

Participant ID Number

Prostate, Lung, Colorectal and Ovarian Cancer Screening Trial

MEDICAL RECORD ABSTRACT FORM DIAGNOSTIC EVALUATION – PROSTATE (DEP3/DPQ3)

1. Date Abstracted: _____
Month Day Year
2. Abstractor ID#: _____
3. Nosologist ID: _____
4. CTR ID: _____
5. Study Year T0-T13: _____
6. Purpose of Abstract:
 - Initial abstract
 - Re-abstract for QA
7. Multiple Primary Cancer #: (Select 2 through 9)
(GO TO A.9)

FOR OFFICE USE ONLY

8. Form Processing (MARK RESPONSES AS STEPS ARE COMPLETED)
 - Form Receipted into SMS
 - Manual Review Completed

Data Entry of Non-Scannable Items:

- Completed
- None Required

Data Retrieval:

- Attempted
- None Required

Disposition:

- Interim Complete (ICM)
- Final Complete (FCM)
- Final Incomplete (FIC)

PART A: DIAGNOSTIC EVALUATION AND STAGING

1. Diagnostic Procedures Performed:

- Yes
- No, Physician report (GO TO A.9)
- No, Participant self-report (GO TO A.9)

2. Reason for Initial Visit for Clinical Assessment: (MARK ALL THAT APPLY)

- Symptomatic
- Follow-up of positive PLCO screen
- Other (SPECIFY) _____

3. PSA Blood Test: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PSA BLOOD TEST	1	2	3
PSA LEVEL (ng/ml)	_____ . ____	_____ . ____	_____ . ____
PSA ASSAY BRAND 1 = Hybritech 2 = Abbott 3 = Yang 4 = Diagnostic Products 5 = Bayer 8 = Other (SPECIFY) 9 = Not available			
LAB RANGE (ng/ml)	____ . ____ to _____ . ____	____ . ____ to _____ . ____	____ . ____ to _____ . ____
DATE OF TEST (MO.-DAY-YEAR)			

4. Digital Rectal Examination (DRE): (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

RECTAL EXAMINATION	1	2	3
DATE OF PROCEDURE (MO.-DAY-YEAR)			

5. Transrectal Ultrasonography (TRUS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

TRUS	1	2	3
PROSTATE DIMENSIONS (cm) 99 = Not available	1. ____ 2. ____ 3. ____	1. ____ 2. ____ 3. ____	1. ____ 2. ____ 3. ____
DATE OF PROCEDURE (MO.-DAY-YEAR)			

6. Pathologic Examination (Prostate Biopsy):

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PROSTATE BIOPSY #	1	2	3
TYPE OF BIOPSY 1 = Cytological 2 = Histological 9 = Not available			
LOCATION OF BIOPSY (MARK ALL THAT APPLY) 1 = Right prostate 2 = Left prostate 9 = Not available			
RESULT (SEE RESULT CODES BELOW)			
DATE OF BIOPSY (MO.-DAY-YEAR)			

PROCEDURE CODES

- 01 = Negative (normal)
- 02 = Abnormal, not suspicious for prostate cancer
- 04 = Abnormal, suspicious for prostate cancer
- 05 = Abnormal, diagnostic of prostate cancer
- 08 = Unsatisfactory
- 09 = Inconclusive
- 99 = Not available

7. Other Diagnostic/Staging Procedures: (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

PROCEDURE #	1	2	3
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF PAP, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	4	5	6
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF PAP, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	7	8	9
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF PAP, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE #	10	11	12
TYPE OF PROCEDURE (SEE PROCEDURE CODES BELOW. IF PAP, RECORD VALUE; IF OTHER, SPECIFY)			
DATE OF PROCEDURE (MO.-DAY-YEAR)			

PROCEDURE CODES

- 01 = CT scan – abdominal
- 02 = CT scan – other (SPECIFY)
- 03 = CT scan – pelvic
- 04 = Intravenous pyelography (IVP)/excretory urography
- 05 = Laparoscopic lymph node biopsy
- 06 = Lymphangiogram
- 07 = MRI scan – abdominal
- 08 = MRI scan – other (SPECIFY)
- 09 = MRI scan – pelvic
- 10 = Other biopsy (SPECIFY)
- 11 = Preoperative prostatic acid phosphatase (PAP) (RECORD VALUE)
- 12 = Bone radiograph
- 13 = Chest radiograph
- 14 = Radioisotope bone scan
- 15 = TURP
- 16 = Lymphadenectomy/Lymph node sampling
- 17 = Cystoscopy
- 18 = Proctosigmoidoscopy
- 19 = Other endoscopy (SPECIFY)
- 20 = Prostatectomy
- 21 = Clinical evaluation
- 22 = CT scan – abdomen and pelvis combined
- 23 = Cystogram
- 24 = Cystourethroscopy/Cystopanendoscopy
- 25 = Other radiograph (SPECIFY)
- 26 = Record review
- 27 = Ultrasound (SPECIFY)
- 28 = Ureterogram
- 88 = Other (SPECIFY)

