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)
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

<table>
<thead>
<tr>
<th>PSA BLOOD TEST</th>
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<tr>
<td>PSA LEVEL</td>
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<tr>
<td>PSA ASSAY BRAND</td>
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<tr>
<td>1 = Hybritech</td>
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<td>2 = Abbott</td>
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<td>3 = Yang</td>
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<td>4 = Diagnostic Products</td>
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<td>5 = Bayer</td>
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<td>8 = Other (SPECIFY)</td>
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<td>9 = Not available</td>
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<tr>
<td>LAB RANGE</td>
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4. Digital Rectal Examination (DRE): (DO NOT RECORD RESULTS OF PLCO SCREENING EXAMINATIONS)  
- No  
- Yes (COMPLETE TABLE BELOW)  
- Unknown

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<tr>
<th>RECTAL EXAMINATION</th>
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5. Transrectal Ultrasonography (TRUS)

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

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<th>TRUS</th>
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<td>PROSTATE DIMENSIONS (cm)</td>
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<td>2. ___ ___</td>
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<td>3. ___ ___</td>
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<td>99 = Not available</td>
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| DATE OF PROCEDURE (MO.-DAY-YEAR) |  |  |  |

6. Pathologic Examination (Prostate Biopsy):

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

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<tr>
<th>PROSTATE BIOPSY #</th>
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<tbody>
<tr>
<td>TYPE OF BIOPSY</td>
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<tr>
<td>1 = Cytological</td>
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<td>2 = Histological</td>
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<td>9 = Not available</td>
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<thead>
<tr>
<th>LOCATION OF BIOPSY (MARK ALL THAT APPLY)</th>
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<tbody>
<tr>
<td>1 = Right prostate</td>
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<tr>
<td>2 = Left prostate</td>
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<td>9 = Not available</td>
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<tr>
<th>RESULT (SEE RESULT CODES BELOW)</th>
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| DATE OF BIOPSY (MO.-DAY-YEAR) | 1 | 2 | 3 |
### 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

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<th>PROCEDURE #</th>
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<td>TYPE OF PROCEDURE</td>
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<td>DATE OF PROCEDURE (MO.-DAY-YEAR)</td>
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**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 = Lymphadentectomy/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/Cystoscopy
25 = Other radiograph (SPECIFY)
26 = Record review
27 = Ultrasound (SPECIFY)
28 = Ureterogram
88 = Other (SPECIFY)
8. Medical Complications of Diagnostic Evaluation and Staging:

- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

<table>
<thead>
<tr>
<th>COMPLICATION #</th>
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<td>TYPE OF COMPLICATION (SEE COMPLICATION CODES BELOW.)</td>
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<td>DATE OF COMPLICATION (MO.-DAY-YEAR)</td>
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**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
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)

<table>
<thead>
<tr>
<th>DIAGNOSIS #</th>
<th>1</th>
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<tbody>
<tr>
<td>DIAGNOSIS</td>
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<tr>
<td>1 = Prostatitis</td>
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<tr>
<td>2 = Benign prostatic hypertrophy (BPH)</td>
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<tr>
<td>3 = Prostatic intraepithelial neoplasia (PIN) (Carcinoma in situ)</td>
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<td>DATE OF DIAGNOSIS (MO.-DAY-YEAR)</td>
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11. Other Cancer Diagnosis:
   - No
   - Yes (COMPLETE TABLE BELOW)

<table>
<thead>
<tr>
<th>OTHER CANCER DIAGNOSIS 1</th>
<th>OTHER CANCER DIAGNOSIS 2</th>
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<tbody>
<tr>
<td>ICD-9-CM CLASSIFICATION</td>
<td>ICD-9-CM CLASSIFICATION</td>
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<td>___ ___ ___ ___</td>
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<td>DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)</td>
<td>DATE OF OTHER CANCER DIAGNOSIS (MO.-DAY-YEAR)</td>
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GO TO PART D
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)
〇 Pathology/Histopathology (ATTACH COPY)
〇 Cytology/Cytopathology (ATTACH COPY)
〇 Not available

16. Histopathologic Type for Primary Prostate Cancer:
〇 Adenocarcinoma, NOS
〇 Adenocarcinoma, acinar
〇 Adenocarcinoma, mucinous
〇 Adenocarcinoma, ductal
〇 Transitional cell carcinoma
〇 Squamous cell carcinoma
〇 Neuroendocrine tumor
〇 Small cell (anaplastic) carcinoma
〇 Undifferentiated carcinoma
〇 Other (SPECIFY) ______________________________
〇 Unknown

17. Histopathologic Grade for Primary Prostate Cancer:
〇 Grade cannot be assessed (GX)
〇 Well differentiated, slight anaplasia (G1)
〇 Moderately differentiated, moderate anaplasia (G2)
〇 Poorly differentiated or undifferentiated, marked anaplasia (G3-4)
〇 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)
      - Tx
      - T0
      - T1
      - T1a
      - T1b
      - T1c
      - T2
      - T2a
      - T2b

   2. NODAL INVOLVEMENT (N)
      - Nx
      - N0
      - N1

   3. DISTANT METASTASES (M)
      - Mx
      - M0
      - M1A

b. **TNM Pathologic Staging:**
   - Yes (COMPLETE 19.b.1, 19.b.2, 19.b.3)
   - No (GO TO C.20)

1. **PRIMARY TUMOR (T)**
   - Tx
   - T2c
   - T0
   - T3
   - T1
   - T3a
   - T1a
   - T3b
   - T1b
   - T3c
   - T1c
   - T4
   - T2
   - T4a
   - T2a
   - T4b
   - T2b
   - Not available

2. **NODAL INVOLVEMENT (N)**
   - Nx
   - N2
   - N0
   - N3
   - N1
   - Not available

3. **DISTANT METASTASES (M)**
   - Mx
   - M1B
   - M0
   - M1C
   - M1A
   - 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**
   - I
   - III
   - II
   - IV
   - Not available

2. **AUA (WHITMORE) STAGING**
   - A
   - B2
   - A1
   - C1
   - A2
   - C2
   - B
   - D1
   - B1
   - D2
   - Not available

3. **SUMMARY STAGING**
   - Localized
   - Distant
   - Regional
   - Not available

GO TO PART E
PART D: DATE OF DIAGNOSTIC EVALUATION DETERMINATION

21. Complete this item if:
   Item A.9 = No malignancy and Item B.10 and Item B.11 = No OR
   Item A.9 = No malignancy and no diagnostic procedures performed OR
   Item A.9 = No information available

   (MO.-DAY-YEAR)

PART E: PHYSICIAN/HOSPITAL LOCATION INFORMATION

22. PHYSICIAN FOR DIAGNOSTIC EVALUATION:
   a. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (___) _________________________   Medical Record/Chart # ______________________
   b. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (___) _________________________   Medical Record/Chart # ______________________

23. HOSPITAL OR CLINIC FOR DIAGNOSTIC EVALUATION:
   a. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (___) _________________________   Medical Record/Chart # ______________________
   b. Name: _________________________________________________________________________________
      Address: _______________________________________________________________________________
      City       State   ZIP Code
      Telephone: (___) _________________________   Medical Record/Chart # ______________________
24. COMMENTS:
   - No
   - Yes (SPECIFY)

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