MARTINI-KLINIK

Anamnesis

Patients with prostate cancer recurrence

Name Date of birth

1. Initial diagnosis

Date of initial diagnosis: __ __ . __ __ . __ __ __ __ PSA at diagnosis: _____

Maximum Gleason-Score at biopsy: __ + __ = __ __

Metastases at initial diagnosis: ☐ No ☐ Yes

If yes, where were the metastases located?

.....

.....

.....

2. Treatment

Which initial treatment was performed?

Radical prostatectomy Date: __ __ . __ __ . __ __ __ __

☐ open surgery ☐ robot assisted ☐ other

Histological result: pT __ __ pN __ __ (___ / ___) R ___

Gleason-Score: __ + __ = __ __

Radiotherapy Start date: __ __ . __ __ . __ __ __ __ End date: __ __ . __ __ . __ __ __ __

Radiation of ☐ prostate ☐ prostate and lymph drainage

Brachytherapy Date: __ __ . __ __ . __ __ __ __ Date: __ __ . __ __ . __ __ __ __

Other therapy, namely:

_____ Start date: __ __ . __ __ . __ __ __ __ End date: __ __ . __ __ . __ __ __ __

_____ Start date: __ __ . __ __ . __ __ __ __ End date: __ __ . __ __ . __ __ __ __

Prostate cancer specific medical treatment (hormonal therapy, chemotherapy, other)?

Medication (brand name or active ingredient)	Start date	End date

3. Current imaging

Which diagnostic imaging was currently performed on you?

CT (Computed tomography) Date: __ __ . __ __ . __ __ __ __ Metastases ☐ Yes ☐ No

If yes, where? _____

MRI (magnetic resonance imaging) Date: __ __ . __ __ . __ __ __ __ Metastases ☐ Yes ☐ No

If yes, where? _____

Bone scan Date: __ __ . __ __ . __ __ __ __ Metastases ☐ Yes ☐ No

If yes, where? _____

PSMA-PET/ CT Date: __ __ . __ __ . __ __ __ __ Metastases ☐ Yes ☐ No

If yes, where? _____

PSMA-PET/ MRI Date: __ __ . __ __ . __ __ __ __ Metastases ☐ Yes ☐ No

If yes, where? _____

Please indicate all PSA values of the last 12 months:

Date: __ __ . __ __ . __ __ __ __ PSA at diagnosis: _____

Date: __ __ . __ __ . __ __ __ __ PSA at diagnosis: _____

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Date: __ __ . __ __ . __ __ __ __ PSA at diagnosis: _____