

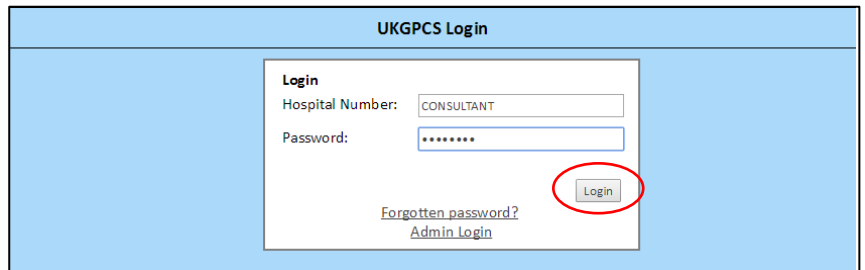
# FOLLOW-UP PROFORMA WEBSITE

## SOP FOR COLLABORATORS

1. Load <http://ukgpcs.icr.ac.uk> in your website browser.

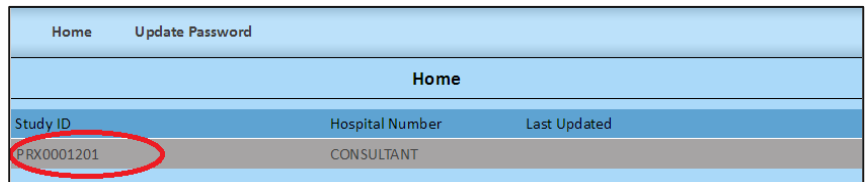
➤ A login screen will appear

- Enter your 'Hospital Number' and password.
- Once entered for the the first time, a prompt will appear to change the password.
- In the event of losing or forgetting the password, click 'Forgotton Password' and a new one will be supplied.
- Click 'Login'.



2. Home

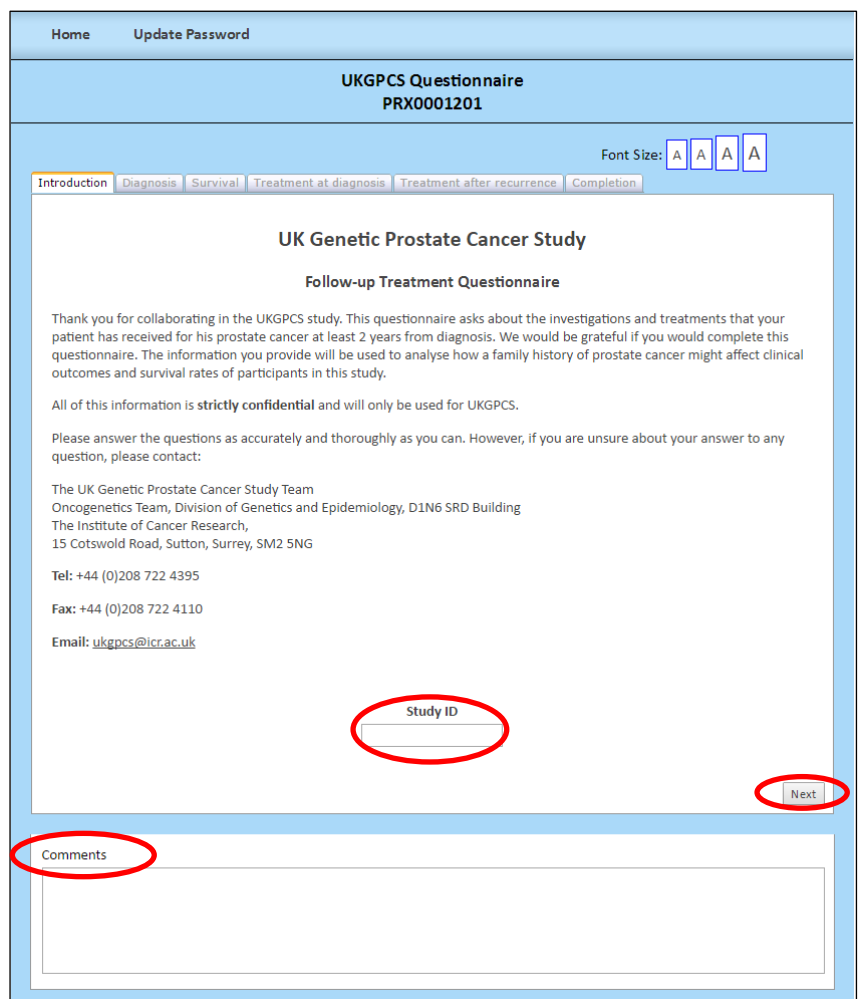
- Click the study ID number to open the follow-up proforma questionnaire.