7b. DIAGNOSTIC/STAGING PROCEDURES SUPPLEMENT FORM COMPLETED

8. Medical Complications of Diagnostic Evaluation and Staging:

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

COMPLICATION #	1	2	3
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF COMPLICATION (MO.-DAY-YEAR)			

COMPLICATION #	4	5	6
TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)			
DATE OF COMPLICATION (MO.-DAY-YEAR)			

MEDICAL COMPLICATION CODES

- 1 = Infection (SPECIFY)
- 2 = Fever requiring antibiotics
- 20 = Cardiac arrest
- 21 = Respiratory arrest
- 22 = Hospitalization
- 23 = Pulmonary embolus/emboli
- 24 = Myocardial infarction
- 25 = Cardiac arrhythmia
- 26 = Cerebral vascular accident (CVA)/Stroke
- 27 = Blood loss requiring transfusion
- 28 = Deep venous thrombosis (DVT)
- 29 = Acute/chronic respiratory failure
- 30 = Hypotension
- 31 = Congestive heart failure (CHF)
- 32 = Wound dehiscence
- 33 = Hypokalemia
- 100 = Bladder neck contracture
- 101 = Extraperitoneal leakage from bladder
- 104 = Impotence
- 105 = Diminished potency
- 106 = Incontinence – partial stress
- 107 = Incontinence – total
- 108 = Rectal damage

109 = Urethral stricture

110 = Diarrhea

111 = Blood in stool

9. Result of Diagnostic Evaluation for Colorectal Cancer:

- No malignancy (GO TO PART B)
- No malignancy and no diagnostic/staging procedures performed (GO TO PART D)
- Prostate malignancy confirmed histologically (exclude carcinoma in situ) (GO TO PART C)
- Prostate malignancy confirmed cytologically (GO TO PART C)
- Prostate malignancy diagnosed by clinical examination only (GO TO PART C)
- Other malignancy confirmed histologically or cytologically (GO TO PART B)
- No information available (GO TO PART D)

PART B: DIAGNOSIS INFORMATION FOR SPECIFIC CONDITIONS OTHER THAN PROSTATE CANCER

10. Specific Prostate Diagnosis:

- No
- Yes (COMPLETE TABLE BELOW)

DIAGNOSIS #	1	2	3
DIAGNOSIS 1 = Prostatitis 2 = Benign prostatic hypertrophy (BPH) 3 = Prostatic intraepithelial neoplasia (PIN) (Carcinoma in situ)			
DATE OF DIAGNOSIS (MO.-DAY-YEAR)			

11. Other Cancer Diagnosis:

- No
- Yes (COMPLETE TABLE BELOW)

OTHER CANCER DIAGNOSIS 1		OTHER CANCER DIAGNOSIS 2	
ICD-9-CM CLASSIFICATION _____	DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)	ICD-9-CM CLASSIFICATION _____	DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)

GO TO PART D

PART C: PRIMARY PROSTATE CANCER DIAGNOSIS INFORMATION

12. Date of Primary Prostate Cancer Diagnosis:
(MO.-DAY-YEAR)

13. Verbatim Description of Primary Prostate Cancer Diagnosis:

14. ICD-O-2 Cancer Classification:

____ - ____ - ____ - ____
(Topography) (Morphology) (Behavior) (Grade)

15. Photocopy of Report Confirming Primary Prostate Cancer: (MARK ONE)

- Pathology/Histopathology (ATTACH COPY)
- Cytology/Cytopathology (ATTACH COPY)
- Not available

16. Histopathologic Type for Primary Prostate Cancer:

- Adenocarcinoma, NOS
- Adenocarcinoma, acinar
- Adenocarcinoma, mucinous
- Adenocarcinoma, ductal
- Transitional cell carcinoma
- Squamous cell carcinoma
- Neuroendocrine tumor
- Small cell (anaplastic) carcinoma
- Undifferentiated carcinoma
- Other (SPECIFY) _____
- Unknown

17. Histopathologic Grade for Primary Prostate Cancer:

- Grade cannot be assessed (GX)
- Well differentiated, slight anaplasia (G1)
- Moderately differentiated, moderate anaplasia (G2)
- Poorly differentiated or undifferentiated, marked anaplasia (G3-4)
- Unknown

