

PROSTATE STUDY COMPLETION FORM
*(to be completed at: Year 2 or study withdrawal if earlier
AND (if applicable) at final data collection time point e.g. year 3 or 4)*

Study Number

RQ□□□□□-□

Patient Initials

□□□□

Date of Birth (dd/mm/yyyy)

□□/□□/□□□□

Date Completed (dd/mm/yyyy)

□□/□□/□□□□

Name + Signature of Person completing the CRF

Time Points

☐ 2 years after
radiotherapy (RT) start

☐ 4 years after
RT start*

☐ 3 years after RT start*

☐ withdrawal**

* if available; ** if applicable

All study data complete?

☐ 0=No
☐ 1=Yes

Current status

☐ 1=Alive without disease recurrence
2=Alive with disease recurrence
3=Alive with second cancer
4=Non-cancer related death
5=Prostate cancer death
6=Other cancer related death
7=Death, unknown cause
9=Not known

If alive or unknown status,
date of last contact

□□/□□/□□□□ (dd/mm/yyyy)

If deceased: Date of death

□□/□□/□□□□ (dd/mm/yyyy)

Death due to treatment
toxicity?

☐ 0=No
☐ 1=Yes, please specify toxicity _____
9=Not known

Biochemical recurrence
(PSA nadir+2 ng/ml)

☐ 0=No
☐ 1=Yes
9=Not known

If yes, Date
(dd/mm/yyyy)

□□/□□/□□□□

Local recurrence

☐ 0=No
☐ 1=Yes
9=Not known

If yes, Date
(dd/mm/yyyy)

□□/□□/□□□□

Local recurrence identified

☐ 1=Radiology
2=Pathology
3=Digital rectal exam

☐ 1=Routinely assessed
2=Due to rising PSA or symptoms

Pelvic recurrence ☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date (dd/mm/yyyy) / /

Pelvic recurrence identified ☐ 1=Radiology
☐ 2=Pathology

☐ 1=Routinely assessed
☐ 2=Due to rising PSA or symptoms

Distant recurrence ☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date (dd/mm/yyyy) / /

Distant recurrence identified ☐ 1=Radiology
☐ 2=Pathology

☐ 1=Routinely assessed
☐ 2=Due to rising PSA or symptoms

Site of progression

☐ Lymph nodes ☐ Bone ☐ Lung

☐ Liver ☐ Brain ☐ Other

If Other, please specify _____

Second cancer outside prostate ☐ 0=No
☐ 1=Yes
☐ 9=Not known

If yes, Date (dd/mm/yyyy) / /

If yes, site of second cancer _____

Additional treatment following initial management ☐

0=No
 1=Hormonal therapy
 2=Targeted therapy
 3=Surgery
 4=Radiotherapy
 5=Chemotherapy
 6=Other _____
 9=Unknown

If additional treatment, details of secondary treatments (e.g. dates, agents used, number of cycles):