Study ID	Hospital Number	Last Updated
PRX0001201	CONSULTANT	

3. Introduction

- Re-enter the Study ID in the 'Study ID' box.
- Click 'Next'.
- **A 'Comments' box is available at the bottom of every screen to add any additional relevant information.**
- The questionnaire does not have to be filled in one sitting. The questionnaire can be saved at the bottom of each page to resume data entry at a later time.



UKGPCS Questionnaire  
PRX0001201

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Introduction | Diagnosis | Survival | Treatment at diagnosis | Treatment after recurrence | Completion

### UK Genetic Prostate Cancer Study

#### Follow-up Treatment Questionnaire

Thank you for collaborating in the UKGPCS study. This questionnaire asks about the investigations and treatments that your patient has received for his prostate cancer at least 2 years from diagnosis. We would be grateful if you would complete this questionnaire. The information you provide will be used to analyse how a family history of prostate cancer might affect clinical outcomes and survival rates of participants in this study.

All of this information is **strictly confidential** and will only be used for UKGPCS.

Please answer the questions as accurately and thoroughly as you can. However, if you are unsure about your answer to any question, please contact:

The UK Genetic Prostate Cancer Study Team  
Oncogenetics Team, Division of Genetics and Epidemiology, D1N6 SRD Building  
The Institute of Cancer Research,  
15 Cotswold Road, Sutton, Surrey, SM2 5NG

Tel: +44 (0)208 722 4395  
Fax: +44 (0)208 722 4110  
Email: [ukgpcs@icr.ac.uk](mailto:ukgpcs@icr.ac.uk)

Study ID

Next

Comments

- Section A – Prostate Cancer Diagnosis

- This screen has pre-loaded information collected from the initial proforma at diagnosis. Complete any missing data. The boxes that are greyed cannot be amended.

- A.4 - Select the hospital.
- A.10 Enter biopsy information.
- A.11 - check box 'yes' or 'no' if patient has undergone a second prostate biopsy.
- Click 'Next'.
- **If there is a need to stop halfway when completing the questionnaire. Click 'save' and logout. DO NOT 'save and submit' as the form will be lost.**

Home    Update Password

**UKGPCS Questionnaire**  
PRX0001201

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Introduction   **Diagnosis**   Survival   Treatment at diagnosis   Treatment after recurrence   Completion

■ - Key Indicates missing or invalid data.  
■ - Key indicates substitute data.

**Section A - Prostate Cancer Diagnosis**

A.1 What is the date of diagnosis of prostate cancer (PrCa)?   -   -     (Day-Month-Year)

A.2 How was the PrCa diagnosed?

PSA Screening  
 Patient presented with clinical symptoms  
 Unknown

A.3 What was the PSA level at diagnosis?  ng/ml

**A.4 At which hospital was the patient diagnosed with PrCa?**

A.5 Did the patient have any of the following scans and if so what dates were they carried out on?

<input type="checkbox"/> Bone Scan	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)
<input type="checkbox"/> MRI abdo/pelvis	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)
<input type="checkbox"/> Choline PET Scan	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)
<input type="checkbox"/> Chest/abdo pelvis	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)
<input type="checkbox"/> Whole body MRI	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)
<input type="checkbox"/> PSMA Scan	<input type="text"/> - <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Day-Month-Year)

A.6 What was the histology/Gleason score at diagnosis?

Histology Report Date  -  -     (Day-Month-Year)

Histology Group

Primary Gleason score

Secondary Gleason score

Total Score

**If unknown Gleason score, please specify:**

i) Tumour Grade

ii) Tumour Differentiation

A.7 What was the Tumour staging score at diagnosis?

A.8 What was the Node staging score at diagnosis?

A.9 Did the patient present with metastases at diagnosis?

A.10 If the patient had a biopsy, if known:

a) Date of Biopsy   -   -     (Day-Month-Year)

b) How many cores were taken?

c) How many cores were positive for cancer?

d) What was the maximum tumour length of the core (mm)?  mm

e) Is the biopsy targeted at tumour, or random in the prostate?

A.11 Has the patient undergone a second prostate biopsy?:  Yes  No

Comments

- **Section B - Survival**

- B.1 a – enter the vital status of the patient – enter the date relevant to the vital status.
- B.1 b – select if death is from Prostate Cancer.
- B.2 – diagnosis of any other cancer enter ‘type’ and ‘date of cancer’.
- Click ‘Next’.

