MAINTAIN RELATIONSHIP WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Maintaining a relationship with PCP and following established plans for prostate cancer screening.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the Results Report with them.



NURTURING

Customize your nurturing content to explain:

- That prostate cancer is very common, all men are at risk, and the risk increases with age.
- How knowing their family history of prostate cancer may help determine their risk.
- That genetic information can help men, their immediate family, and their other relatives better estimate their prostate cancer risk.
- That screening for prostate cancer 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 a family history of prostate cancer for a genetic evaluation, as appropriate.



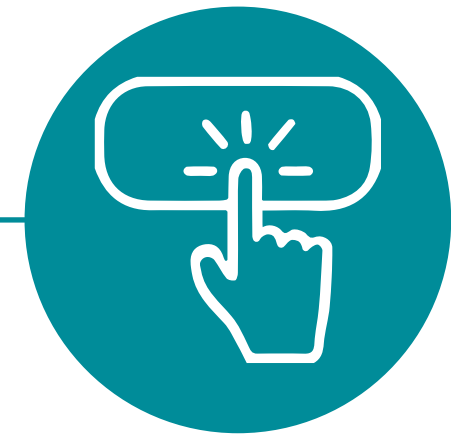
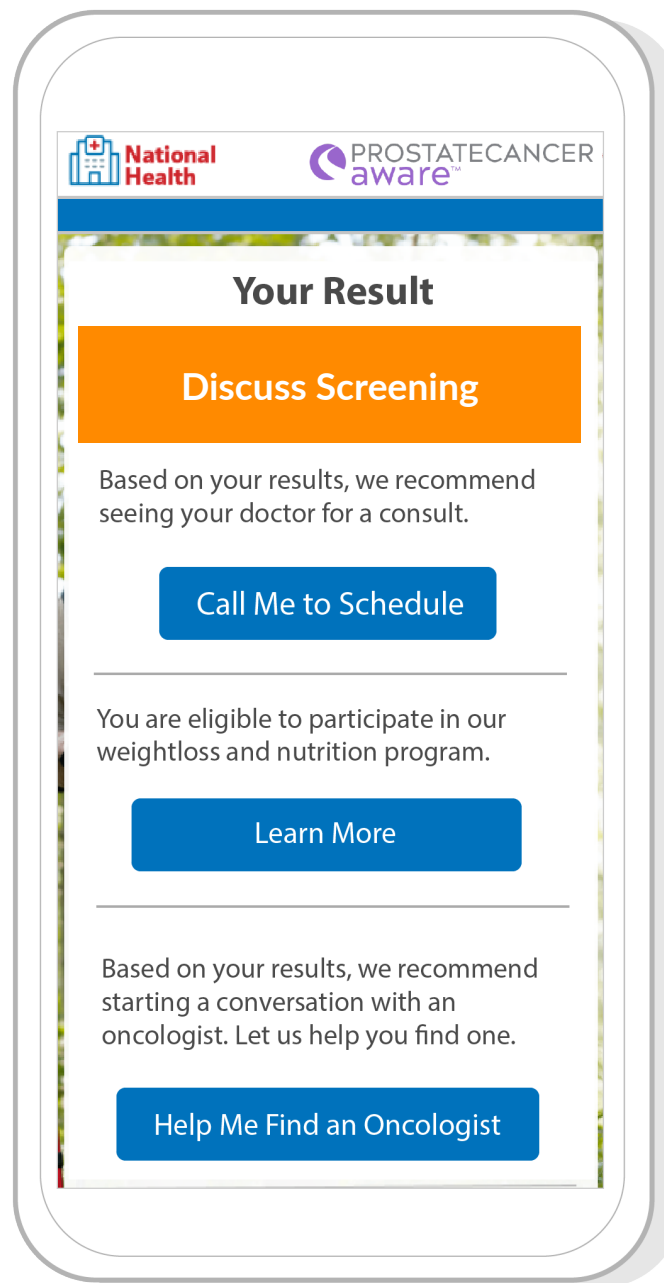
EXAMPLE PERSONA



Sam is a 47-year-old Asian man who has been discussing when to start screening for prostate cancer with his primary care provider since turning 45.

