The National Prostate Cancer Register (NPCR)

RADIOTHERAPY - LOCALISED PROSTATE CANCER
Radiotherapy with curative intent

Hospital, clinic

Physician

Date of report Year Month Day

Personal identity number –

Name _____

Imaging investigations (all scans ordered by urologist/surgeon or oncologist prior to treatment decision should be reported)

Prostate ☐ No ☐ Yes **MRI** ☐ No ☐ Yes

If performed - specify radiological T-stage ☐ **T1** ☐ **T2** ☐ **T3-T4** ☐ **TX**

Pelvic lymph nodes ☐ No ☐ Yes **CT** ☐ No ☐ Yes **PET/CT** ☐ No ☐ Yes **MRI** ☐ No ☐ Yes

If performed - specify radiological N-stage ☐ **N0** ☐ **N1** ☐ **NX**

Bone ☐ No ☐ Yes

Bone scan ☐ No ☐ Yes **CT** ☐ No ☐ Yes **PET-CT** ☐ No ☐ Yes **MRI** ☐ No ☐ Yes

If performed - specify radiological M-stage ☐ **M0** ☐ **M1**

Treatment decision

S-PSA at treatment decision ____,____ µg/L Year Month Day

Date when patient was notified for radiotherapy (decided by an oncologist) or date for the decision of refrainning radiotherapy

☐ Radiotherapy not performed, reason?_____

Participation in clinical trial ☐ No ☐ Yes Name of study_____

Primary external radiotherapy ☐ No ☐ Yes

Postoperative radiotherapy ☐ No ☐ Yes

Start date Year Month Day | Dose fraction (Gy) ____,____ | Total dose (Gy) ____,____

Marker technique ☐ No ☐ Yes | IMRT/VMAT ☐ No ☐ Yes | Including vesicles ☐ No ☐ Yes | Including lymph nodes ☐ No ☐ Yes

Boost ☐ No ☐ Yes

☐ HDR ☐ Protons ☐ Photons

Start date Year Month Day | Dose fraction (Gy) ____,____ | Total dose (Gy) ____,____

Isotope (HDR) ☐ Iridium ☐ Other, specify _____

Seeds ☐ No ☐ Yes

Start date Year Month Day | Total dose (Gy) ____,____

Isotope ☐ I-125 ☐ Palladium ☐ Other, specify _____

Has MRI or PET-CT been used as support for definition of target?

MRI ☐ No ☐ Yes PET-CT ☐ No ☐ Yes

Neo-/adjuvant hormonal therapy ☐ No ☐ Yes ☐ Unknown

Start date hormonal therapy Year Month Day ☐ Missing

Prior to or during radiotherapy

☐ No ☐ Yes: ☐ Antiandrogen ☐ GnRH ☐ CAB ☐ ≤ 6 months ☐ > 6 months

After radiotherapy

☐ No ☐ Yes: ☐ Antiandrogen ☐ GnRH ☐ CAB ☐ ≤ 6 months ☐ > 6 months ≤ 18 months ☐ > 18 months ≤ 30 months ☐ > 30 months

All newly diagnosed cases of infiltrating adenocarcinoma in the prostate are to be registered in the National prostate Cancer Register (NPCR). Information on TNM, PSA, Gleason grade and primary treatment is reported from urology/surgery clinics.

The oncology clinic should report radiotherapy data to NPCR by use of the INCA-system for all patients that has been referred for radiotherapy treatment with curative intent. Reminders from the Regional Cancer Centre can only be sent when the urology clinic has reported that primary radiotherapy has been decided as primary treatment, but not when radiotherapy is to be given postoperatively or at a later stage due to increasing PSA. The oncology clinic must monitor that all curatively treated patients are reported.

TNM-stage, based on imaging investigation
T1 No tumour visible by imaging
T2 Tumour confined to rhe prostate according to imaging
T2/T3 Tumour spread not possible to assess
T3-4 Growing outside the capsule, into seminal vesicles, bladder neck, pelvic wall, pelvis, or rectum.
TX Not possible to determine

N0 No signs of regional lymph node metastasis
N1 Signs of regional lymph node metastasis
NX Not possible to determine
Any suspicious changes are recorded as N1

M0 No evidence of distant metastasis
M1 Evidence of distant metastasis
Any suspicious changes are recorded as M1

Treatment decision
S-PSA
Report the latest PSA-value with one decimal. Report non-detectable PSA as 0 (preceded by <, e.g. <0.05µg/L).

Radiotherapy not performed
Give reason for not performing radiotherapy (in free text) for patients that have been referred to the oncology clinic for radiotherapy but where the treatment is not performed.

Participation in clinical trial
Includes only trials where treatment/treatmetent outcome are studied.

Primary external radiotherapy is given directly after diagnosis or after a period of active surveillance.
Report as dose per fraction and size of total dose (most often 78 Gy). If different fraction sizes have been used report fraction dose 2, start date 2 and total dose under Boost.
Today is most often a dose escalating technique with implanted gold markers used.
Report if IMRT/VMAT and whether the intention was to include vesicles and/or lymph nodes (more cranial than obturatorius nodes) in the radiation field.

Postoperative radiotherapy is given as an adjuvant therapy after surgery.

Boost Refers to photon radiation with different fraction size (often >2 Gy/fraction), or other types of radiation (e.g. protons) or another technique (e.g. HDR). If part of combination treatment supplement with details of "Primary external radiotherapy" above.
HDR brachy is given fairly similar all over the country, but dose fraction and number of fractions can vary between patients. Iridium is the most commonly used source.
Protons are given as boost in Uppsala
Seeds Seeds have only been used to a limited extent. Report dose och isotope. If hormonal therapy has been given to shrink the gland this should be reported at Neo-/Adjuvant hormonal treatment.
MRI eller PET-CT. Report if used to assist in the definition of target.

Hormonal therapy
Start date for hormonal therapy or date when hormonal therapy was prescribed
Neo-adjuvant hormonal therapy report time prior to and during radiotherapy (≤6 months resp. > 6 months). Also applies for the indication shrinkage of gland.
Adjuvant hormonal therapy - choose between 4 different intervalls. In case of planned lifelong therapy tick>30 months.

For detailed instructions see manual - Radiotherapy - for the National Prostate Cancer register at http://www.cancercentrum.se/sv/INCA/kvalitetsregister/