

CAPRA Pretreatment risk assessment tool^{1,2,b,c,d}

Variable	Ranges	Points
PSA (ng/mL)	2.0–6.0	0
	6.1–10.0	1
	10.1–20.0	2
	20.1–30.0	3
	Greater than 30	4
Gleason Score (Primary/Secondary)	1–3/1–3	0
	1–3/4–5	1
	4–5/1–5	3
Clinical Stage	T1/T2	0
	T3a	1
% of Positive Biopsy Cores	Less than 34%	0
	34% or greater	1
Age	Younger than 50	0
	50 or older	1

Overall score for any given patient is determined by adding up his points for each variable¹

As in other nomograms, PSA and Gleason Score are important predictors of risk¹

^aUniversity of California, San Francisco Cancer of the Prostate Risk Assessment. UCSF-CAPRA is a risk assessment tool developed from a cohort of radical prostatectomy patients (n=1439) in the CaPSURE™ database.¹

^bPrior to radical prostatectomy.¹

^cAdapted from Cooperberg et al. 2005 and Cooperberg et al. 2006.

^dNomogram included patients diagnosed with nonmetastatic disease who elected radical prostatectomy for prostate cancer and received no additional therapy.¹

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Increases in CAPRA score were correlated with increases in pathological outcomes and risk of recurrence^{2,a,b}

CAPRA Score	0-1	2	3	4	5	6	≥7
Pathological Outcomes (% Patients)^{c,d}							
Positive Margins	23.5	25.8	31.0	41.7	43.5	52.6	58.3
Extracapsular Extension	13.7	18.8	22.8	25.8	43.5	50.7	68.3
Seminal Vesicle Involvement	1.2	3.7	4.1	9.0	13.0	22.4	42.4
Lymph Node Involvement	0.0	1.1	2.4	1.4	2.9	4.0	3.4
Recurrence-Free Survival (% Patients)^e							
3 year	92	84	76	73	67	46	35
5 year	86	75	65	60	52	29	20

References: 1. Cooperberg MR, Pasta DJ, Elkin EP, et al. The University of California, San Francisco Cancer of the Prostate Risk Assessment Score: a straightforward and reliable preoperative predictor of disease recurrence after radical prostatectomy. *J Urol.* 2005;173:1938-1942. 2. Cooperberg MR, Freedland SJ, Pasta DJ, et al. Multiinstitutional validation of the UCSF Cancer of the Prostate Risk Assessment for prediction of recurrence after radical prostatectomy. *Cancer.* 2006;107:2384-2391.

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"...no nomogram or scoring system can replace individualized clinician-patient decision-making...we hope that this powerful and straightforward instrument will prove to be a valuable tool for facilitating risk classification, both in clinical decision-making and in future research..."

— Cooperberg et al. 2006.²

UCSF-CAPRA was successfully validated utilizing the SEARCH database.²

^a Adapted from Cooperberg et al. 2006.

^b SEARCH, Shared Equal Access Regional Cancer Hospital, database is a registry of patients with localized prostate cancer treated with radical prostatectomy at four Veterans Affairs medical centers and one active military hospital.²

^c Percentage of patients at each CAPRA level with each pathologic finding after surgery.²

^d Patients included in this retrospective analysis had undergone radical prostatectomy between 1988 and 2004 and had treatment records that contained sufficient data to calculate CAPRA scores and adequate follow-up data (n=1309).²

^e Recurrence defined as a single PSA level >0.2 ng/mL, 2 PSA levels of 0.2 ng/mL, or secondary treatment for an elevated postoperative PSA.²