

IT-gestützte Behandlung von Patienten

Erfahrungsbericht über die Zusammenarbeit mit Patienten,
Ärzten, Unternehmen und Krankenhäusern

Univ. Doz. Dr. Gerhard Rumpold
Geschäftsführer, ESD OG

Alexander Wolf
Produktmanagement saratiba, World-Direct eBusiness solutions GmbH



K1 COMET-Zentrum

Oncotyrol ist ein K1-Zentrum für personalisierte Krebsmedizin
im Rahmen des COMET Programms
der Österreichischen Forschungsförderungsgesellschaft FFG



Competence Centers for
Excellent Technologies



Bundesministerium
für Verkehr,
Innovation und Technologie



Bundesministerium für
Wirtschaft, Familie und Jugend



World-Direct eBusiness Solutions GmbH



100%ige A1 Telekom Austria Tochter

- > 70 Mitarbeiter
- > Hauptsitz: Sistrans, Innsbruck
- > Einheiten in Wien, Linz
- > > 700 Outsourcing-Projekte
- > Primär Mittelständische und Großkunden
- > Microsoft CRM Gold Partner

Geschäftstätigkeiten

- > Technisches Consulting
- > Entwicklung und Anpassung von webbasierten Applikationen
- > Design und Bedienführung
- > Technischer Betrieb

WE DEVELOP SUCCESS

 world-direct.at



Funktionale Ziele

- Klinisches Krebsregister
- Leitlinienbasierte Diagnostik und Therapie
- Automatisiertes Tumorboard
- PatientInnensicherheit
- Einheitliche Behandlung
- Zwischen einzelnen Kliniken vergleichbare und evtl. austauschbare klinische Informationen z.B. Survival, PatientInnenzufriedenheit

Nichtfunktionale Ziele

- Zertifizierung nach ISO 13485
- Usability
- Zielgruppe (im 1. Schritt) → Ärzte

Das Entwicklungsteam

4 Medical Doctors

10 IT Specialists

2 Ass. Prof. Medical Psychology
3 IT Specialists

1 Project Manager



world-direct.at



oncotyrol
Center for Personalized Cancer Medicine

http://oncotint.world-direct.at/OncologicalCase

Oncological Diseases

Welcome onco | Log off | saratiba

Patients

Michael Alexander Hofer
1960-02-28
Emergency contact
Clara Hofer: +43 123 456789

Oncological Diseases

Diagnosis	Basic Data	Stage & Assessment	Therapy
- -	Date of primary diagnosis: 2013-10-11		

Basic Data & Diagnosis **Stage & Assessment** **Therapy** **History**

Basic Data

Date of primary diagnosis (YYYY-MM-DD)

This is the patient's predominant oncological disease

Line

Confining Physician

Diagnosis

Topography

Morphology

C34.0 - Main bronchus
C34 - BRONCHUS AND LUNG
C34.0 - Main bronchus
incl.

- Hilus of lung
- Carina

C34.1 - Upper lobe, lung
incl.

- Upper lobe, bronchus
- Lingula of lung

C34.2 - Middle lobe, lung
incl.

- Middle lobe, bronchus

C34.3 - Lower lobe, lung
incl.

- Lower lobe, bronchus

C34.8 - Overlapping lesion of lung
C34.9 - Lung, NOS
incl.

<http://oncotint.world-direct.at/OncologicalCase>

Patients

Welcome onco | Log off | **saratiba**

Michael Alexander Hofer
 1960-02-28
Emergency contact
 Clara Hofer: +43 123 456789

TNM System, 7th Edition - Rectum

Step 1: Staging Questionnaire

Diagnosis	Basic Data	Stage & Assessment	Therapy
C20.9 - Rectum, NOS 8001/3 - Tumor cells, malignant	Date of primary diagnosis: 2013-10-11		
Performed on	2013 10 11 17		

▲ T1 ... Size or direct extent of the primary Tumor (T)

	T	Size or direct extent of the primary Tumor (T)
<input type="radio"/>	TX	Primary tumor cannot be assessed.
<input type="radio"/>	T0	No evidence of primary tumor.
<input type="radio"/>	Tis	Carcinoma in situ: intraepithelial or invasion of lamina propria.
<input checked="" type="radio"/>	T1	Tumor invades submucosa.
<input type="radio"/>	T2	Tumor invades muscularis propria.
<input type="radio"/>	T3	Tumor invades through the muscularis propria into pericolorectal tissues.
<input type="radio"/>	T4a	Tumor penetrates to the surface of the visceral peritoneum.
<input type="radio"/>	T4b	Tumor directly invades or is adherent to other organs or structures.

▲ ... Degree of spread to regional lymph Nodes (N)

	N	Degree of spread to regional lymph Nodes (N)
<input type="radio"/>	NX	Regional lymph nodes cannot be assessed.
<input type="radio"/>	NO	None

Patients

Michael Alexander Hofer
1960-02-28
Emergency contact
Clara Hofer: +43 123 456789

Patient data Oncological Diseases

Patient Calendar Observations

Complementary Medicine Family History

Concomitant Diseases Surgical Interventions

Allergies Concomitant Drugs

Side Effects

Health insurance details Print and Export

Patient Calendar

1 Month		October 201													
		41			42										
2013	10	10	17	T 10	F 11	S 12	S 13	M 14	T 15	W 16	T 17	F 18	S 19	S 20	M 21
Case Independent															
C18.2 - Ascending colon 800... 															
FOLFIRO-CET-LOAD  															
 CETUXIMAB   															
 CALCIUMLEVO...   															
 5-FLUOROURA...   															
 CETUXIMAB L...   															
 IRINOTECAN   															
 5-FLUOROURA...   															
Antiemesis for moderate eme...  															
 Plasil   															
 Fortecortin   															
 Soldesam   															
 Aloxi   															
Today Individual closed day Closed day															

Filter displayed

Calendars 3 selected

Calendar event type filter Select calendar event filter

Create new

Drag&drop icon on grid to schedule a new event

Event Package



Specific oncological treatment



Supportive therapy



Exams and follow ups



Import Template

Template event type filter Select list event filter



Capecitabine

Cape 0.1.0

LABOR COLON DIAGNOSE

LABOR COLON DIAGNOSE 0.1.0

LABOR BEVAZIZUMAB

LABOR BEVAZIZUMAB 0.1.0

Therapie-Protokolle

The screenshots illustrate the oncotyrol software interface for managing treatment protocols:

- Add new Treatment Protocol:** Shows the 'Add new Treatment Protocol' screen where a new protocol named 'BEACOPP INTENSIFIED' is being created. Fields include Name, Acronym, Description, Duration (days), and Publication Link. A 'Main Data' tab is selected.
- Applicabilities:** Shows the 'Applicabilities' screen for the 'BEACOPP INTENSIFIED' protocol. It lists 'Applicable ICD-O Topographies' (C7A, C71.0, C71.2, C71.3, C71.4, C71A, C71B, C71C) and a search bar for 'Applicable ICD-O Morphologies'. A modal window shows a list of ICD-O codes with checkboxes for selection.
- Calendar:** Shows the 'Calendar' screen for the 'BEACOPP INTENSIFIED' protocol. It displays a weekly grid from week 1 to week 15. A 'Filter displayed' sidebar shows 'Specific oncological treatment' (Surgery, Systemic therapy, Radiotherapy). A 'Create new' section allows adding new events like 'Prednisolone'.
- Calendar (Detailed View):** Shows a detailed view of the 'BEACOPP INTENSIFIED' protocol calendar over 15 weeks. Events are color-coded by type: blue for specific oncological treatments, red for supportive therapy, and green for exams and follow-ups. A 'Filter displayed' sidebar and a 'Create new' section are also present.

Therapie-Protokolle

The screenshot shows the 'Add new Treatment Protocol' screen in the oncotint.world-direct.at application. The main title is 'Add new Treatment Protocol'. On the left, there's a sidebar with 'Treatment protocols' selected, and below it, 'Main Data' and 'Calendar' are visible. The main form has fields for 'Name' (BEACOPP INTENSIFIED), 'Acronym' (empty), 'Description' (empty), 'Duration (days)' (empty), and 'Publication Link' (empty). To the right of these fields is a section titled 'Ideal Start Days' with checkboxes for each day of the week. The status bar at the bottom indicates 'CTC Abfrage CTC Abfrage 0.1.0'.

Add new Treatment Protocol

Treatment protocols

Main Data

Calendar

Package templates

Applicabilities

Versions

Name*: BEACOPP INTENSIFIED

Acronym:

Description:

Duration (days)*:

Publication Link:

Ideal Start Days

Day	Selected
Monday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>
Friday	<input type="checkbox"/>
Saturday	<input type="checkbox"/>
Sunday	<input type="checkbox"/>

oncotype d-direct.at

Therapie-Protokolle

The screenshot shows a software application window titled "Treatment protocols" with a sub-section "Applicabilities". The main panel displays the "BEACOPP INTENSIFIED" treatment protocol. On the left, there is a sidebar with icons for "Treatment protocols", "Main Data", and "Calendar". The main content area has tabs for "Treatment protocols" (selected), "Package templates", "Main Data", "Applicabilities" (selected), "Calendar", and "Versions". The "Applicabilities" tab is active, showing four sub-tabs: "Applicable ICD-O Topographies", "Applicable ICD-O Morphologies", "Applicable Stages", and "Applicable Lines". The "Applicable ICD-O Topographies" tab is selected, displaying the message "No entries available". A modal dialog box titled "Create..." is open over the main content, specifically for "Applicable ICD-O Topographies". The dialog lists the code "C77.0, C77.1, C77.2, C77.3, C77.4, C77.5, C77.8, C77.9" and includes a search bar and a dropdown menu labeled "ABC". Below this, there is a checkbox group with the options "Check all" and "Uncheck all", followed by a list of ICD-O codes categorized under "UNKNOWN", "NEOPLASM", and "MALIGNANT LYMPHOMA, NOS". At the bottom of the dialog are "Save" and "Cancel" buttons.

Therapie-Protokolle

The screenshot shows the 'Treatment protocols' section of the oncotint.world-direct.at application. On the left, a sidebar lists 'Treatment protocols', 'Main Data', 'Calendar', and 'Versions'. The main area displays a 'Calendar' for 'BEACOPP INTENSIFIED' treatment. A modal dialog titled 'Add new Event Series for 'Systemic therapy' Events' is open, prompting for 'Event series name' (set to 'Prednison'), 'Event series description', and various treatment parameters like 'Drug agent', 'Dose calculation method', and 'Protocol dose'. To the right, a sidebar shows a 'Filter displayed' section for 'Specific oncological treatment' (Surgery, Systemic therapy, Radio therapy) and a 'Create new' section with icons for different treatment types. A search bar at the bottom right allows for importing templates.

Treatment protocols

BEACOPP INTENSIFIED

Calendar

1 Month month 1 week 1 week 2

Prednison

Add new Event Series for 'Systemic therapy' Events

Template Data Operative Data Schedule

Event series name * Prednison

Event series description

Show in 'Medications' column of Treatment Protocols List

Drug agent *

Dose calculation method *

Protocol dose *

Unit *

Maximal absolute daily dose *

Route of administration oral

Intake modality before meal

Save Cancel

Filter displayed

Calendar event: Specific oncological treatment type filter: Surgery, Systemic therapy, Radio therapy

Create new

Drag&drop icon on grid to schedule a new event

Event Package

Specific oncological treatment

Supportive therapy

Exams and follow ups

Import Template

Template event type filter: Specific oncological treatment type filter: Surgery, Systemic therapy, Radio therapy

Search

Capecitabine
Cape 0.1.0

LABOR COLON DIAGNOSE
LABOR COLON DIAGNOSE 0.1.0

LABOR BEVAZIZUMAB
LABOR BEVAZIZUMAB 0.1.0

CTC Abfrage
CTC Abfrage 0.1.0

Therapie-Protokolle

The screenshot shows the 'Treatment protocols' section of the oncotint.world-direct.at application. The main area is titled 'Calendar' and displays a grid for 'month 1' (weeks 1 and 2). The grid contains various treatment items, each with a delete icon and a red circular icon indicating a specific status or action. The items listed include:

- 2 BEACOPPint + 2 ABVD for... (with a red circular icon)
- LABOR LYMPHOM FOLLOW UP (with a red circular icon)
- INSTRUMENTELLE DIAGNOS... (with a red circular icon)
- INSTRUMENTE... (with a red circular icon)
- BEACOPP INTENSIFIED (with a red circular icon)
- Prednison (with a red circular icon)
- Vincristin (with a red circular icon)
- Adriblastin (with a red circular icon)
- Cyclophosphad... (with a red circular icon)
- Etoposid (with a red circular icon)
- Bleomycin (with a red circular icon)
- Procarbazin (with a red circular icon)
- Antiemetics for moderate eme... (with a red circular icon)
- Plasil (with a red circular icon)
- Fortecortin (with a red circular icon)

On the left sidebar, under 'Treatment protocols', the 'Calendar' tab is selected. The main menu bar at the top includes 'Treatment protocols', 'Main Data', and 'Calendar'. The bottom navigation bar includes 'Treatment protocols', 'Main Data', and 'Calendar'.

