The National Prostate Cancer Register (NPCR) To be completed by surgery/urology clinic	Radical prostatectomy	
To be completed by surgery/urology clinic	Personal identity number —	
Hospital, clinic	Name	
Year Month Day	Send to:	
Date of reporting	The Regional Cancer Centre	
Has the patient been asigned a clinical nurse specialist?		
Previously given primary treatment ☐No ☐Yes (specify below)		
☐ Active surveillance ☐ Watchful waiting ☐ Radiotherapy ☐ Hormonal therapy ☐ Other ☐ Missing		
Treatment ended due to Patient's choice PSA progression Biopsy progression Other sign of progression Missing		
Renewed investigations since diagnosis	□No □Yes	
New evaluation of T-stage No Yes Date		
Prostate volume, cm³ or mL		
New PSA-value ☐No ☐Yes Date		
Latest PSA ,	and higher form	
New biopsy		
Date Biopsy number/ year Number of cores taken	Gleason grade 1	
Number of caree with cancer	Classes grade 2	
Total length of all cores (mm)	Gleason score	
Total length of cancer in all cores (mm)	Olcason score	
Further investigations before surgery	MDI DAL DV DV LISS LMDI (
Imaging investigation prostate ☐ No ☐ Yes	MRI No Yes Yes, see additional MRI-form	
If performed - specify resulting T-stage	□ T2/T3 □ T3-T4 □ TX	
Imaging investigation pelvic lymph nodes No Yes	CT No Yes PET-CT No Yes MRI No Yes	
If performed - specify resulting N-stage N0 N1 NX		
Imaging investigation bone No Yes Bone scan No Yes CT No Yes PET-CT No Yes		
MR ☐ No ☐ Yes Plain x-ray ☐ No ☐ Yes		
If performed - specify resulting M-stage		
Surgery not performed, specify reason		
	al/clinic (if different than reporting)	
-	ant surgeon	
Type of surgery Robotic Laparoscopic Retrop	•	
Lymph node dissection No Yes, bilateral Yes		
Left	Right	
Fossa obturatorius	Fossa obturatorius	
Between bladder och nervus obturatorius	Between bladder och nervus obturatorius No Yes	
Extended along iliaca vessels to ureteral junction No Yes	Extended along iliaca vessels to ureteral junction	
Presacral lymph nodes	Presacral lymph nodes	
Nerve sparing resection		
Left ☐ No ☐ Yes, intrafascial ☐ Yes, interfascial	☐ Yes, more distant away from prostate ☐ Missing	
Right ☐ No ☐ Yes, intrafascial ☐ Yes, interfascial	☐ Yes, more distant away from prostate ☐ Missing	
Vesicula seminalis resection		
Left ☐Complete ☐ Partial ☐ Missing		
Right ☐Complete ☐ Partial ☐ Missing		
Bladder neck preservation?	s ☐ Missing	
If no, was bladder neck plastic surgery performed?	o	
Where was urethra divided relative to the prostate? ☐ With margin from apex ☐ On level with apex ☐ Maximum length of urethra ☐ Missing		
relative to the prostate?		
cut?	sing	
Drain No Yes Mis		
Lobus tertius present?		
☐ Small intestine ☐ Vessel		
Other surgical interventions during session Inguinal hernia re		
	pair Rectal suture suture sutur Dother	

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For how many days was a urinary catheter intended to be used? Has the patient been given any blood transfusions during the hospital stay?	s Number of units
Histopathological examination	
PAD-nr / year Pathology department	
Radical extirpation?	pT4
pN-stadium □pN0 □pN1 □Missing	
Number of examined lymph nodes Number of lymph nodes with	metastases
Gleason grade 1 Gleason grade 2 Gleason score	
Tertiary grade present? No Yes Missing If yes, specified Size of index tumour Maximum diameter (mm) Second lar	cify
Clinical nurse specialist - name and phone number should have been given to the Imaging - prostate MRI. When performed report the resulting T-stage. T1 No tumour visible on image. T2 Tumour confined to the prostate. T2/T3 Tumour spread not possible to assess T3-T4 Growing outside the capsule, into the seminal vesicles, bladder neck. TX Tumour presence not possible to assess. Imaging - pelvic lymph nodes CT, PET-CT or MRI. When performed report the re N0 No signs of regional lymph node metastasis. N1 Signs of regional lymph node metastasis. NX Not possible to assess. Imaging - bone Refers to occurence of metastases on bone scan, CT, PET-CT or las M1. M0 No signs of distant metastasis. M1 Signs of distant metastasis. Lymph node dissection Regional and juxta-regional lymph nodes histopathological	, pelvic wall, pelvis, or rectum. sulting N-stage. Report suspected changes as N1 MRI. When perfomed report M-stage. Report suspected changes
Tick No when record of lymph node dissection is missing. When performed report p pN0 No regional or juxta-regional lymph node metastases pN1 Lymph node metastasis (N1-N3) Report the number of lymph nodes that have been examined and the number of ly	oN-stage.
Antithrombotic prophylaxis Definition of doses Fragmin 2500IEx1 = low Fragmin 5000IEx1 = medium Fragmin >5000IEx1 = high Innohep 3500IEx1 = low Innohep 4500IEx1 = medium Innohep >4500IEx1 = high Klexane 20 mgx1 = low Klexane 40 mgx1 = medium	
Klexane 40 mgx1 = medium Klexane >40 mgx1 = high	