

**The National Prostate Cancer Register (NPCR)**

**RADIOTHERAPY - LOCALISED PROSTATE CANCER**  
Radiotherapy with curative intent

Hospital, clinic \_\_\_\_\_

Physician \_\_\_\_\_

Year Month Day

Date of report \_\_\_\_\_

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 refraining 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 \_\_\_\_\_ Dose fraction (Gy) \_\_\_\_\_ Total dose (Gy) \_\_\_\_\_  
 Year Month Day

Marker technique **IMRT/VMAT**  No  Yes **Including vesicles**  No  Yes **Including lymph nodes**  No  Yes

**Boost**  No  Yes  
 HDR  Protons  Photons

Start date \_\_\_\_\_ Dose fraction (Gy) \_\_\_\_\_ Total dose (Gy) \_\_\_\_\_  
 Year Month Day

Isotope (HDR)  Iridium  Other, specify \_\_\_\_\_

**Seeds**  No  Yes

Start date \_\_\_\_\_ Total dose (Gy) \_\_\_\_\_  
 Year Month Day

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  
 Year Month Day

Start date hormonal therapy \_\_\_\_\_  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 the 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/treatment 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 obturator 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 and 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 intervals. 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/>**