18. Gleason Score (MARK ONE):

- 2 3 4 5 6
 7 8 9 10 99 Not available

19. TNM Staging for Primary Prostate Cancer:

If TNM Staging performed, what AJCC Cancer Staging Manual did you use? 4th Edition 5th Edition

a. TNM Clinical Staging:

- Yes (COMPLETE 19.a.1, 19.a.2, 19.a.3)
 No (GO TO C.19.b)

1. PRIMARY TUMOR (T)

- | | |
|---------------------------|-------------------------------------|
| <input type="radio"/> Tx | <input type="radio"/> T2c |
| <input type="radio"/> T0 | <input type="radio"/> T3 |
| <input type="radio"/> T1 | <input type="radio"/> T3a |
| <input type="radio"/> T1a | <input type="radio"/> T3b |
| <input type="radio"/> T1b | <input type="radio"/> T3c |
| <input type="radio"/> T1c | <input type="radio"/> T4 |
| <input type="radio"/> T2 | <input type="radio"/> T4a |
| <input type="radio"/> T2a | <input type="radio"/> T4b |
| <input type="radio"/> T2b | <input type="radio"/> Not available |

2. NODAL INVOLVEMENT (N)

- | | |
|--------------------------|-------------------------------------|
| <input type="radio"/> Nx | <input type="radio"/> N2 |
| <input type="radio"/> N0 | <input type="radio"/> N3 |
| <input type="radio"/> N1 | <input type="radio"/> Not available |

3. DISTANT METASTASES (M)

- | | |
|---------------------------|-------------------------------------|
| <input type="radio"/> Mx | <input type="radio"/> M1B |
| <input type="radio"/> M0 | <input type="radio"/> M1C |
| <input type="radio"/> M1A | <input type="radio"/> Not available |

b. TNM Pathologic Staging:

Yes (COMPLETE 19.b.1, 19.b.2, 19.b.3)

No (GO TO C.20)

1. PRIMARY TUMOR (T)

- | | |
|---------------------------|-------------------------------------|
| <input type="radio"/> Tx | <input type="radio"/> T2c |
| <input type="radio"/> T0 | <input type="radio"/> T3 |
| <input type="radio"/> T1 | <input type="radio"/> T3a |
| <input type="radio"/> T1a | <input type="radio"/> T3b |
| <input type="radio"/> T1b | <input type="radio"/> T3c |
| <input type="radio"/> T1c | <input type="radio"/> T4 |
| <input type="radio"/> T2 | <input type="radio"/> T4a |
| <input type="radio"/> T2a | <input type="radio"/> T4b |
| <input type="radio"/> T2b | <input type="radio"/> Not available |

2. NODAL INVOLVEMENT (N)

- | | |
|--------------------------|-------------------------------------|
| <input type="radio"/> Nx | <input type="radio"/> N2 |
| <input type="radio"/> N0 | <input type="radio"/> N3 |
| <input type="radio"/> N1 | <input type="radio"/> Not available |

3. DISTANT METASTASES (M)

- | | |
|---------------------------|-------------------------------------|
| <input type="radio"/> Mx | <input type="radio"/> M1B |
| <input type="radio"/> M0 | <input type="radio"/> M1C |
| <input type="radio"/> M1A | <input type="radio"/> Not available |

20. Record Stage: (COMPLETE IF 19.b.1, 19.b.2, OR 19.b.3 IS NOT AVAILABLE, OTHERWISE SKIP)

Yes (COMPLETE 20.1, 20.2, 20.3)

No (GO TO PART E)

1. STAGE ONLY

- | | |
|--------------------------|-------------------------------------|
| <input type="radio"/> I | <input type="radio"/> III |
| <input type="radio"/> II | <input type="radio"/> IV |
| | <input type="radio"/> Not available |

2. AUA (WHITMORE) STAGING

- | | |
|--------------------------|-------------------------------------|
| <input type="radio"/> A | <input type="radio"/> B2 |
| <input type="radio"/> A1 | <input type="radio"/> C1 |
| <input type="radio"/> A2 | <input type="radio"/> C2 |
| <input type="radio"/> B | <input type="radio"/> D1 |
| <input type="radio"/> B1 | <input type="radio"/> D2 |
| | <input type="radio"/> Not available |

3. SUMMARY STAGING

- | | |
|---------------------------------|-------------------------------------|
| <input type="radio"/> Localized | <input type="radio"/> Distant |
| <input type="radio"/> Regional | <input type="radio"/> Not available |

GO TO PART E

24. COMMENTS:

No

Yes (SPECIFY)

Item #	Comments

(CONTINUED)