

Additional questions for recurrence

To help prepare your treatment options

Last name: _____ First name: _____ Date of birth: _____

1. Initial diagnosis

Date of initial diagnosis: ____ . ____ . ____ PSA level at diagnosis: _____

Maximum Gleason score from the biopsy: ____ + ____ = ____

Metastases at primary diagnosis: ☐ Yes ☐ No

If yes, where were the metastases located?

2. Course of Treatment

What treatments did you receive?

Radical prostatectomy

Date: ____ . ____ . ____

☐ Open ☐ Robot-assisted ☐ Other

Histological findings: pT ____ pN ____ (____ / ____) R ____

Gleason score: ____ + ____ = ____

Radiation therapy

Start Date: ____ . ____ . ____ End: ____ . ____ . ____

Radiation therapy for the ☐ prostate ☐ prostate and lymphatic vessels

Brachytherapy

Date: ____ . ____ . ____ Date: ____ . ____ . ____

Other treatment, specifically:

_____ Start date: ____ . ____ . ____ End: ____ . ____ . ____

_____ Start date: ____ . ____ . ____ End: ____ . ____ . ____

Pharmacological prostate-specific therapies (hormone therapy, chemotherapy, other)

Medication (Name and Dosage)	Start Date	End Date

3. Current Imaging

What imaging tests have you recently undergone?

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 provide us with your PSA levels from the past 12 months:

Date: ____ . ____ . ____ PSA-level: _____

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