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

GOAL: SCHEDULE ANNUAL PHYSICAL WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Health risk management programs.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the Results Report with them and explain why screening may be recommended.
- Encourage annual physical and/or genetic evaluation.



NURTURING

Customize your nurturing content to explain that:

- Prostate cancer 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 prostate cancer screening.
- Genetic information can help men, their immediate family, and their other relatives better estimate their prostate cancer risk.



PRIMARY CARE FOLLOW-UP

- Refer men with a family history of prostate cancer for a genetic evaluation, as appropriate.

DISCUSS SCREENING

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 prostate cancer diagnosis before age 65
- Non African American ethnicity, age 40 or older AND have two or more close family members with a prostate cancer diagnosis before age 65

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 prostate cancer and have not yet discussed a screening plan with a healthcare provider.

EXAMPLE PERSONA



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

Tony takes the ProstateCancerAware HRA and learns that he may want to start screening for prostate cancer sooner rather than later. He decides to schedule an appointment to discuss his options with his healthcare provider.



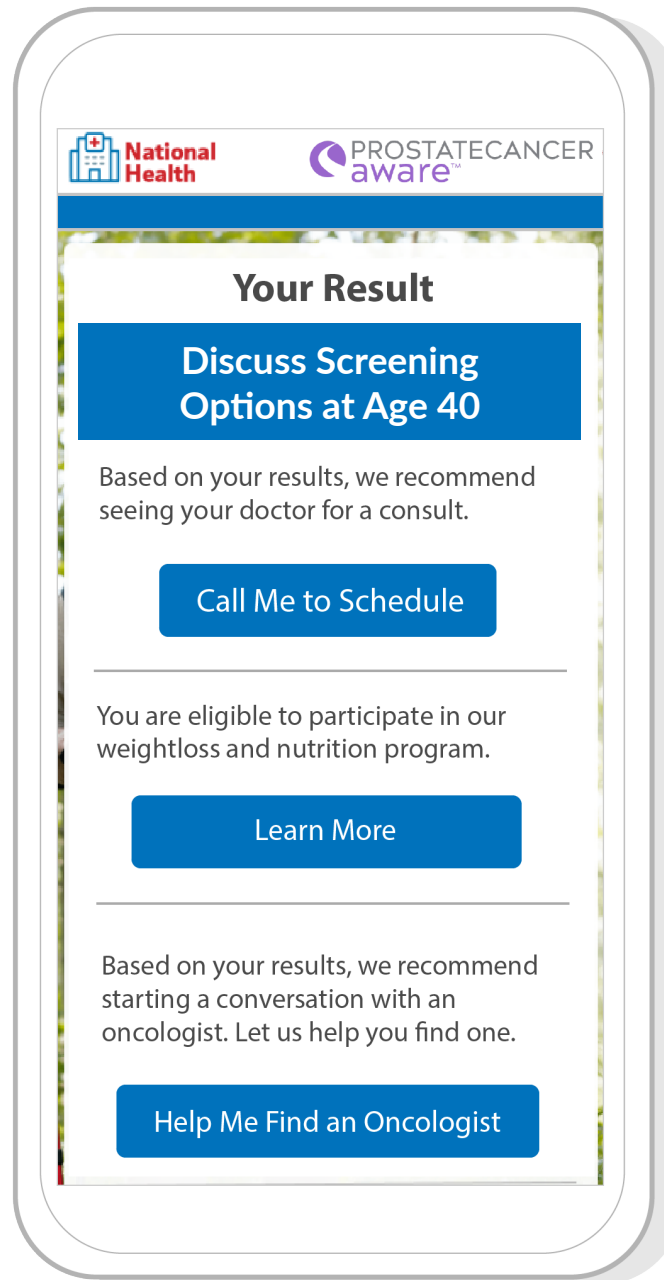
DISCUSS SCREENING OPTIONS AT AGE 40

Men in this category meet these requirements:

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

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

GOAL: DISCUSS THE RISKS OF SCREENING FOR PROSTATE CANCER



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Health risk management programs.



FOLLOW UP

Follow up with the user as soon as possible to:

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



NURTURING

Customize your nurturing content to explain:

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



PRIMARY CARE FOLLOW-UP

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



EXAMPLE PERSONA

Kerry is a 30-year-old Caucasian man. Kerry's 63-year-old father was recently diagnosed with prostate cancer. His 66-year-old uncle was diagnosed with prostate cancer 5 years ago.