Filter displayed

Calendar event type filter: Specific oncological treatment, Surgery, Systemic therapy, Radio therapy

Create new

Drag&drop icon on grid to schedule a new event

Event Package

Specific oncological treatment

Supportive therapy

Exams and follow ups

Import Template

Template event type filter: Specific oncological treatment, Surgery, Systemic therapy, Radio therapy

Search: Capecitabine, LABOR COLON DIAGNOSE, LABOR BEVAZIZUMAB, CTC Abfrage

oncoty... world-direct.at



Erfahrungen

- Know your enemy ;-)
 - Wir sind keine Mediziner
 - Mediziner sind keine IT-Experten
 - Strukturierter Anforderungsprozess
 - Stell die richtigen Fragen
 - Transparenz
- Nütze die Zeit
 - Gute Vorbereitung auf Termine
 - Keine Übererfüllung von Anforderungen
- Agilität ist gefragt
 - SCRUM
 - Iteratives Vorgehen, Prototyping
 - Continous Integration
 - Regelmäßige Datenintegriertionen



Erfahrungen

- Stell dich gut mit der Krankenhaus-IT
 - Du bist ein „Fremdsystem“
 - Mach ihnen (zumindest in der Anfangsphase) keine unnötige Arbeit
- Dokumentation
 - Wichtig für Zertifizierung
 - Anforderungsprozess, Umsetzungsprozess, Software-Lebenszyklus
 - Dokumentation von Datenquellen
- Sei offen
 - Schnittstellen, Schnittstellen, Schnittstellen
 - Niemand gibt gern doppelt ein
 - Kataloge – strukturierte Erfassung



personalised oncology solution



Kataloge

Tumorausbreitung	ICD 0 und Histologie
Tumorstaging	Ann Arbor, TNM
Labor/Pathologie/Untersuchungen	LOINC
Medikamente/Chemotherapeutika	ATC/DDD
Chirurgische Eingriffe	ICD 9 CM
Medikamentennebenwirkungen	CTCAE
Anamnese	ICD 10
Statuserhebung	ICD 10

Patient-reported outcomes (PROs)

in clinical practice and research





Evaluation of oncological treatments strategies

1. How long do patient live? – Survival
2. How much does it cost? - Pharmacoeconomics
3. How do patients experience their disease and treatment? – Quality of Life (QoL)



Patient-reported Outcomes

- PROs are an important study endpoint within clinical trials (FDA, EMA)
- Assessment of PROs within oncological routine is important for symptom monitoring and management
- Early detection of treatment needs
- Enhancing patient participation in the treatment process
- PROs provide useful information for clinical decision making
- Drug Safety Monitoring, Pharmacovigilance
- Cost-utility studies (HTA)
- Quality Assurance



Advantages of PRO monitoring in clinical routine

(Velikova et al. 2002,2004; Detmars et al. 2002; Aaronson et al. 2002 etc.)

- Systematized screening of (potential) problems
- improvement of symptom management
- Improve treatment planning through individual evaluation of treatment steps
- Parameters for Clinical Decision Making
- Focusing of the individual treatment contact
- Information gain for the care team through better knowledge about the patient's subjective experience
- Improve communication, active involvement of patients
- better / faster interventions through standardized indications
- through more active involvement of individual patient data better compliance
- Ensuring continuity of care through the collection of structured information on the individual patient situation
- Long term: longitudinal database with high data quality
- Time-consuming and costly



Computer-based Health Evaluation System – CHES

PC-Software für die Erfassung, die Auswertung und die graphische Präsentation von psychosozialen und medizinischen Daten

- Individuelle Adaptierung der Erhebungsinstrumente, der graphischen Ergebnispräsentation und der Befundberichte
- Adaptives „Flag-System“ für die Identifikation von klinisch relevanten Beeinträchtigungen/Problemen
- Graphische Verknüpfung von PRO Daten mit Krankheits-/Behandlungsverlauf
- Einfache Integration von medizinischen/psychoonkologischen Interventionen in die graphische Befunddarstellung
- Erfassung von PRO Daten auch außerhalb der Klinik (Web-Interface, iPad App)
- Datenimport/export (CIS-HL7, SPSS, tab-separated files),
- Studienmonitoring-Plugin
- Computer-adaptives Testen
- Client – Server als auch Weblösung, Datensicherheit (SSL), MySQL Datenbank



CHES Fragebogentypen

Frank Newman
Date of Birth: 06.11.1953, Social security number: 4578

EORTC QLQ-C30 English 1.2

Done

We are interested in some things about you and your health. Please answer all of the questions yourself by circling the number that best applies to you. There are no "right" or "wrong" answers. The information that you provide will remain strictly confidential.

Do you have any trouble doing strenuous activities, like carrying a heavy shopping bag or a suitcase?

Not at all	A little	Quite a bit	Very much
------------	----------	-------------	-----------

Do you have any trouble taking a long walk?

Not at all	A little	Quite a bit	Very much
------------	----------	-------------	-----------

Do you have any trouble taking a short walk outside of the house?

Not at all	A little	Quite a bit	Very much
------------	----------	-------------	-----------

Do you need to stay in bed or a chair during the day?

Not at all	A little	Quite a bit	Very much
------------	----------	-------------	-----------

Back

3 of 30 questions answered

Next

Test Patient
SVNr: 4321

Quolie-31 (1.0)

Beenden

Auf der unten abgebildeten Thermometerskala ist der denkbar beste Gesundheitszustand bei 100 und der denkbar schlechteste bei 0. Bitte geben Sie an, wie Sie Ihre Gesundheit einschätzen, indem Sie eine Zahl auf der Skala ankreuzen. Bitte berücksichtigen Sie Ihre Epilepsie als Teil Ihrer allgemeinen Gesundheit, wenn Sie diese Frage beantworten.

Für wie gut oder schlecht halten Sie Ihre Gesundheit?



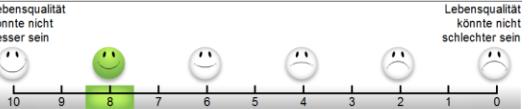
3 von 31 Fragen beantwortet

Test Patient
SVNr: 4321

Quolie-31 (1.0)

Beenden

In diesem Fragebogen stellen wir Fragen zu Ihrer Gesundheit und zu Ihren täglichen Aktivitäten. Bitte beantworten Sie jede Frage, indem Sie die entsprechende Zahl (1,2,3,...) ankreuzen. Zögern Sie bitte nicht, jemanden um Unterstützung zu bitten, wenn Sie Hilfe beim Lesen oder Ausfüllen des Fragebogens brauchen.



