

UROLOGY

Priority Scoring Tool Descriptor Guide

November 2007

**Does your patient want a confirmation letter? If NO check here:*

The **confirmation letter** question, which is located inside the box at the top of the Priority Criteria Scoring Tool, indicates whether or not the patient would like to receive a confirmation letter once the required procedure has been scheduled. For confidentiality reasons a patient may not wish to receive a confirmation letter. If the patient **does not** want a confirmation letter, please check the box indicating NO.

1. *Score as proven or suspected cancer only if the patient is being treated for a malignancy or if clinical features and investigations include malignancy in differential diagnosis. Please check the box that most accurately describes the patient's current situation:*

- Patient with proven or suspected invasive cancer.
Priority 1 - 95% of surgeries to be performed within 3 weeks
- Patient with proven or suspected indolent cancer.
Priority 3 - 90% of surgeries to be performed within 3 months
- Patient requires a routine screening or follow-up procedure for cancer detection.
A scheduled procedure to be performed within 12 months.

Surgeons are asked to assign cancer surgery patients to one of the above categories based on their assessment of the patient's condition and urgency.

Checking the "Patient with proven or suspected invasive cancer" box puts the patient into Priority Level I (95% of surgeries to be performed within 3 weeks). *It is expected that most cancers will fall into this category.*

Checking the "Patient with proven or suspected indolent cancer" box puts the patient into Priority Level III (90% of surgeries to be performed within 3 months). *An example might be a "low risk" prostate cancer (early stage, low Gleason score, low PSA level where surgery is recommended). Another example might be a "low risk" thyroid cancer.*

Cases should be scored as proven or suspected cancer only if:

- the patient is being treated specifically for a malignancy; or
- clinical features and investigations include malignancy in differential diagnosis.

Procedures performed for staging (to determine the extent of the cancer within the body) should be identified as proven or suspected cancer.

Do not score reconstructive or palliative surgery as proven or suspected cancer. Palliative surgery is done to relieve symptoms, such as pain, in order to improve quality of life. Reconstructive or rehabilitative surgery such as TURP are done to repair an organ or other part of the body and not to diagnose or cure the cancer.

The target time frames for these procedures (and other procedures) are wait-time goals that are used in managing the surgical care system. The surgeon, in consultation with the patient, makes the final determination as to when the surgery takes place in each individual case.

Routine screening or follow-up procedures are typically less urgent procedures that are used to detect cancer. These will usually be patients who are considered to be at risk, but are not suspected to have cancer based on clinical features and investigations. For example, a patient who has finished their course of treatment for bladder cancer may have routine follow-up cystoscopies in order to screen for cancer recurrence.

2. *Usual frequency of painful episodes/ suffering (associated with condition for which surgery is being proposed).*

None	Currently, the patient does not experience pain associated with the condition for which surgery is proposed.
Occasional	The patient experiences occasional episodes of pain associated with the condition for which surgery is proposed once a week or less . Or the patient is aware of a regular trigger that can be avoided .
Often	Patient experiences pain associated with the condition for which surgery is being proposed more than once a week , but pain is not sustained or constant. Or the patient is aware of a regular trigger that cannot be avoided without triggering painful episodes more than once a week.
Constant	Patient is rarely free from pain caused by condition for which surgery is being proposed.

3. *How intense is the pain at its worst?*

Take into account usual duration and intensity, including the need for narcotic vs. non-narcotic medication. In your response, consider how the patient would rate the level of pain on a scale from 1 to 10.

None	Patient pain rating: 0. Currently, the patient does not experience pain and patient has no history of pain associated with the condition.
Mild	Patient pain rating: 1 to 3. Patient usually does not require pain medication .
Moderate	Patient pain rating: 4 to 7. Patient occasionally uses non-narcotic pain medication .
Severe	Patient pain rating: 8 to 10. Patient experiences pain most of the time. Over the past 3 months, patient has had one or more acute episodes of pain.

4. *Potential for organ damage if condition not treated surgically?*

Without surgical intervention, the patient's condition may impact on the healthy function of other organs (i.e., kidney).

None	No organ damage will occur if the surgery is not performed.
Mild	
Moderate	
Severe	Irreversible organ damage will result if the condition is not treated surgically.

5. *Usual intensity of other forms of suffering, identified in the tool.*

Please use the following explanations of pain sensitivity to determine the intensity of suffering.

None	Currently, the patient does not experience other forms of suffering . Patient has no history of other forms of suffering associated with the condition that has necessitated treatment.
Mild	Patient experiences other forms of suffering associated with the condition. Patient has not sought treatment for other forms of suffering associated with the condition.
Moderate	Patient experiences other forms of suffering . Patient has sought treatment for other forms of suffering associated with the condition (e.g., anti-anxiety, anti-depressants, anti-emetic medication). This treatment led to significant improvement.
Severe	Patient intensely experiences other forms of suffering associated with condition. Patient has sought treatment for other forms of suffering (e.g., anti-anxiety, anti-depressant, anti-emetics medication). This treatment did NOT lead to a significant improvement.