Because of his family history, Kerry finds and takes the ProstateCancerAware HRA. Based on his results, he decides to ask his healthcare provider if he should begin screening for prostate cancer at age 40.



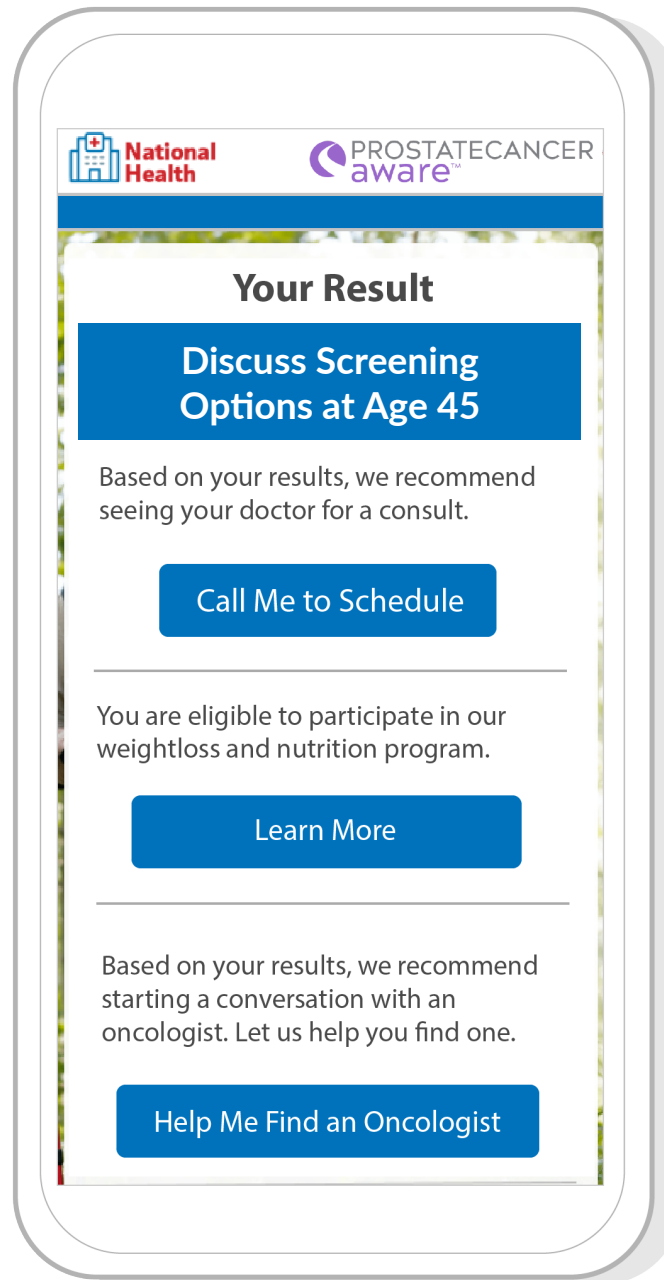
DISCUSS SCREENING OPTIONS AT AGE 45

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 prostate cancer diagnosis before age 65

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

GOAL: SCHEDULE ANNUAL PHYSICAL WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Health risk management programs.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the Results Report with them and explain why screening may be recommended.
- Encourage annual physical and/or genetic evaluation.



NURTURING

Customize your nurturing content to explain that:

- Prostate cancer 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 prostate cancer screening.
- Genetic information can help men, their immediate family, and their other relatives better estimate their prostate cancer risk.



PRIMARY CARE FOLLOW-UP

- Refer men with a family history of prostate cancer for a genetic evaluation, as appropriate.



EXAMPLE PERSONA

Devon is a 41-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 ProstateCancerAware HRA online.