1 von 31 Fragen beantwortet



Test Patient
SVNr: 4321

Quolie-31 (1.0)

Beenden

In diesen Fragen geht es darum, wie Sie sich FÜHLEN und wie es Ihnen in den vergangenen 4 Wochen gegangen ist. (Bitte kreuzen Sie in jeder Zeile das Kästchen an, das Ihrem Befinden am ehesten entspricht).

Wie oft in den vergangenen 4 Wochen...

Wie war Ihre LEBENSQUALITÄT in den letzten 4 Wochen (d.h., wie ist es Ihnen gegangen)?

- Sehr gut: hätte kaum besser sein können
- Ziemlich gut
- Gut und schlecht zu etwa gleichen Teilen
- Ziemlich schlecht
- Sehr schlecht: hätte kaum schlechter sein können

3 von 31 Fragen beantwortet



CHES - Eingabemodalitäten

Verschiedenste Erhebungsmöglichkeiten:

- PC
- Tablets (iPads, Slates, Android-Tablets)
- Terminal
- Smartphones

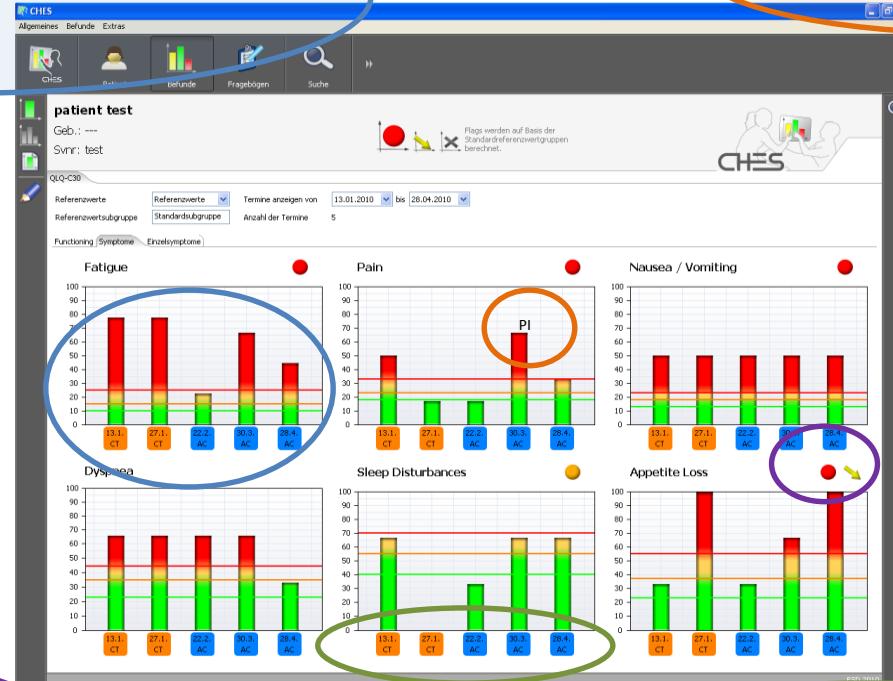
- In der Klinik
- Zu Hause via Internet (Homemonitoring)



CHES

Patientenprofil Längsschnitt

Longitudinal presentation of PRO data



Medical interventions

Flag-system based on reference values

Course of symptoms and/or treatment

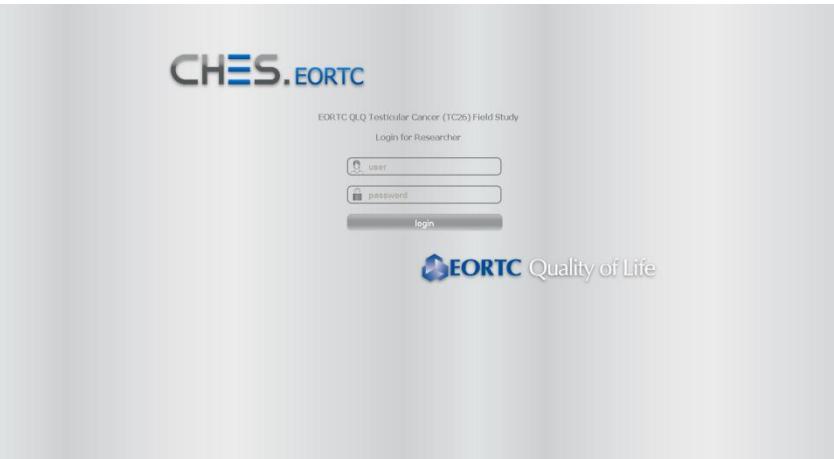


Patient-reported outcomes (PROs)

