

The National Prostate Cancer Register (NPCR)

Valid as Cancer notification. Report immediately when the patient has been informed of the biopsy/cytology result.

Hospital, clinic

Name of physician

Signature

Date of report

Year Month Day

DIAGNOSTIC DATA

All fields are mandatory!

Personal identity number

_____ - _____

Name

Send to:

The Regional Cancer Centre

PRIMARY DIAGNOSTIC DATA – Instructions on the back page

The patient was referred No Yes Not applicable (the following three dates may be left blank)

(to clinic performing diagnostic biopsy)

Date of referral

Year Moth Day

Missing

Date of arrival of referral

Missing

Date of the 1st visit at a specialist clinic

Missing (Specialist clinic = clinic performing biopsies)

Main reason for the initiation of the medical investigation that led to the diagnosis

Health control

LUTS

Other symptoms

Missing

S-PSA

_____, ____ μg/L

S-PSA at time of diagnosis (prior to treatment)

S-PSA missing

Prostate volume

_____ mL/cc

Missing

Date of diagnosis

Year Month Day

(Date when biopsy/cytology leading to diagnosis was performed. Or date of clinical examination, if no biopsy/cytology)

Clinical diagnosis only (No biopsy, date when biopsy/cytology result was given to the patient should be left blank)

Biopsy/Cytology result given to the patient at the clinic on telephone by letter

Date when patient was given the result

This form should be sent immediately when the patient has been informed of the result.

Missing

Biopsy/cytology number / year

Cytology/pathology department

Clinical Classification TNM-stage at time for diagnosis (TNM-classification UICC 2009)

T – Primary Tumour

- T0** No evidence of primary tumour
- T1a** Tumour incidental histological finding in ≤ 5% of resected tissue (not palpable)
- T1b** Tumour incidental histological finding in > 5% of resected tissue (not palpable)
- T1c** Tumour identified by needle biopsy, e.g., because of elevated PSA (not palpable)
- T2** Palpable, confined within prostate
- T3** Palpable, tumour extends through the prostatic capsule and possibly invades the seminal vesicles or the bladder neck
- T4** Palpable, invades other structures than seminal vesicles
- TX** Primary tumour cannot be assessed

N – Regional Lymph Nodes

- N0** No signs of regional lymph node metastasis
- N1** Signs of regional lymph node metastasis
- NX** Cannot be assessed

M – Distant Metastasis

- M0** No signs of distant metastasis
- M1** Signs of distant metastasis

Result from diagnostic imaging should not be awaited before reporting the N and M stage.

If no signs of metastasis at clinical assessment mark **NX** and **M0**.

Diagnosis confirmed by (tick one alternative)

Histology Gleason grade 1 _____ + Gleason grade 2 _____ = _____ Gleason score Missing

Cytology WHO-grade G1 G2 G3 GX Missing

Tissue/cells from (tick one alternative)

Core biopsy Number of cores taken _____ Missing

Number of cores with cancer _____ Missing

Total length of *all* cores in mm _____, _____ Missing

Total length of cancer in cores in mm _____, _____ Missing

TUR-P (transurethral resection)

Fine needle aspiration

Other

Name of treating hospital (if patient will be referred for treatment)

PRIMARY DIAGNOSTIC DATA. For detailed instructions, see manual, Cancercentrum.se / INCA /

Data should be reported immediately when the patient has been informed of the biopsy/cytology result.

| | |
|---|--|
| The patients has been referred | Refers to referral to hospital or private urologist with question of prostate cancer or issue with elevated PSA. If question of another disease, or when prostate cancer can not be determined at the first visit, enter "Not Applicable" and leave the following three dates blank. If the patient seeks himself answer the question with No, and the following two dates left blank. |
| Date of arrival of referral | Refers to incoming referral to hospital or private urologist who investigate and diagnose prostate cancer. |
| Date of the 1st visit at a specialist clinic | Enter the date of the first visit at the clinic that takes the first needle biopsy ensuring the diagnosis of prostate cancer. If prostate cancer can not be determined at the first visit, enter "Not Applicable" as above. |
| Main reason for the initiation of the medical investigation that led to the diagnosis. <i>Tick one alternative</i> | Health control, means health assessment including S-PSA test when no symptoms from the urinary tract are present. LUTS (lower urinary tract symptoms) is entered if urinary tract symptoms are present. Other symptoms than urinary tract symptoms, e.g. hematuria, back pain indicating distant metastasis or other cancer. Missing is entered if no information is found in the patient medical record. |
| S-PSA | Enter serum level of av prostate specific antigen (PSA) \leq 6 months prior to the needle biopsy and ahead of starting treatment. PSA \leq 10 $\mu\text{g/L}$ is entered with on decimal. |
| Prostate volume | Determined with transrectal ultrasonography (TRUS) or other radiological method. Volume is expressed in mL. |
| Date of diagnosis | Enter the date when the biopsy/cytology was performed leading to the diagnosis of prostate cancer. If clinical diagnosis only, enter the date of the clinical examination. |
| Date when patient was given the result (of biopsy/cytology) | Date when patient was given the result (of biopsy/cytology) showing cancer. If clinical diagnosis only, leave the date blank and tick Clinical diagnosis only. |

TNM-kllassifikation UICC 2009, (simplified version) clinical assessment**T - Primary Tumour** - clinical assessment by palpation

- T0 No evidence of primary tumour. Not to be reported to the register.
- T1a Not palpable, discovered at TUR-P, \leq 5% of resected tissue was cancer.
- T1b Not palpable, discovered at TUR-P, $>$ 5% of resected tissue was cancer.
- T1c Not palpable, tumour identified by needle biopsy, e.g. because of elevated PSA.
- T2 Palpable, confined within prostate.
- T3 Palpable, tumour extends through the prostatic capsule and possibly invades the seminal vesicles or the bladder neck.
- T4 Palpable, invades other structures than seminal vesicles.
- TX Primary tumour cannot be assessed.

N - Regional Lymph Nodes

If clinical examination shows no signs of lymph node metastases mark NX. If later imaging shows lymph node metastasis report N1 on the Primary Treatment Form.

- N0 No signs of regional lymph node metastasis.
- N1 Signs of regional lymph node metastasis
- NX Cannot be assessed

M – Distant metastases

If clinical examination shows no signs of distant metastasis mark M0. If later imaging shows distant metastasis report M1 on the Primary Treatment Form.

- M0 No signs of distant metastasis at clinical examination.
- M1 Signs of distant metastasis at clinical examination. (Note! Cervical lymph node and mediastinal lymph node metastases should be denoted distant metastases).

Gleason grade - needle biopsy. Report Gleason grade from the first biopsy session when more than one session. Gleason score is mandatory when histopatological diagnosis. If missing - information should be obtained from the pathologist.

Cytology. Grading - "high to medium-high" should be entered as "medium-high".

G1 High differentiation, **G2** Medium-high differentiation, **G3** Low differentiation, **GX** Histological or cytological grading not possible

Tissues/cells

| | |
|-----------------------------|--|
| Number of cores taken | Number of cores obtained at diagnostic session. |
| Number of cores with cancer | Number of cores containing cancer at diagnostic session. |
| Length of cores (sum) in mm | Length of cores (sum) including benign and malignant tissue at diagnostic session. |
| Sum (mm) length of cancer | Sum of cancer in mm at diagnostic session. |