PREVIOUS PROSTATE CANCER INELIGIBLE Registry/Study No. _____

IDENTIFICATION/PATIENT DATA

A1. SEER Registry Number ☐☐ 1-2

A2. Case No. ☐☐☐☐☐☐☐☐ 3-10

A3. Record Number ☐☐ 11-12

A4. Sequence Number ☐☐ 13-14

A5. Zip Code ☐☐☐☐☐ 15-19

A6. Hospital Code (primary Rx) ☐☐☐☐ 20-23

A7. Name of private insurance/HMO plans _____

_____

_____

Codes A8 0=No 1=Yes 9=Unknown

A8. INSURANCE STATUS

- No insurance ☐ 39
- Medicare ☐ 40
- Medicaid or other public assistance ☐ 41
- Private Medical Insurance ☐ 42
- HMO ☐ 43
- CHAMPUS/VA/Military ☐ 44
- Other, (specify) _____ ☐ 45
- Unknown/Not stated ☐ 46

DIAGNOSIS

Record symptoms or examinations which prompted a diagnostic workup.

_____

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Codes
B1-C3 0=No 1=Yes 9=Unknown
C4-C7 0=negative 1=positive 2=equivocal 7=done, results unknown
8=not done 9=unknown if done

Record pretreatment workup and results.

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REASON FOR DIAGNOSTIC WORKUP

B1. Abnormal/Susp PSA ☐ 62

B2. PSA value ☐☐☐☐.☐ 63-67

☐☐/☐☐/☐☐ 68-73
month day year

B3. Abnormal/Susp DRE ☐ 74

B4. Urinary Symptoms ☐ 75

B5. Urinary Infections/prostatitis ☐ 76

B6. Fatigue ☐ 77

B7. Weight Loss/Anorexia ☐ 78

B8. Bone pain ☐ 79

B9. Other symptoms _____ ☐ 80

WORKUP/HISTORY

C1. Previous Hx of PSA ☐ 96

C2. Hx of Procedure ☐ 97

C3. Bone Scan ☐ 98

☐☐/☐☐/☐☐ 99-104
month day year

C4. CAT Scan ☐ 105

☐☐/☐☐/☐☐ 106-111
month day year

C5. MRI Scan ☐ 112

☐☐/☐☐/☐☐ 113-118
month day year

C6. Transrectal Ultrasound ☐ 119

☐☐/☐☐/☐☐ 120-125
month day year

STAGING INFORMATION

CLINICAL

Record information regarding stage prior to definitive therapy.

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Codes

D1 Volume not recorded: 999

D2 1=confined to one lobe 2=confined to two lobes 3=confined to prostate, NOS 4=beyond prostate 5=distant mets 9=unknown

D3, D6 Biopsy/TURP not done: 0 fill the date

D1. Prostate volume (cc's) ☐☐☐ 126-128

D2. Extent of tumor ☐ 129

D3. Date of biopsy ☐ 130

☐☐/☐☐/☐☐ 131-136
month day year

D4. Gleason Grade (biopsy) ☐+☐ 137-138

D5. Gleason Scores (biopsy) ☐☐ 139-140

D6. Date of TURP ☐ 141

☐☐/☐☐/☐☐ 142-147
month day year

D7. Gleason Grade (TURP) ☐+☐ 148-149

D8. Gleason Scores (TURP) ☐☐ 150-151

PATHOLOGICAL

Record information regarding pathologic stage.

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_____

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Codes

E5 0=No surgery 1=clear 2=tumor at margins 3=not stated in path, surgeon indicated clear 4=no Rad pros 9=unknown, not stated

E1. Number of positive regional lymph nodes (Use SEER Codes) ☐☐ 152-153

E2. Number of regional lymph nodes examined (Use SEER Codes) ☐☐ 154-155

E3. Gleason Grade (open prost) ☐+☐ 156-157

E4. Gleason Scores (open prost) ☐☐ 158-159

E5. Pathological margins ☐ 160

E6. Metastasis (Path or Clinical) ☐ 161

STAGE

F1. Extent of Disease (SEER Prostate EOD revision, 1995) clinical ☐☐ pathological ☐☐ 162-165

F2. Clinical [T or AUA] (Circle the system reported) ☐☐☐ 166-168

F3. Pathological (T) T☐☐ 169-171

STAGE CODES

Tx-Primary tumor not assessable
T0-No evidence of primary tumor
T1-Clinically inapparent (not palpable or imaged)
- T1a - Incidental histologic (≤5%)
- T1b - Incidental histologic (>5%)
- T1c - Tumor identified by needle biopsy (+PSA)

T2-Confined within prostate
- T2a - Half a lobe or less
- T2b - More than half but not both
- T2c - Both lobes

T3-Tumor extends through prostatic capsule
- T3a - Unilateral extracapsular
- T3b - Bilateral extracapsular
- T3c - Invades seminal vesicle(s)

T4-Tumor fixed or invades adjacent structures
- T4a - Invades any of bladder neck, external sphincter/rectum
- T4b - Invades levator muscles or pelvic wall

AUA

Stage	A	Clinically unsuspected disease
	A1	Focal carcinoma, usually well differentiated
	A2	Diffuse carcinoma, usually poorly differentiated
Stage	B	Tumor confined to prostate gland
	B1	Small, discrete nodule of one lobe of the gland
	B2	Large or multiple nodule or areas of involvement
Stage	C	Tumor localized to the periprostatic area
	C1	Tumor outside capsule, est. wt. ≤ 70 gm
	C2	Tumor outside capsule, est. wt. > 70 gm
Stage	D	Metastatic prostate cancer
	D1	Pelvic lymph node mets and/or obstruction
	D2	Distant bony, organ metastases; aortic/inguinal nodes

TREATMENT

Surgery: include date, name of procedure(s) and findings: if radical, was this nerve sparing surgery.

