



## PROSTATE CLINIC

The prostate clinic is designed to reduce a patient’s time for treatment and deliver the highest quality care dedicated to evaluation and management of patients with an abnormal PSA or DRE screen and who are at high risk of prostate cancer.

The clinic is led by the prostate nurse navigator, a radiation oncologist with extensive training in prostate cancer. If the patient’s PSA is persistently at or greater than 3 ng/ml, the patient should be referred to the prostate clinic for a discussion on his prostate health and further screening. In general if a patient’s PSA is over 5.5 and a free/total PSA is less than 25% then our clinic will recommend a biopsy. If cancer is detected the patient will then be referred to our multi-disciplinary clinic. If a patient does not need a biopsy, a letter will be sent to their primary care physician with an update on routine blood work and a follow-up routine for the elevated PSA while in the clinic.

If patient has a biopsy which is negative he is then on surveillance. If an additional biopsy is recommended after one that is negative then the patient will be scheduled for a MR fusion biopsy. This new technology uses MRI prostate images to target any visible lesions.

### GENERAL SCREENING GUIDELINES:

- Begin screening at age 45 for men at high-risk (African Americans or those with a first degree relative with prostate cancer at an early age (less than 65)
- Routine screening recommended for men over the age of 50 with an expected life expectancy of approximately 10-15 years
- Screening for men over the age of 70 should be individualized to those with a life expectancy of over 10 years



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## CONTACT US

### Prostate Clinic

**3520 Forest Road**

Lansing, MI 48910

Phone: (517) 975-7800

Fax: (517) 975-7810

Monday-Friday: 8 am - 5 pm

If your patient has an elevated PSA, please refer them to the Clinic through Cerner or visit [mclaren.org/careconnect](http://mclaren.org/careconnect).

## UROLOGISTS



**Arya Khatiwoda, DO**



**Colton Prudnick, DO**

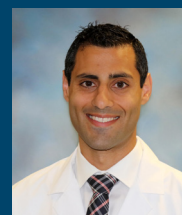


**Rafid Yousif, MD**



**W. Britt Zimmerman, DO**

## MEDICAL ONCOLOGY



**Daniel Isaac, DO**



**Ronald Kawauchi, MD**

## RADIATION ONCOLOGY



**Amit Bhatt, MD**



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### Prostate Clinic Referral

3520 Forest Road, Lansing, MI 48910

Phone: 517.975.7800

Fax: 517.975.7810

Please enroll my patient in the Prostate Multi-disciplinary Clinic for care and treatment.

#### Referring Physician Information

Referring Physician: \_\_\_\_\_ Date of referral: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person (person completing this form): \_\_\_\_\_

#### Patient Information

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Patient MRN: \_\_\_\_\_

Street Address: \_\_\_\_\_

State: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

#### Primary Care Physician (if different from referring physician)

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Thank you for referring your patient to the Prostate Clinic

To provide the best and most efficient service to your patients, fax all recent records, reports, and results along with this form to the number listed above. If a prior authorization is required for particular insurance purposes, please provide that information as well. Complete information will allow us to arrange for any additional testing that may be necessary to expedite your patient's visit and overall experience.

Please feel free to call the clinic for any questions or if we can assist you in any way.



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