in der Forschung

EORTC QLQ-TC26

testicular cancer field study



Anmeldeseite

Fehlende Daten - Überblick

CRF und Patientenliste

Lebensqualitätsfragebogen



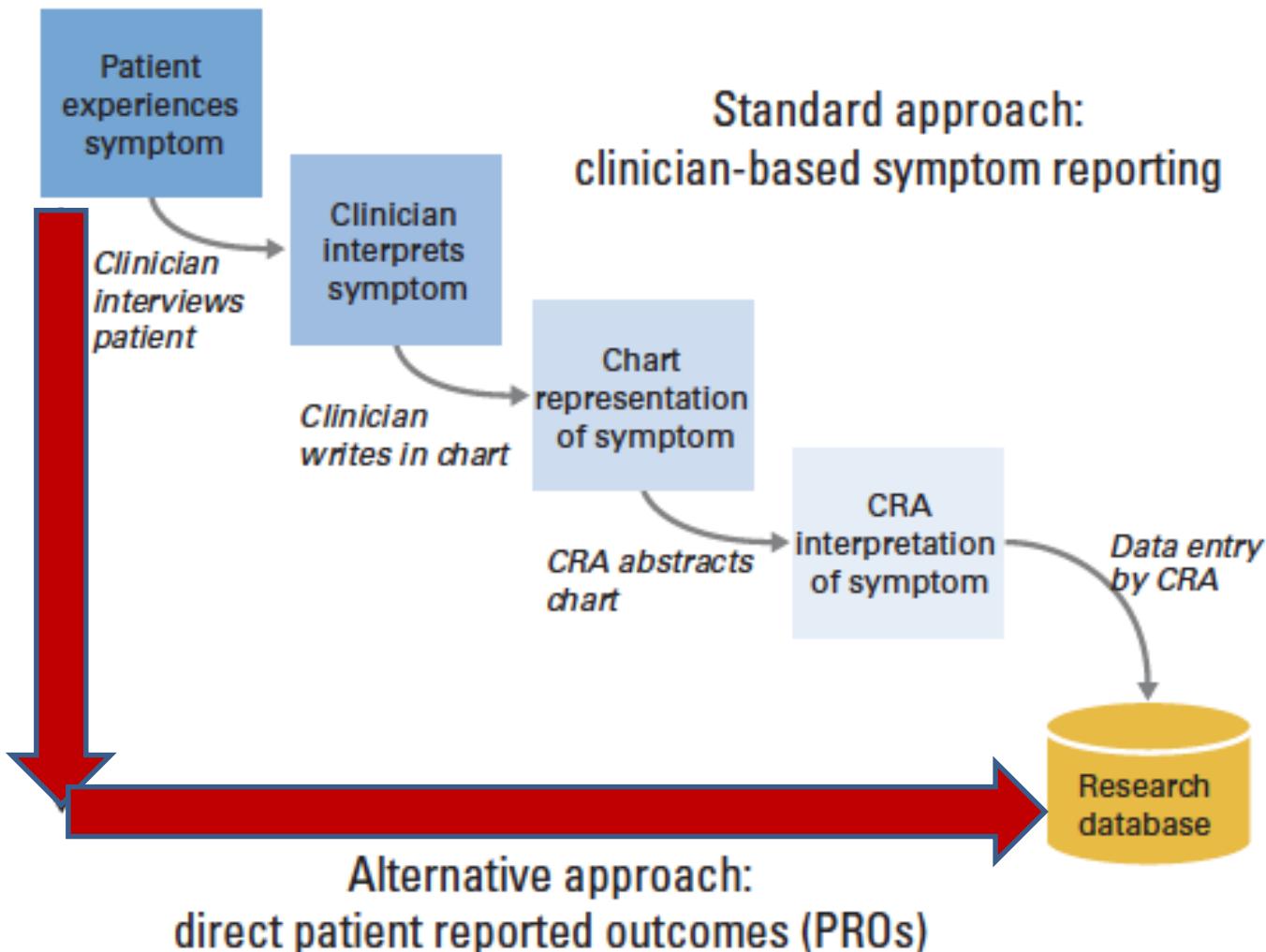
Patient-reported outcomes (PROs)

in der Pharmakovigilanz

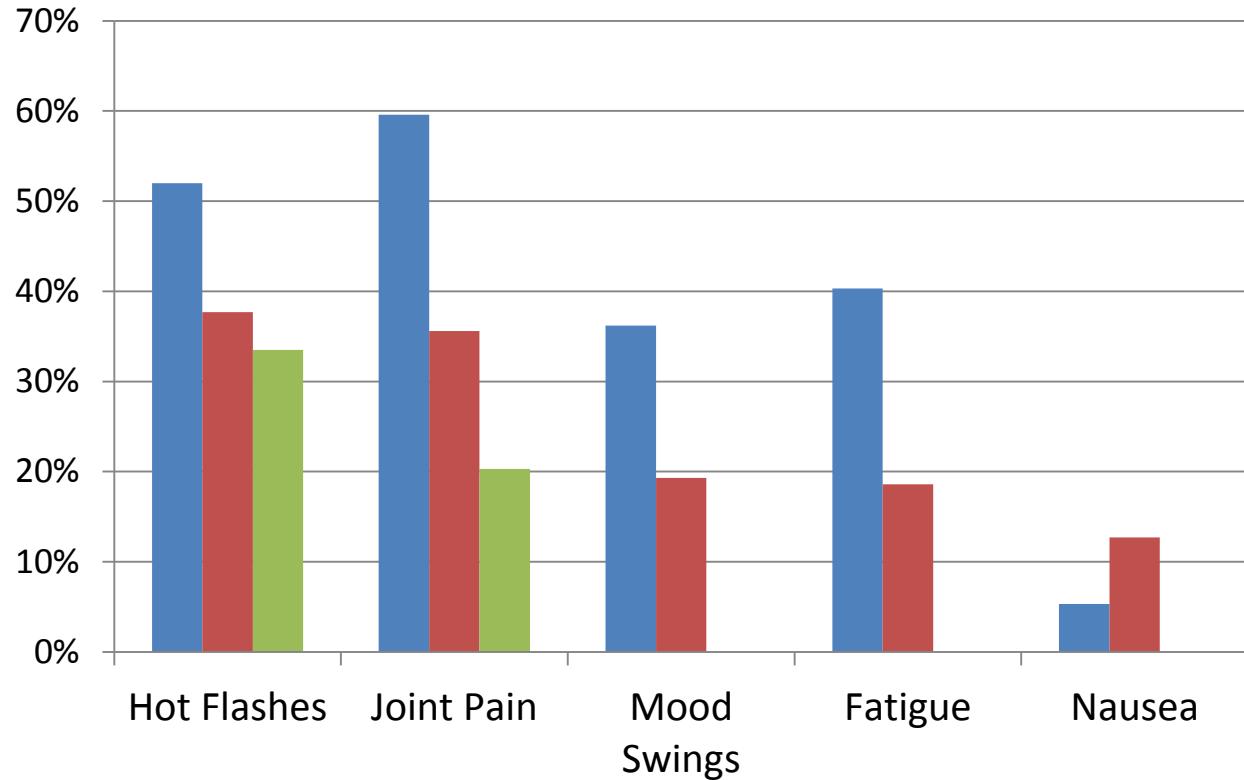
Adverse Event (AE)



Adverse Event Identifikation



PROs ergaben unterschiedliche (meist höhere) Symptomprävalenzen verglichen mit den Behandlerfremdratings

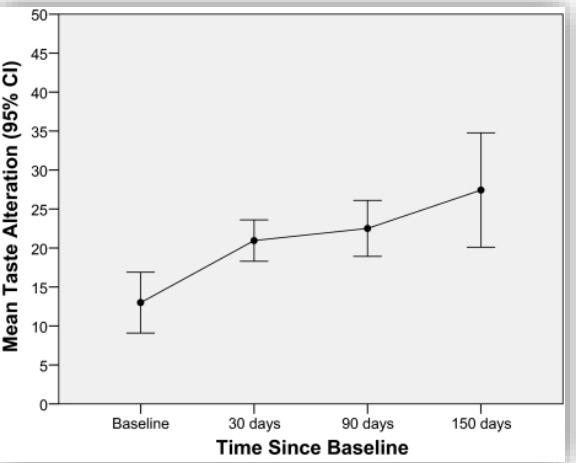




Patient-reported outcomes (PROs)

in der klinischen Praxis

Geschmacksstörungen bei ChemotherapiepatientInnen



Beispiel für eine wissenschaftliche Analyse der Daten, die am BKH Kufstein in der klinischen Routine erhoben wurden

The Oncologist[®] OME The Oncologist CME Program is located online at <http://cme.theoncologist.com/>. To take the CME activity related to this article, you must be a registered user.