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

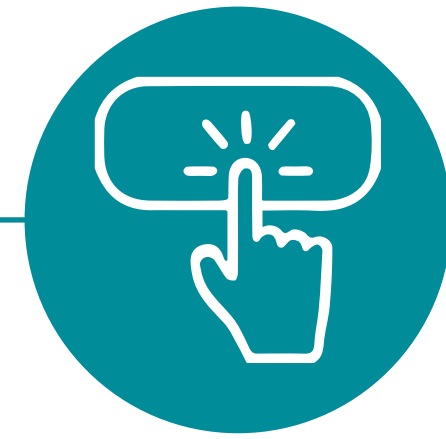
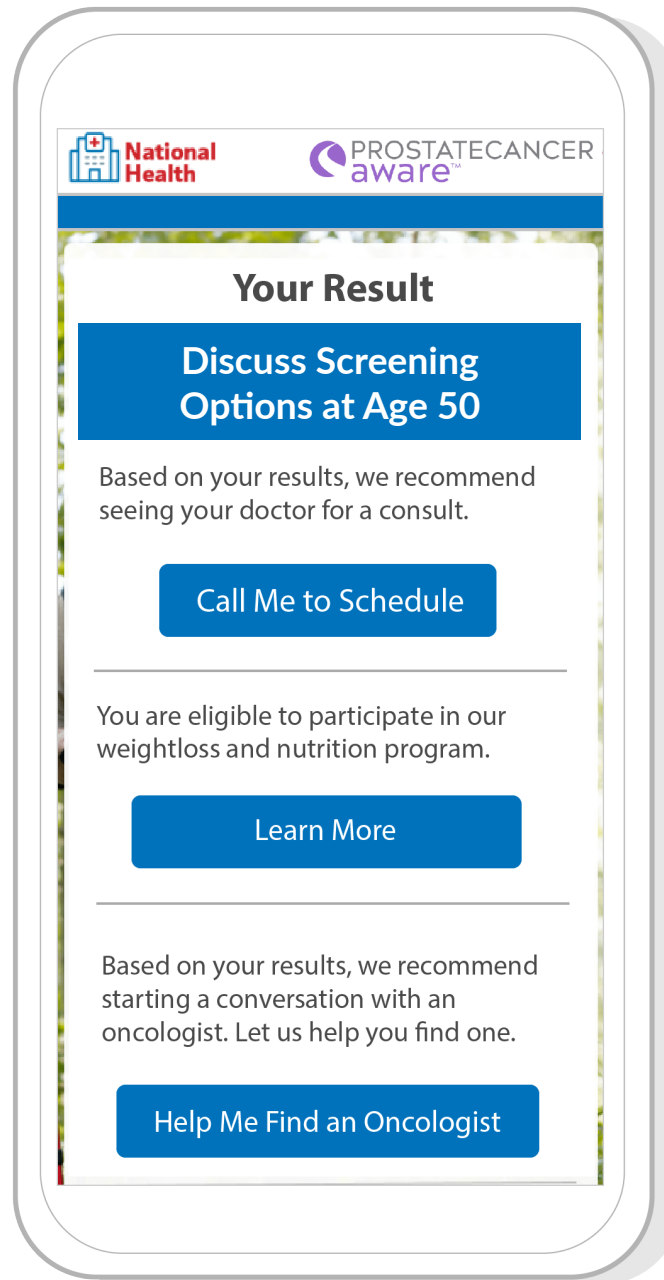
DISCUSS SCREENING OPTIONS AT AGE 50

Men in this category meet one of these requirements:

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

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

GOAL: SCHEDULE ANNUAL PHYSICAL WITH PRIMARY CARE



CUSTOMIZED CALL-TO-ACTION MESSAGES

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

- Appointment scheduling.
- Health risk management programs.



FOLLOW UP

Follow up with the user as soon as possible to:

- Review the Results Report with them and explain why screening may be recommended.
- Encourage annual physical and/or genetic evaluation.



NURTURING

Customize your nurturing content to explain that:

- Prostate cancer 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 prostate cancer screening.
- Genetic information can help men, their immediate family, and their other relatives better estimate their prostate cancer risk.



PRIMARY CARE FOLLOW-UP

- Refer men with a family history of prostate cancer for a genetic evaluation, as appropriate.

EXAMPLE PERSONA



Mark is a 46-year-old Caucasian male who is very active and fit. He takes the ProstateCancerAware HRA just out of curiosity.

Mark has no known family history of prostate cancer, so he doesn't think he's at risk.

After completing the assessment, Mark learns that all men have a risk of developing prostate cancer. He also learns that he needs to talk to his doctor about screening for prostate cancer in 4 years, when he turns 50.

