# **Appendix E: Sample Abstraction Forms**

Project Title Comparison of Therapies for Clinically Localized Prostate Cancer

Abstraction Form (complete for each article)

Length of stay

**Research question**: How do provider/hospital characteristics affect outcomes overall and differentially (e.g. geographic region and volume)?

#### Study ID (PUBMED) Authors: \_\_\_\_ Reference: Description of Database: Abstractor: \_\_\_\_\_ **VERIFICATION/SELECTION OF STUDY ELIGIBILITY** Language of the publication English Yes No Target population Patients with prostate adenocarcinoma Yes No Combined Stage of cancer Combined I-II Yes Nο **Treatments** Radical prostatectomy Yes No Radiation therapy Yes No Interstitial brachytherapy Yes No Cryosurgery Yes No Expectant management Yes No Hormonal therapy as primary therapy Yes No Provider characteristics Hospital volume Yes No Surgeon volume Yes No Hospital status Yes No Physician specialty Yes No Provider location Yes No Clinical outcomes Mortality Yes No Morbidity Yes No Urinary complications Yes No Long term incontinence Yes No Operational quality indicators Yes No Positive margins Yes No

No

Yes

Put	olication type (mark one)
	Published article
	Administrative report
$\Box$	Dissertation
Ħ	Abstract/Presentation
Ħ	Book/book chapter
ш	Book Book Graptor
Pur	pose/aim of study
ı uı	poscialiii oi study
Des	sign of the study (mark one)
	prospective cohort
	retrospective cohort
П	cross-sectional
一	descriptive study
Ħ	case-control
Ħ	case-series
Ħ	randomized controlled clinical trial
H	
$\vdash$	not randomized clinical interventions
1	ecologic

### ASSESSMENT OF STUDY QUALITY

Score each domain on a scale of 0 (poor, not defined) to 5 (excellent, clearly defined)

- 1. Study question clearly focused and appropriate
- 2. The objectives and primary hypothesis of the study clearly stated
- 3. Description of the target population
- 4. Description and clear definition of the exposure
- 5. Description and clear definition of primary and secondary outcomes
- 6. Validation of the measurements of the exposure
- 7. Validation of the measurements of the outcomes
- 8. The process of the subjects' selection
- 9. The adequacy of the sampling (random selection or not)
- 10. The assessment of selection bias
- 11. Was the sample size justified
- 12. Censoring (when applicable)
- 13. Loss of followup
- 14. Length of followup (when applicable)
- 15. Assessment of possible confounding factors:
- 16. Validity of the measurements
- 17. Matching
- 18. Adjustment
- 19. Standardization
- 20. Measurement of possible effect measure modification
- 21. Reporting of the statistical analysis
- 22. Precision of the reported estimates of the association between exposure and outcomes (95% CI; maximum likelihood test, p value, the ratio of the highest 95% CI to the lowest)
- 23. Comparison of crude and adjusted estimates
- 24. Justification of the used models statistical models
- 25. Assessment of nonlinear associations
- 26. Appropriate multivariate-techniques to adjust for confounding factors (multivariate regression, propensity scores)
- 27. Subgroups analysis Single site vs. multi center study
- 28. Limitations of the study
- 29. The major results of the study
- 30. The appropriate conclusions of the study
- 31. External validity of the study

## Level of evidence of the individual study (mark one)

Interventions:						
<ul> <li>I − Well-designed randomized controlled trial</li> <li>II-1A - Well-designed controlled trial with pseudo-randomization</li> <li>II-1B - Well-designed controlled trial without randomization</li> </ul>						
Observational studies						
□ I-2A - Well-designed cohort (prospective) study with concurrent controls □ II-2B - Well-designed cohort (prospective) study with historical controls □ II-2C - Well-designed cohort (retrospective) study with concurrent controls □ II-3 - Well-designed case-controlled (retrospective)study □ III - Large differences from comparisons between times and/or places □ Y - Opinion of respected authorities based in clinical experience						
Source of sampling and data collection (	define)					
Country where the study was conducted						
Financial Support: Industry, National Grant	or foundation	ns, other, defi	ne			
Time interval outcomes occurred						
Data to collect outcomes information:  Administrative database, define						
Adjustment for patient characteristics:						
Patient age Patient Race Cancer stage Patient Socio-economic Status Patient Co morbidity	Yes Yes Yes Yes	No No No No				
Hospital Affiliation with Medical School	Yes	NO				
Patient Demographics						
Number of patients (n, N, %):						
Age (years, %): Mean:	Min:	Max:	±SD:	±SE:	<del></del>	
Race (n, %) White: African-	Race (n, %) White: African-American:					
Other: Describe: _						
Tumor characteristics, Describe						
Comments:						

E-3

Patient Inclusion Criteria:				
Patient	Exclusio	on Criteria:		
Surgeor	n Inclusio	on Criteria:		
Surgeor	n Exclus	ion Criteria:		
			Group/Sub-Group Definitions	
Grou	p ID	Patients (n)	Define	
Physici	ian spec	cialty: Urologist Radia	ation oncologist, General Internist, Other, define	
Provide	er Locat	ion: State, Region, Co	ounty, Other, define	
			Type of Volume	
Hospita	al Volum	ne		
1.	Numbe	er of patients:		
2.	2. Number of hospitals: (e.g., low, medium, high)			
3.	Descrip	otion:		
4.	Annual	Volume, Define:		
5.				
1.	Numbe	er of patients:		
2.	Numbe (e.g., lo	er of hospitals: ow, medium, high)	-	
3.	Descrip	otion:		
4.	Annual	Volume, Define:		
5.	Mean:			
0	ma ma1 =			
Col	mments	·		

Nui	mber of patients:
1.	Number of hospitals:(e.g., low, medium, high)
2.	Description:
3.	Annual Volume, Define:
4.	Mean:
Co	mments:
Su	geon Volume
1.	Number of patients: (e.g., low, medium, high)
2.	Description:
3.	Annual Volume, Define:
4.	Mean:
5.	Median:
1.	Number of patients: (e.g., low, medium, high)
2.	Description:
3.	Annual Volume, Define:
4.	Mean:
Ме	dian:
1.	Number of patients: (e.g., low, medium, high)
2.	Description:
3.	Annual Volume, Define:
4.	Mean:
5.	Median:

## Outcomes

Treatment utilization						
Treatment	Rate/ 100,000 males	% of Treated/ diagnosed	Relative risk of treatment utilization	Cost \$	Length of stay, Days	
Radical prostatectomy			dillization			
Radiation therapy						
Interstitial brachytherapy						
Cryosurgery						
Expectant management						
Hormonal therapy as primary therap	у					
Comments:						
Prostate Cacner screening, Incider	nce, and mort	ality				Mortality,
Provider characteristics Physician specialty	PSA testing, %	Incidence total/100,000	Incidence, PC/100,000		Mortality total/ 100,000	cancer specific/ 100,000
Number of urologists						
Number of radiation oncologists						
Provider location						
Trovidor location						
Clinical outcomes in patients with	prostate cand	er treated wit	h radical pros	statectom	y	
Clinical autoomas	Events F		Dolotivo Diok	05% CI		
Clinical outcomes	Standari	d Deviation	Relative Risk	, 95% CI		
Surgery related mortality						
Morbidity Urinary complications						
Long-term incontinence						
Operational quality indicators						
Positive margins						
Blood loss						
Adjuvant therapy						
Length of stay						
Readmission						
Comments:						