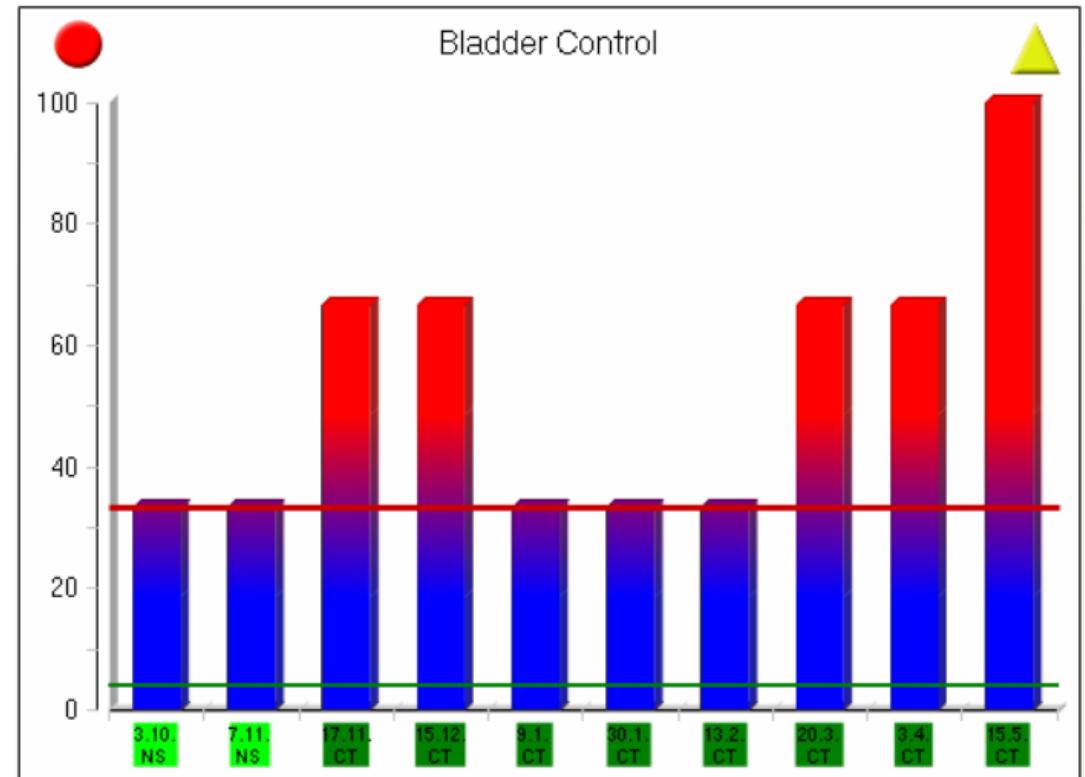
Symptom Management and Supportive Care

Taste Alterations in Cancer Patients Receiving Chemotherapy:
A Neglected Side Effect?

AUGUST ZABERNIGG,^a EVA-MARIA GAMPER,^b JOHANNES M. GIESINGER,^b GERHARD RUMPOLD,^b GEORG KEMMLER,^b KLAUS GATTRINGER,^a BARBARA SPERNER-UNTERWEGER,^b BERNHARD HOLZNER^b

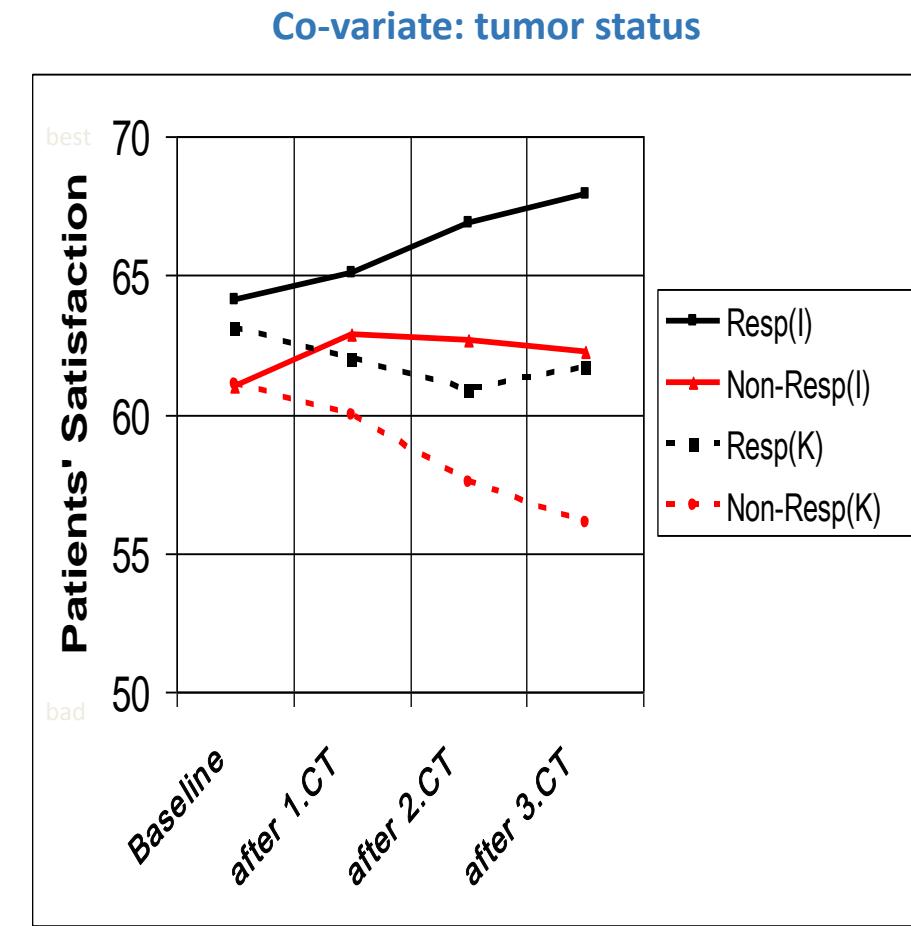
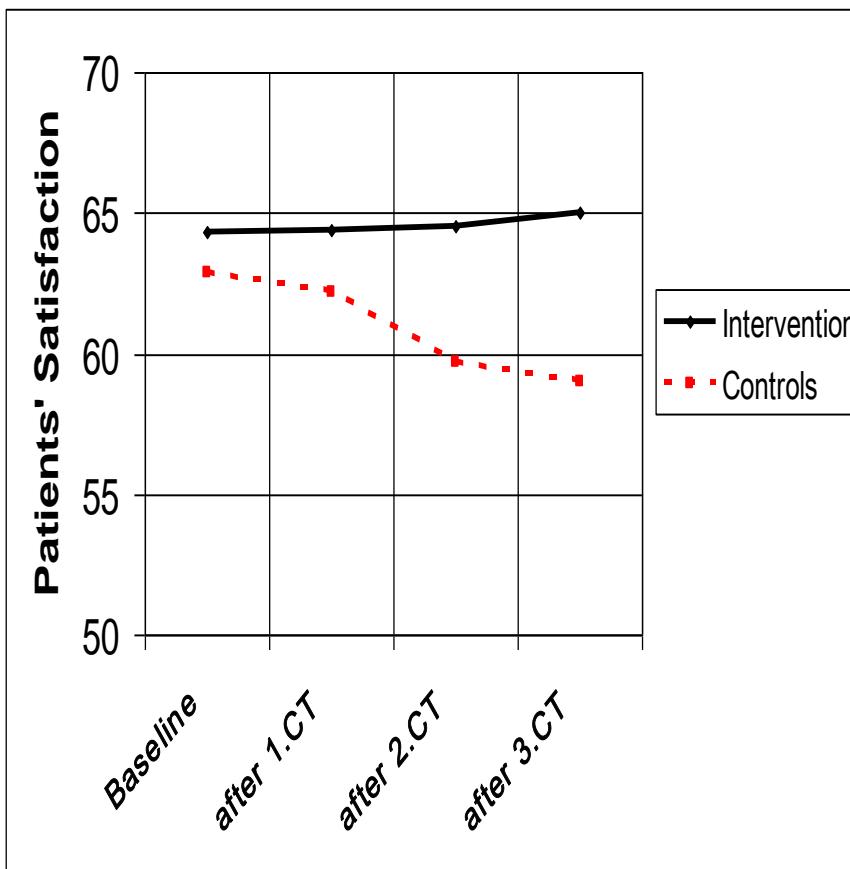
Patient example