Radiation: include month and year started and ended, and type given.

Treatment Codes

G4 0=No 1=Uni 2=Bi 3=Uni/Bi not specified 9=Unknown

G1, G8 0=No 1=Yes 7=Recommended, refused 8=Recommended, unknown if given 9=Unknown

Chemo/Hormonal therapy: include dates started and ended, and name of agent given. Record orchiectomy.

Hormone Codes

H1-H10 0=No 1=Presurg/rad 2=Postsurg/rad 3=Both 4=Unknown pre/post 5=Given, no TURP/prostatectomy/radiation 7=Recommended, refused 8=Recommended, unknown if given 9=Unknown

Other

G1. Cryosurgery ☐ 172

G2. Date of cryosurgery ☐☐/☐☐/☐☐ (month/day/year) 173-178

G3. Date of open prostatectomy surgery ☐☐/☐☐/☐☐ (month/day/year) 179-184

G4. Nerve sparing ☐ 185

G5. Radiation Code (SEER Codes) ☐ 186

G6. Date radiation began ☐☐/☐☐/☐☐ (month/day/year) 187-192

G7. Date radiation ended ☐☐/☐☐/☐☐ (month/day/year) 193-198

G8. Watchful waiting (observation only) ☐ 199

HORMONE/ENDOCRINE THERAPIES

H1. Finasteride (Proscar) ☐ 200

H2. Flutamide (Eulexin) ☐ 201

H3. Leuprolide (Lupron) ☐ 202

H4. Goserelin (Zoladex) ☐ 203

H5. Estrogens ☐ 204

H6. Casodex ☐ 205

H7. Prednisone/Steroids ☐ 206

H8. Aminoglutethimide (Cytadren) ☐ 207

H9. Ketoconazole (Nizoral) ☐ 208

H10. Other(specify)_____ ☐ 209

H11. Date of first hormone therapy ☐☐/☐☐/☐☐ (month/day/year) 225-230

H12. Date of final hormone therapy ☐☐/☐☐/☐☐ (month/day/year) 231-236

H13. Orchiectomy ☐ 237

☐☐/☐☐/☐☐ (month/day/year) 238-243

PROTOCOL INFORMATION

Record information about whether this patient was on protocol. Record protocol sponsor and protocol number.

J1. Treatment protocol registration ☐ 244

J2. Protocol sponsor and number ☐☐☐☐☐☐☐☐☐☐☐☐ 245-256

COMPLICATIONS

Record all complications in the 60 days following initial course of definitive therapy, surgery or radiation or within 60 days following biopsy or TURP in watchful waiting.

K1. Cardiac complication	☐	257
K2. Stroke/brain hemorrhage/TIA	☐	258
K3. Proctitis	☐	259
K4. Post operative hemorrhage or hematoma	☐	260
K5. Pulmonary complications	☐	261
K6. Thrombophlebitis	☐	262
K7. Wound infection	☐	263
K8. Diarrhea	☐	264
K9. Cystitis/UTI/Prostatitis	☐	265
K10. Tenesmus	☐	266
K11. Urinary strictures	☐	267
K12. Other _____	☐	268

Complication Codes

K1-K12 0=No 1=Yes 9=Unknown

Hospital Admission Date

☐☐/☐☐/☐☐
☐☐/☐☐/☐☐
☐☐/☐☐/☐☐
☐☐/☐☐/☐☐

Discharge Date

☐☐/☐☐/☐☐
☐☐/☐☐/☐☐
☐☐/☐☐/☐☐
☐☐/☐☐/☐☐

Codes

L3 0=neither 1=inpatient 2=outpatient 3=both

L4 0=No 1=Urologist 2=Medical Oncologist 3=Radiation Oncologist/Center 4=HMO 5=Others 8=Office access denied

L1. Length of primary hospitalization (days)	☐☐	284-285
L2. Number of hospitalizations since diagnosis	☐☐	286-287
L3. Abstracted inpt/outpt	☐	288
L4. Office abstract	☐☐☐	289-291

Other medical conditions existing prior to or concurrent with prostate cancer diagnosis.

Office Use Only

☐☐☐☐☐.☐	292-297
☐☐☐☐☐.☐	298-303
☐☐☐☐☐.☐	304-309
☐☐☐☐☐.☐	310-315
☐☐☐☐☐.☐	316-321
☐☐☐☐☐.☐	322-327
☐☐☐☐☐.☐	328-333
☐☐☐☐☐.☐	334-339
☐☐☐☐☐.☐	340-345

Date of Death (if known) ☐☐/☐☐/☐☐ (month / day / year) 346-351