

RECURRENCE/PROGRESSION/METASTASIS/SECONDARY TREATMENT/DEATH

Registry/Study No. _____

IDENTIFIERS

- A1. SEER Registry Number 1-2
- A2. Case No. 3-10

SYMPTOMS

- B1. Frequency/nocturia 11
- B2. Difficulty urinating/weak stream 12
- B3. Hematuria/bloody urine 13
- B4. Infection/prostatitis/UTI/cystitis 14
- B5. Fatigue/exhaustion 15
- B6. Weight loss/wasting 16
- B7. Anorexia/loss of appetite 17
- B8. Bone pain 18
- B9. Other symptoms (specify) _____ 19

PROCEDURES TO CONFIRM RECURRENCE

- C1. Prostate Specific Antigen (most recent) 22
- C2. PSA value . 23-27
 / / 28-33
month day year
- C3. Prostate Specific Antigen 34
- C4. PSA value . 35-39
 / / 40-45
month day year
- C5. Prostate Specific Antigen 46
- C6. PSA value . 47-51
 / / 52-57
month day year
- C7. Prostate Specific Antigen 58
- C8. PSA value . 59-63
 / / 64-69
month day year
- C9. Abnormal/Susp. DRE 70
 / / 71-76
month day year
- C10. Bone scan 77
 / / 78-83
month day year

- C11. Chest x-ray 84
 / / 85-90
month day year
- C12. CAT scan 91
 / / 92-97
month day year
- C13. MRI scan 98
 / / 99-104
month day year
- C14. Transrectal ultrasound 105
 / / 106-111
month day year
- C15. Abdominal/pelvic ultrasound 112
 / / 113-118
month day year
- C16. Prostate biopsy 119
 / / 120-125
month day year
- C17. Bladder neck/urethral biopsy 126
 / / 127-132
month day year
- C18. Lymph node biopsy 133
 / / 134-139
month day year
- C19. Other biopsy (specify) _____ 140
 / / 141-146
month day year

RECURRENCE/METS

- D1. Local/regional recurrence 149
- D2. Progression of disease 150
- D3. Metastasis 151

SITE OF METASTASIS

- E1. Bone 152
- E2. Organ (specify) _____ 153
- E3. Other (specify) _____ 156

SECONDARY TREATMENT

- F1. Surgery 159
/ / 160-165
month day year
- F2. Radiation (specify site) _____ 166
- F3. Date begun / / 169-174
month day year
- F4. Date ended / / 175-180
month day year

HORMONE/ENDOCRINE THERAPIES

- G1. Finasteride (Proscar) 181
- G2. Flutamide (Eulexin) 182
- G3. Leuprolide (Lupron) 183
- G4. Goserelin (Zoladex) 184
- G5. Estrogens 185
- G6. Casodex 186
- G7. Prednisone/Steroids 187
- G8. Aminoglutethimide (Cytadren) 188
- G9. Ketoconazole (Nizoral) 189
- G10. Other (specify) _____ 190
- G11. Date hormone therapy began / / 193-198
month day year
- G12. Date hormone therapy ended / / 199-204
month day year
- G13. Orchiectomy 205
/ / 206-211
month day year

CHEMOTHERAPY

- H1. 5-fluorouracil (5-FU) 212
- H2. Cyclophosphamide (Cytosan) 213
- H3. Methotrexate 214
- H4. Doxorubicin (Adriamycin) 215
- H5. Vincristine (Oncovin) 216
- H6. Cisplatin 217
- H7. Carboplatin 218

- H8. Melphalan (Alkeran) 219
- H9. Folinic acid, Leucovorin 220
- H10. Vinblastine (Velban) 221
- H11. Estramustine 222
- H12. Other (specify) _____ 223
- H13. Date chemotherapy began / / 226-231
month day year
- H14. Date chemotherapy ended / / 232-237
month day year

OTHER THERAPY

- J1. Immunotherapy 238
/ / 239-244
month day year
- J2. Other (specify) _____ 245
/ / 246-251
month day year

VITAL STATUS

- K1. Vital status 254
- K2. Date of last known contact / / 255-260
month day year
- K3. If deceased, date of death / / 261-266
month day year

For office use only

- L1. Cause of death
- _____ Primary . 267-271
- _____ Secondary . 272-276
- _____ Secondary . 277-281
- _____ Secondary . 282-286
- _____ Underlying . 287-291