Brain tumour patient in aftercare:
– Bladder Control as an unrecognized problem



Clinical Routine

Patients' Satisfaction: Intervention- vs. Control group

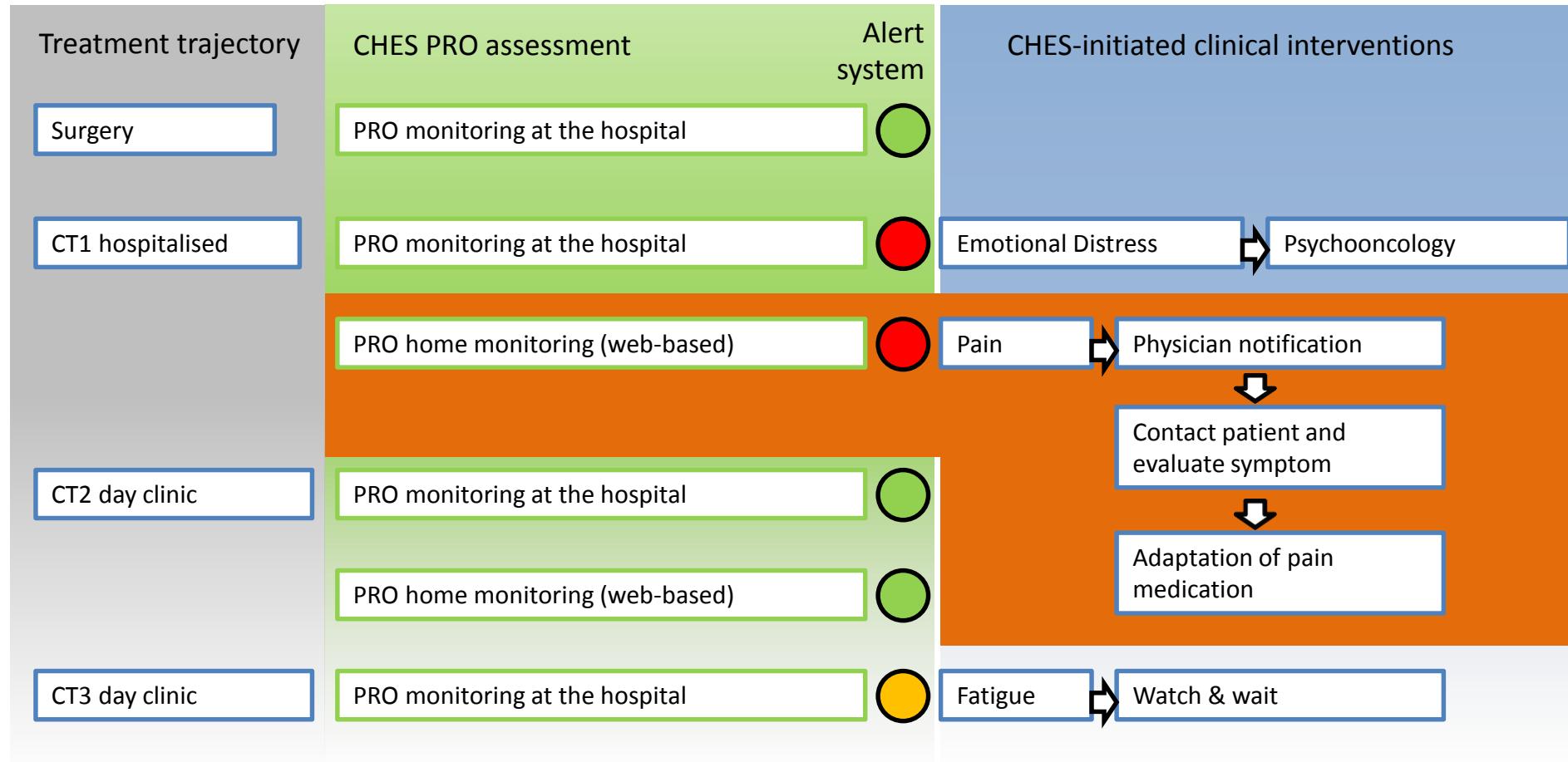




Patient-reported outcomes (PROs)

Homemonitoring von somatischen und psycho-sozialen Symptomen
und Behandlungs-nebenwirkungen bei onkologischen Patienten
(ONKO-TEL)

ePRO's Integrated in the clinical procedure





Erste Ergebnisse

680 Erhebungszeitpunkte

	zu Hause MW	Klinik MW	p
Physical Functioning	76.8	80.0	<.001
Role Functioning	59.3	63.4	.002
Social Functioning	69.9	74.1	<.001

