V. Second List of Prioritized Research Gaps (July 9, 2010) (distributed to TEPP before second conference call)

Gap 1: Identifying which patients to treat

> ***Subgap 1a:*** Identifying which patients to treat (e.g., those most likely to have aggressive cancer) and when

> ***Subgap 1b:*** Understanding of the natural history of localized prostate cancer in the PSA era.

> ***Subgap 1c:*** Identifying biomarkers to provide reliable estimates about prostate cancer aggressiveness and the relative effectiveness of treatments.

Gap 2: Comparative effectiveness of different treatments for localized prostate cancer

> ***Subgap 2a:*** Comparing alternative treatment strategies such as surgery vs. radiotherapy vs. androgen deprivation therapy.

> ***Subgap 2b:*** Acquiring better evidence on advanced technologies such as IMRT, proton beam radiation, laparoscopic and robotic-assisted prostatectomy, high-intensity focused ultrasound, cryotherapy. Ideally, these should be compared to established treatments.

> ***Subgap 2c:*** Comparing alternative strategies within a given modality, e.g., laparoscopic vs. open prostatectomy or intensity-modulated radiotherapy vs. brachytherapy. (Added by TEPP)

> ***Subgap 2d:*** Obtaining better evidence on outcomes of treatment for patient subgroups (e.g., age, comorbidities, disease characteristics, racial/ethnic groups, including disparities).

Gap 3: Factors with impact on treatment decisionmaking

> ***Subgap 3a:*** Incorporating physician and patient preferences into treatment decisions.

> ***Subgap 3b:*** Investigating treatment patterns by physician characteristics (e.g., specialty, years in practice, volume) or institutional characteristics (e.g., tertiary vs. community hospital).

> ***Subgap 3c:*** Understanding patient psychology in dealing with uncertainty regarding screening, diagnosis, and treatment, especially for active surveillance choice. (Added by TEPP)