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Introduction Diagnosis **Survival** Treatment at diagnosis Treatment after recurrence Completion

Key indicates missing required or invalid data

### Section B - Survival

B.1 Is your patient alive?  Yes  No

a If No, Date of Death: -- (Day-Month-Year)

b Is cause of death from Prostate Cancer?

B.2 Has the patient been diagnosed with any other cancer?  Yes  No

Back Next

Comments

Save Cancel

- **Section C – Treatment at diagnosis**

- C.1 – check the patient’s primary treatment after diagnosis. Check all that apply.
- Any treatments ticked will expand further.

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Introduction Diagnosis Survival **Treatment at diagnosis** Treatment after recurrence Completion

Key indicates missing required or invalid data

### Section C - Treatment at Diagnosis

C.1 What was your patients primary treatment(s) after diagnosis? Tick all that apply

- Active Surveillance/Active Monitoring
- Brachytherapy
- Chemotherapy
- Cryotherapy
- Hifu
- Hormone Therapy
- Orchiectomy
- Radical Prostatectomy
- Radiotherapy
- Watchful Waiting

- Section D – Treatment after Recurrence
  - D.1 – State ‘Yes/No’ if the patient has had prostate cancer recurrence.

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Introduction Diagnosis Survival Treatment at diagnosis Treatment after recurrence Completion

Key indicates missing required or invalid data

### Section D - Treatment after Recurrence

D.1 Has your patient had any disease recurrences?  
please add all recurrences separately - even if they occurred on the same date

Yes  No

Back Next

Comments

Save Cancel

- If checking the ‘Yes’ box then D.1 will expand further to fill out any recurrence details.

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Introduction Diagnosis Survival Treatment at diagnosis Treatment after recurrence Completion

Key indicates missing required or invalid data

### Section D - Treatment after Recurrence

D.1 Has your patient had any disease recurrences?  
please add all recurrences separately - even if they occurred on the same date

Yes  No

Type of recurrence

\* Biochemical relapse after prostatectomy: PSA  $\geq 0.2$  ng/mL  
\* Biochemical relapse after radiotherapy: PSA  $\geq 2+$  nadir ng/mL

Biochemical / PSA Relapse

Date of recurrence: [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] (Day-Month-Year)

PSA Level [ ] [ ] ng/ml

Doubling Time (If Known) [ ] [ ] Months

Bone

Relapse Site [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] (Day-Month-Year)

Local

Relapse Site [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] (Day-Month-Year)

Lymph Node

Relapse Site [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] (Day-Month-Year)

Visceral

Relapse Site [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] (Day-Month-Year)

- D.2 – check all boxes that apply for treatment after prostate cancer recurrence.
- Treatments selected in D.2 will expand further to enter relevant details (see D.7, 8 and 9 as an example).

**D.2 What treatment(s) has your patient received after prostate cancer recurrence?**

- Prostatectomy
- Radiotherapy (any)
- Hormone Therapy (including Abiraterone and Enzalutamide)
- Radium
- Chemotherapy
- Molecular Therapy (e.g. PARP Inhibitors)
- Other Trial
- Other

**D.2 What treatment(s) has your patient received after prostate cancer recurrence?**

- Prostatectomy
- Radiotherapy (any)
- Hormone Therapy (including Abiraterone and Enzalutamide)
- Radium
- Chemotherapy
- Molecular Therapy (e.g. PARP Inhibitors)
- Other Trial
- Other

**Surgery after prostate cancer recurrence**

This section is not applicable based on the treatments selected.

**Radiotherapy after local prostate cancer recurrence**

**D.7 Start Date:**  -  -    (Day-Month-Year)

**D.8 End Date:**  -  -    (Day-Month-Year)

**Site:**

**Total Dose:**  Gy

**Fractionation:**

**D.9 Other Palliative Radiotherapy Treatments?**  Yes  No

- **Completion**
  - Enter the name of the person who filled out the questionnaire.
  - Enter their position.
  - Click 'Save and Submit'.

The screenshot shows a web form interface with a light blue background. At the top right, there is a 'Font Size:' label followed by four buttons labeled 'A', 'A', 'A', and 'A'. Below this is a horizontal navigation bar with tabs: 'Introduction', 'Diagnosis', 'Survival', 'Treatment at diagnosis', 'Treatment after recurrence', and 'Completion'. The 'Completion' tab is currently selected. The main content area is divided into two sections. The upper section contains two text input fields: the first is labeled 'Completed by (name of person)' and the second is labeled 'Position'. Both input fields and a 'Save & Submit' button located below them are circled in red. The lower section is a large text area labeled 'Comments'. At the bottom center of the form, there are two buttons: 'Save' and 'Cancel'.