

PROSTATE CLINICAL AND TREATMENT DATA COLLECTION FORM
To be completed at end of radiotherapy

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF _____

Clinical T stage

T1a ☐ T1b ☐ T1c ☐ T2a ☐ T2b ☐ T2c ☐ T3a ☐ T3b ☐ T4 ☐ Not known ☐

MRI T stage

☐ not visible T2a ☐ T2b ☐ T2c ☐ T3a ☐ T3b ☐ T4 ☐ Not known ☐

pT stage

T2a ☐ T2b ☐ T2c ☐ T3a ☐ T3b ☐ T4 ☐ Not known ☐

cN stage

☐ 0=N0
1=N1
2=NX

pN stage

☐ 0=N0
1=N1
2=NX
8=Not applicable

M status

☐ 0=M0
1=M1
2=MX

Maximum MRI tumor dimension (cm)

☐ ☐ axial

☐ ☐ sagittal

☐ ☐ coronar

☐ Not known

Any pre-radiotherapy TURP

☐ 0=No
1=Yes

If yes, date (ddmmyyyy)

□□/□□/□□□□

Radical prostatectomy

☐ 0=No
1=Yes

If yes, date (ddmmyyyy)

□□/□□/□□□□

Lymphadenectomy

☐ 0=No
1=Yes

Number of left nodes removed

☐ ☐

Number of right nodes removed

☐ ☐

Number of positive left nodes

☐ ☐

Number of positive right nodes

☐ ☐

Lymphadenectomy procedure used

☐ Laparoscopy

☐ Open

☐ Robot

☐ Extended

☐ Standard

Biopsy Gleason score

☐ + ☐ = ☐

Tertiary Gleason parameter

☐

PSA pre-diagnostic biopsy (ng/ml)

□□□•□□

Lowest post-radical prostatectomy PSA (ng/ml)

□□□•□□

888.88=Not applicable
999.99=Not known

Post TURP PSA (ng/ml)

□□□•□□

888.88=Not applicable
999.99=Not known

Any hormone therapy

☐ 0=No
☐ 1=Yes
If yes, start date
(dd/mm/yyyy)

□□/□□/□□□□

If yes, planned length of
hormone therapy (mths)

□□

Type of
hormone
therapy
☐ 1=Anti-androgen (bicalutamide, flutamide)
☐ 2=LHRH agonist
☐ 3=LHRH antagonist
☐ 4=LHRH agonist and anti-androgen (short term)
☐ 5=LHRH antagonist and anti-androgen (short)
☐ 6=LHRH agonist and anti-androgen (long term)
☐ 7=LHRH antagonist and anti-androgen (long)
☐ 8=Orchiectomy
☐ 9=Monoclonal antibody

If yes, drug 1 used

Dose

If yes, drug 2 used

Dose

☐ Not applicable
EXTERNAL BEAM RADIOTHERAPY (RT) TREATMENT DETAILS

Date Start

(ddmmYYYY)

□□/□□/□□□□

Date Finish

(ddmmYYYY)

□□/□□/□□□□

RT interrupted
>3 days due to
complications
☐ 0=No
☐ 1=Yes
☐ 9=Not known
If yes, number of
days

□□

If yes, give detailed reason

Type

☐ 1=3D conformal RT
☐ 2=IMRT
☐ 3=Rapid arc/VMAT
If 3D or IMRT,
Number of beams

□□

88=Not applicable

Complete delivered
dose of external beam
radiation (Gy)

□□.□□

Total number of
fractions

□□

PTV (cm³)

□□□

CTV (cm³)

□□□

Dose per fraction (Gy)

□□.□□

Fractions per week

□□

If change of volume:PTV (cm³)

□□□

CTV (cm³)

□□□

Dose per fraction (Gy)

□□.□□

Fractions per week

□□

Number of fractions

□□

Pelvic radiotherapy

☐
☐ 0=No
☐ 1=Yes

If yes, pelvic RT dose (Gy)

□□.□□

Irradiation of seminal
vesicles
☐
☐ 0=No
☐ 1=Yes
If yes, seminal vesicles dose
(Gy)

□□.□□

NORMAL TISSUES

Rectum delineation

☐

1=Entire rectum as solid organ (rectal wall + filling) from anus to sigmoid
2=Entire rectum as hollow organ (only rectal wall) from anus to sigmoid
3=2 cm above and below PTV as solid organ
4=2 cm above and below PTV as hollow organ
5=Other _____

Bladder delineation

☐

1=Entire bladder
2=Posterior wall only
3=Other _____

☐

1=Bladder empty
2=Bladder halffull
3=Bladder full

Rectum (%)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V30

V40

V50

V60

V65

V70

V75

V80

Bladder (%)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Large bowel (%)

Femoral head (%)

Penile bulb (%)

V50

V60

V75

V78

V50

Left V50

Right V50

V50

V60

☐

Not known

☐

Not known

☐

Not known

☐

Not known

☐

Not known

☐

Not known

☐

Not known

☐

Not known

☐

Not known

BRACHYTHERAPY DETAILS

Brachytherapy ☐ 0= No
1= Yes, EBRT+Brachytherapy
2= Yes, Brachytherapy only

If yes,

Type ☐ 1= HDR
2= LDR

Date start
implantation
(dd/mm/yyyy) ☐☐☐/☐☐☐/☐☐☐☐☐

Date finish
(dd/mm/yyyy) ☐☐☐/☐☐☐/☐☐☐☐☐

☐ Not applicable

Actual delivered
Dose (Gy) ☐☐☐.☐☐

If HDR, number of fractions ☐☐

If HDR, dose per fraction (Gy) ☐☐.☐☐

Source ☐

1=Iridium
2=Iodine
3=Palladium
4=Caesium
5=Cobalt-60

Rectum D1cc (Gy)

☐☐

99=Not known

Urethra (%)

☐☐☐ V125

☐☐☐ V150

☐☐☐ V110

999=Not known