Prostate, Lung, Colorectal, and Ovarian Cancer Screening Trial

MEDICAL RECORD ABSTRACT FORM
TREATMENT INFORMATION - PROSTATE (TIP2/TPQ2)

1. Date Abstracted: MO. DAY YEAR
   0 0 0
   1 1 1
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   6 6 6
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   8 8 8
   9 9 9

2. Abstractor ID #:
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4. Study Year T0-T1s:
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5. Purpose of Abstract:
   - Initial abstract
   - Re-abstract
   - for QA

FOR OFFICE USE ONLY

6. Form Processing (MARK RESPONSES AS STEPS ARE 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: INITIAL TREATMENT INFORMATION

1. RADIATION TREATMENT FOR PROSTATE CANCER:
   - No
   - Yes (COMPLETE TABLE BELOW)
   - Unknown

TREATMENT #
   1
   2

DATE RADIATION TREATMENT BEGAN
   (MO. - DAY - YEAR)
   MO. DAY YEAR
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   1 1 1
   2 2 2
   3 3 3
   4 4 4
   5 5 5
   6 6 6
   7 7 7
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- 1 -

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### PART A CONTINUED...

#### 2. SURGICAL TREATMENT FOR PROSTATE CANCER:

- **No**
- **Yes** (COMPLETE TABLE BELOW)
- **Unknown**

<table>
<thead>
<tr>
<th>PROCEDURE #</th>
<th>1</th>
<th>2</th>
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<th>4</th>
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<tbody>
<tr>
<td>TYPE OF SURGICAL PROCEDURE</td>
<td>Specify</td>
<td>Specify</td>
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<td>(SEE SURGICAL PROCEDURE CODES BELOW, IF OTHER, SPECIFY)</td>
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#### SURGICAL PROCEDURE CODES

- **01** = Pelvic node dissection (lymphadenectomy), surgical
- **02** = Pelvic node dissection (lymphadenectomy), laparoscopic
- **03** = Radical prostatectomy, perineal
- **04** = Radical prostatectomy, retropubic
- **06** = Subtotal/simple prostatectomy with lymph node dissection
- **07** = Subtotal/simple prostatectomy without lymph node dissection
- **08** = Transurethral resection
- **09** = Cryosurgery
- **10** = Anatomic (unilateral nerve sparing) prostatectomy, retropubic
- **11** = Anatomic (bilateral nerve sparing) prostatectomy, retropubic
- **12** = Prostatectomy, NOS
- **13** = Laser prostatectomy
- **88** = Other (SPECIFY)

#### 3. HORMONAL TREATMENT FOR PROSTATE CANCER:

- **No**
- **Yes** (COMPLETE TABLE BELOW)
- **Unknown**

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### PART A CONTINUED...

#### 4. OTHER TYPE OF TREATMENT FOR PROSTATE CANCER:
- No
- Yes (COMPLETE TABLE BELOW)
- Unknown

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| **DATE OTHER TREATMENT BEGAN**
  **(MO.-DAY-YEAR)** | | |

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#### 5. ANY LOCAL OR REGIONAL RESIDUAL DISEASE LEFT AFTER SURGERY:
- No
- Yes - Microscopic
- Yes - Gross Tumor
- Yes - Elevated PSA
- Not applicable
- Unknown

### PART B: PHYSICIAN/HOSPITAL LOCATION INFORMATION

#### 6. PHYSICIAN FOR TREATMENT:

- **a.** Name:
  - Address:
  - Telephone: ( )
  - City
  - State
  - ZIP Code
  - Medical Record/Chart #

- **b.** Name:
  - Address:
  - Telephone: ( )
  - City
  - State
  - ZIP Code
  - Medical Record/Chart #

#### 7. HOSPITAL OR CLINIC FOR TREATMENT:

- **a.** Name:
  - Address:
  - Telephone: ( )
  - City
  - State
  - ZIP Code
  - Medical Record/Chart #

- **b.** Name:
  - Address:
  - Telephone: ( )
  - City
  - State
  - ZIP Code
  - Medical Record/Chart #