

Referring Hospital: .....

# UK Genetic Prostate Cancer Study

## Patient Pro-Forma at Diagnosis

To be completed by the Consultant/Research Nurse after consent is received from the patient.

**Patient Name:** Mr \_\_\_\_\_

**Ethnic Origin** \_\_\_\_\_

**Patient Postcode:** \_\_\_\_\_

**History of other cancer in patient**  Yes  No  
 Don't Know

**NHS No:** \_\_\_\_\_

If so what site \_\_\_\_\_

**Your Patient Hospital No:** -----

Age at diagnosis \_\_\_\_\_

**DOB:** «date\_birth» \_\_\_\_\_

**Date of Diagnosis (usually date of biopsy):** / /

**Hospital at which the diagnosis was made** \_\_\_\_\_

**Method of Detection:**  Screen detected  Clinical symptoms

**PSA level at diagnosis:** \_\_\_\_\_

<b>Stage at diagnosis.</b> Please tick the correct TNM staging system. If uncertain, ignore a/b/c and just tick gross T, N & M-stage. Please use <b>X</b> if unknown.	<input type="radio"/> T1 <input type="radio"/> T1a <input type="radio"/> T1b <input type="radio"/> T1c	<input type="radio"/> T2 <input type="radio"/> T2a <input type="radio"/> T2b <input type="radio"/> T2c	<input type="radio"/> T3 <input type="radio"/> T3a <input type="radio"/> T3b	<input type="radio"/> T4 <input type="radio"/> TX
	Regional lymph node(s): <input type="radio"/> N0 <input type="radio"/> N+ <input type="radio"/> NX	Non-regional lymph node(s):	<input type="radio"/> M0 <input type="radio"/> M+ <input type="radio"/> MX	

**Date of Staging:** / /

<b>Histological Grade at diagnosis.</b> <b>Date of Histology</b> / / Please attach copy of histology report.	<input type="radio"/> G1 <input type="radio"/> G2 <input type="radio"/> G3 <input type="radio"/> GX	<b>Gleason Score at diagnosis.</b>	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5	+	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5
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**Treatment after diagnosis:**

<input type="radio"/> Active Surveillance	<input type="radio"/> Hormonal Therapy
<input type="radio"/> Hormonal Therapy plus Radiotherapy	<input type="radio"/> Radiotherapy
<input type="radio"/> Radical Prostatectomy	<input type="radio"/> Brachytherapy
<input type="radio"/> Watchful Waiting	<input type="radio"/> Other. Please Specify _____

**Relapse Information.**

PSA relapse only	Y/N	Date: / /	Doubling Time _____
Local relapse	Y/N	Date: / /	
Lymph Node relapse	Y/N	Date: / /	Site if known _____
Bone relapse	Y/N	Date: / /	Site if known _____
Other metastatic relapse	Y/N	Date: / /	Site if known _____

Consultant: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Form Completed by: (Please print) \_\_\_\_\_

Please see our guidelines at [www.icr.ac.uk/ukgpcs](http://www.icr.ac.uk/ukgpcs) for help with filling this form in. Thank you for your help.