

EVALUATION SUMMARY

Western Section AUA

Thursday, Oct. 30, 2008, 8:00am - 10:20am

Prostate II

	Scale: = POOR / ADEQUATE / EXCELLENT				
	1	2	3	4	5
PROGRAM OBJECTIVES	Total Pts	# Returned	Total Ave Score		
Review treatment options in the adjuvant setting for men at high risk of recurrence following radical prostatectomy.	643	140	4.59		
Describe recent data and indications for adjuvant and salvage radiotherapy after prostatectomy.	634	140	4.53		
Discuss role of cryotherapy in primary and salvage treatment of localized prostate cancer.	643	140	4.59		

OVERALL EVALUATION

Increased Awareness of Subject	650	140	4.64
Will Influence How I Practice	614	140	4.39
Helped Me Improve Patient Care	617	140	4.41
Was Educationally Sound and Scientifically Balanced	645	140	4.61
Avoided Commercial Bias or Influence	633	140	4.52

Points that will influence the way I will practice:

Selection of patients for salvage therapy.

Thermal cooling during RARRP.

Good cutting edge topics.

Focal cryotherapy for prostate cancer.

Active surveillance.

Disagree with salvage cryotherapy.

Use more cryotherapy.

Very much interested in the molecular future of this disease.

Use kattan criteria more in decision making for those points.

Understanding better how to do active surveillance and managing T3a and T3b disease.

Surveillance - not hovering.

N/A except better understanding of cryo for prostate cancer Rx.

May consider prostate cryotherapy.

Offer more cryosurgery.

Use of cryotherapy for primary vs. salvage indications.

Use of criteria for active surveillance of prostate cancer patients.

Adjuvant or salvage therapy following RRP remains controversial and unclear indications and outcomes.

More cryoablation.

Will need to explore further the value of cryotherapy.

Cryotherapy has a better long-term outcome than external beam radiation therapy.

Prevalence of active surveillance.

We have not tried RARP for radiation failure patients yet, but based on Dr. Wilson's data, may consider. We already use cryo salvage prostatectomy.

Think to use adjuvant therapy earlier.

Awareness that patients die regularly no matter what we do or don't do.

Cryo vs. brachy vs. surgery and we need to follow-up.

Consider adjuvant radiotherapy after RP even less.

Date regarding salvage radiotherapy.

Cryotherapy is emerging. The iceman cometh!

Efficacy of salvage options after failed XRT provide options.

Prostate cryoablation.

Cooling device in rectum to spare nerves.

Points that will influence the way I will practice: (CONTINUED)

Expanded my knowledge on cryo as a reasonable therapy.

Consider cryo for low risk disease.

Agree w/Dr. Gill - cryo for radical PCA failures.

Consider entering my patients into the cold registry that I have done cryoablation.

Salvage cryo interesting vs. robotic vp. Will strongly lean towards salvage cryo.

Cryoablation may be on the rise as the new therapy.

Cryo is as good a radiation for treatment of low grade disease.

Salvage robot prostatectomy possible, however must take into account surgical experience w/robot.

Will use PSA prediction measurement in presenting treatment options for patients recurrent disease.

Consider brachy-therapy after failures of external beam.

Salvage cryo better than the salvage RP after failed radiation therapy.

Will refer to active surveillance guidelines for CaP for low risk patients.

Cryo and PT similar in underpowered RCT.

Use more cryoablation.

Bryan Donnelly, M.D. - State of the Art

The presenter demonstrated current knowledge of the topic.	637	140	4.55
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Christopher P. Evans, M.D. - State of the Art

The presenter demonstrated current knowledge of the topic.	620	140	4.43
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Moderators

The moderators guided and enhanced this session.	550	140	3.93
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Comments about moderators:

Not on time.

Good comments.

Good info on active surveillance.

Excellent session.

Quiet.

Excellent lectures and panel.

Too passive.

Dr. So did good job guiding panel discussion.

Nice job.

Low key - soft spoken.

Excellent.

Lead a needed discussion on active surveillance.

Perfect.

Very good.

Comments about speakers/course content:

Dr. Donnelly - really outstanding study.

Well done.

Dr. Evans - WOW!

Helpful - define my ideas - wateful waiting vs. active sensitive.

Good presentations.

Dr. So nice discussion.

Dr. Donnelly had very interesting talk.

Good.

Extremely intelligent.

Excellent review by Dr. Donnelly.

Excellent today.

Comments about speakers/course content: (CONTINUED)

Brilliant work Dr. Evans!

Excellent Content.

Probably the best session of the meeting from an academic standard.

Dr. Donnelly's ability to distill and focus information was excellent!

Excellent lectures and panels!

The last panel was not as focused on surveillance as title suggested - would like full panel on surveillance.

Dr. Evans does a very nice job of distilling a complex subject into understandable pieces.

Great long-term study by Dr. Donnelly.

Great perspective by Dr. Evans.

Good discussion on active surveillance.

One of the best sessions!