6. Degree of impairment in usual activities due to surgical condition.

Refers to impairment in role function (e.g., employment – voluntary or paid, home or yard work) or impairment in social activities (e.g., mobility, visiting friends / family, hobbies).

Not impaired at all / mildly impaired	Currently, the patient can perform all of their daily activities without assistance. They may need to make some minor modifications in their daily routine or for certain tasks.
Able but difficult and / or somewhat impaired	Currently, the patient may need to make moderate adjustments in their daily routine (including limitations in work and recreational activities).
Able but very difficult and at much reduced level	Currently, the patient's activities such as work and recreational activities are significantly reduced , but patient can perform self-care activities of daily living without assistance.
Totally dependent (unable to perform usual activities)	Currently, the patient is unable to perform their usual daily work and recreational activities and requires significant assistance for all tasks , including self-care.

7. Recent history of major complications of condition, or significant physical exam results, or significant test results.

Refers to, for example: cholecystitis, pancreatitis, area of tenderness, palpable mass, anemia, elevated liver enzymes or other complications related to surgical condition. Recent refers to within the previous three months.

No	Patient has not experienced any secondary effects of their condition.
Yes	Patient has experienced secondary effects of their condition.

8. Life expectancy implications of condition without surgery.

Refers to the anticipated life expectancy for patient undergoing surgery. Please score according to what you feel is the most likely scenario (i.e., even if diagnosis is not known). Ignore co-morbidity. If cancer is the most likely diagnosis, numbers 3-5 are most appropriate.

1. Minimal threat to life.	Patient has a condition that poses minimal threat to life expectancy without the proposed surgical procedure.
2. Patient faces somewhat reduced life expectancy.	Patient has a condition that has the potential to be fatal in the next six to ten years without the proposed surgical procedure.
3. Patient faces substantially reduced life expectancy.	Patient has a condition that has the potential to be fatal in the next three to five years without the proposed surgical procedure.
4. Patient has condition that is likely to be fatal between six months and two years.	Patient has confirmed or suspected cancer or other condition that is likely to be fatal between six months and two years without the proposed surgical procedure.
5. Patient has condition that is likely to be fatal within six months.	Patient has confirmed or suspected cancer or other condition that is likely to be fatal within six months without the proposed surgical procedure.

9. *Expected improvement in life expectancy with surgery.*

<p>None</p>	<p>Patient has a condition that is a minimal threat to life expectancy and the surgical procedure is expected to improve the condition but not extend the life expectancy of the patient.</p> <p>OR</p> <p>The patient has a condition that is likely to reduce life expectancy. The surgical procedure is expected to improve the condition or alleviate symptoms but is not expected to positively impact on the life expectancy of the patient.</p>
<p>Minimal</p>	<p>Patient has a condition that is a minimal threat to life expectancy or the patient faces somewhat reduced life expectancy. The surgical procedure is expected to improve the condition and may have a minimal positive impact on the life expectancy of the patient.</p> <p>OR</p> <p>The patient has a condition that is likely to reduce life expectancy or be fatal. The surgical procedure is expected to make a small impact on the life expectancy of the patient.</p>
<p>Moderate</p>	<p>Using the following scale please score as moderate if the planned surgical procedure is expected to impact the life expectancy of the patient by shifting the following scale at least one level in the positive direction (i.e., from 5 to 4).</p> <ol style="list-style-type: none"> 1) Patient has a condition that poses minimal threat to life without the proposed surgical procedure. 2) Patient has a condition that has the potential to be fatal in the next six to ten years without the proposed surgical procedure. 3) Patient has a condition that has the potential to be fatal in the next three to five years without the proposed surgical procedure. 4) Patient has confirmed or suspected cancer or other condition that is likely to be fatal between six months and two years without the proposed surgical procedure. 5) Patient has confirmed or suspected cancer or other condition that is likely to be fatal within six months without the proposed surgical procedure.
<p>Major</p>	<p>Using the following scale please score as major if the planned surgical procedure is expected to impact the life expectancy of the patient by shifting the following scale at least two levels in the positive direction (i.e., from 5 to 3).</p> <ol style="list-style-type: none"> 1) Patient has a condition that poses minimal threat to life without the proposed surgical procedure. 6) Patient has a condition that has the potential to be fatal in the next six to ten years without the proposed surgical procedure. 7) Patient has a condition that has the potential to be fatal in the next three to five years without the proposed surgical procedure. 2) Patient has confirmed or suspected cancer or other condition that is likely to be fatal between six months and two years without the proposed surgical procedure. 3) Patient has confirmed or suspected cancer or other condition that is likely to be fatal within six months without the proposed surgical procedure.