→ via Home-Monitoring berichten PatientInnen
höhere Belastungen

Nausea/Vomiting	11.4	8.6	.005
Dyspnea	23.8	21.3	.036
Sleep Disturbances	31.1	27.0	.013
Appetite Loss	20.8	16.4	.004
Constipation	27.8	18.5	<.001
Taste	23.1	16.9	<.001



Patient-reported outcomes (PROs)

Und Health Technology Assessment (HTA)



The electronic PORPUS

(<https://ches.at/e-porus/>)



CHES Homemonitoring - Windows Internet Explorer

https://ches.at/e-porus/

Favoriten CHES Homemonitoring Seite Sicherheit Extras >



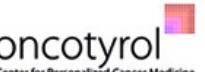
Patient ORiented Prostate Utility Scale (PORPUS)

Der PORPUS ist ein Fragebogen zur Bestimmung von [Lebensqualität](#) und [Utility](#) mit Berücksichtigung prostatakrebspezifischer Gesundheitszustände.

Lebensqualität (PORPUS-P) und Utility (PORPUS-U) lassen sich durch Beantwortung der 10 Fragen dieser elektronischen Version des PORPUS auf einfache und schnelle Art ermitteln.

Sprache: [Deutsch](#) [Fragebogen ausfüllen](#)

[Mehr über PORPUS](#) [Über uns / Impressum](#)

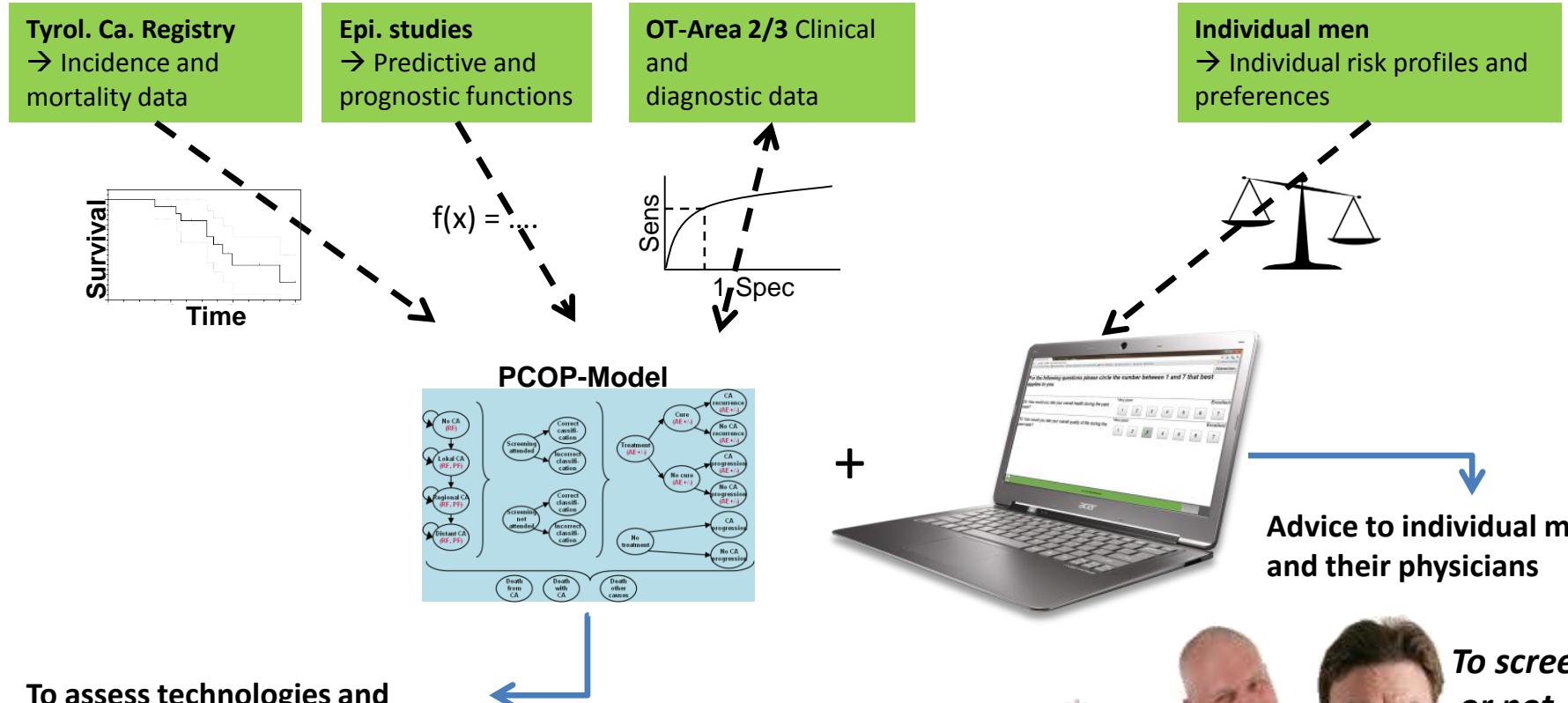
Fertig Internet 125%

Personalized Decision Tool



Phase I

Phase II



To assess technologies and answer core HTA questions:

1. Is it effective and efficient?
2. Can it be modified?
3. Is there a suited subpopulation?



*To screen,
or not
to screen?*

Advice to individual men and their physicians

PCOP Model – Outputs

Time horizon 120 years (1440 months, extrapolated life table), 1 Mio trials, seeding

	No screening	One-time screening at 55y	One-time screening at 65y	One-time screening at 75y	Interval screening every 4y, 55-75y
Lifetime risk of PCa diagnosis (%)	18.9	19.2	21.5	30.7	35.6
Lifetime risk of PCa diagnosis by screening (%)	-	1.4	7.1	19.9	30.4
Lifetime risk of irrelevant PCa diagnosis (Overdiagnosis) (%)	-	0.3	2.6	11.8	16.7
Lifetime risk to die from PCa (%)	3.7	3.5	3.0	3.1	2.2
Lifetime gained vs. no screening (Days)	-	8.5	15.6	9.2	29.4
Quality adj. lifetime gained vs. no screening (QALDs)	-	5.0	1.8	-17.7	-34.4
Lifetime cost per man (EUR)	3830	3938	4421	6158	6775
Discounted ICUR (EUR per QALY gained) discount rate =3%	-	63447	dominated	dominated	dominated



Patient-reported outcomes (PROs)

Verwendung und Nutzen in der klinischen Praxis, in der
Wissenschaft und in der Qualitätssicherung