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<p>If the patient's duration on ADT (question 2c) was documented on a previous follow-up form, select previously documented and proceed to question 3.</p>	
<p>b. If the patient is <u>currently on ADT</u> select the medications and provide the start date (mm/yyyy)</p>     <p>c. If the patient has completed ADT, list the total number of months ADT was actually delivered</p>	<ul style="list-style-type: none"> <li>• LHRH agonist (e.g. Leuprolide, Goserelin)-start date: _____</li> <li>• LHRH antagonist (e.g. Firmagon)-start date: _____</li> <li>• Bicalutamide-start date: _____</li> <li>• Abiraterone-start date: _____</li> <li>• Enzalutamide- start date: _____</li> <li>• Apalutamide-start date: _____</li> <li>• Darolutamide-start date: _____</li> </ul> <p style="margin-top: 10px;">months</p>
<b>Additional Treatment</b>	
<p>3. Was additional cancer therapy for recurrence given after RT?</p>     <p>a. If yes, check all that apply including start date (mm/yyyy)</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li>     <li>• Chemotherapy-start date: _____</li> <li>• Leuprolide, Goserelin, bicalutamide, or firmagon-start date: _____</li> <li>• Abiraterone-start date: _____</li> <li>• Enzalutamide-start date: _____</li> <li>• Apalutamide-start date: _____</li> <li>• Darolutamide-start date: _____</li> </ul>
<p>Was there a local recurrence?</p>   <p>a. If YES, was additional local therapy given for recurrence</p> <p>b. If yes, select the additional therapy given</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li>     <li>• Yes</li> <li>• No</li>    <li>• Salvage external beam reirradiation</li> <li>• Salvage brachytherapy</li> <li>• Salvage surgery</li> <li>• Salvage cryosurgery</li> </ul>

<p>c. Treatment start date</p>	<ul style="list-style-type: none"> <li>Salvage high-intensity focused ultrasound (HIFU)</li> </ul> <p>mm/yyyy</p>
<p>Was there a regional or distant recurrence?</p> <p>a. If YES, was additional RT given to metastatic site?</p> <p>b. Treatment start date</p>	<ul style="list-style-type: none"> <li>Yes</li> <li>No</li> <li>Yes</li> <li>No</li> </ul> <p>(mm/yyyy)</p>
<p><b>P7: CDA: Baseline Clinical Data</b></p>	
<p><i>P7 form should be completed by sites without a referring MUSIC practice. Time points: Baseline</i></p>	
<p><b>Data Elements</b></p>	<p><b>Options</b></p>
<p>Weight (specify lbs or kg)</p>	<p>_____</p>
<p><b>Metastatic disease</b></p>	
<p>BMI (specify inches or cm) or Height *If you do not have access to the height and weight, please ask the patient.</p>	<p>_____</p>
<p><b>Tumor Characteristic</b></p>	
<p>Clinical Tumor Stage</p>	<ul style="list-style-type: none"> <li>T</li> <li>N</li> </ul>
<p><b>Prostate Biopsy</b></p>	
<p>Biopsy Date (mm/dd/yyyy)</p>	<p>_____</p> <p>a) Gleason pattern-primary _____</p> <p>b) Gleason pattern-secondary _____</p> <p>c) Total biopsy cores positive _____</p> <p>d) Total biopsy core negative _____</p>



<p>MRI/CT performed?</p>	<ul style="list-style-type: none"> <li>• Not Performed</li> <li>• Negative</li> <li>• Positive</li> </ul>
<p>Bone scan performed?</p>	<ul style="list-style-type: none"> <li>• Not Performed</li> <li>• Negative</li> <li>• Positive</li> </ul>
<p><b><u>PSA Value</u></b></p>	
<p>What is the patient's most recent PSA value prior to any cancer treatment?</p> <p>What is the date of the most recent PSA value prior to any cancer treatment?</p>	<p>_____ ng/ml</p> <p>mm/dd/yyyy</p>
<p><b><u>Comorbidities</u></b></p>	
<p>Hypertension Diabetes mellitus Scleroderma Rheumatoid Arthritis Lupus Cerebrovascular disease Chronic pulmonary disease Congestive heart failure Connective tissue disease Confusion Hemiplegia Leukemia Malignant lymphoma Myocardial infarction Peripheral vascular disease Ulcer disease Liver disease Renal disease</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

Malignant solid tumor (other than breast) AIDS Dementia	
<b>Is this a post-operative patient?</b>  <b>(If, yes answer questions 9-15)</b>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Surgery date	(mm/dd/yyyy)
Pathologic stage	<ul style="list-style-type: none"> <li>• T</li> <li>• N</li> </ul>
Extraprostatic extension	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Seminal vesicle invasion	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
Surgical margins	<ul style="list-style-type: none"> <li>• Positive</li> <li>• Negative</li> </ul>
What is the patient's most recent PSA value post radical prostatectomy?	ng/mL
What is the date of the most recent PSA value post radical prostatectomy?	(mm/dd/yyyy)
<b>Prostate Radiotherapy Technical Details Form</b>	
<i>Time points: End of Treatment</i>	
<b>Data Elements</b>	<b>Options</b>
<b>Brachytherapy/EBRT Details</b>	

[Q1] Select the treatment type	<ul style="list-style-type: none"> <li>• External Beam Radiation Therapy (EBRT) alone</li> <li>• Brachytherapy alone (as monotherapy)</li> <li>• Combination therapy of EBRT and brachytherapy</li> </ul>
Enter the start date of External Beam Radiation Therapy	[If Q1="EBRT" or "Combination therapy"]
Enter the end date of External Beam Radiation Therapy	[If Q1="EBRT" or "Combination therapy"]
[Q4] Indicate brachytherapy dose rate type	[If Q1=" Brachytherapy alone" or "Combination therapy"] <ul style="list-style-type: none"> <li>• HDR</li> <li>• LDR</li> </ul>
Indicate source type	[If Q1=" Brachytherapy alone" or "Combination therapy"] <ul style="list-style-type: none"> <li>• Iridium-192</li> <li>• Palladium-103</li> <li>• Iodine-125</li> <li>• Cesium-131</li> <li>• Other. Please specify: _____</li> </ul>
Total prescribed brachytherapy dose	[If Q1=" Brachytherapy alone" or "Combination therapy"] [between 1 and 90] _____ Gy
Enter the date of LDR brachytherapy implant	[If Q4="LDR"]
Select the number of HDR brachytherapy fractions delivered	[If Q4="LDR"] [radio buttons] <ul style="list-style-type: none"> <li>• 1</li> <li>• 2</li> <li>• 3</li> <li>• 4</li> </ul>

<p>Enter the date(s) of HDR brachytherapy treatment</p>	<p>_____</p>
<p>Indicate any placement procedures prior to simulation related to radiation therapy delivery. Check all that apply</p>	<p>[If Q1="EBRT" or "Combination therapy"]</p> <ul style="list-style-type: none"> <li>• Gold fiducials</li> <li>• Rectal spacer</li> <li>• Radiofrequency beacons</li> <li>• Rectal balloon</li> <li>• None</li> <li>• Other. Please specify: _____</li> </ul>
<p>Which modalities were used for target delineation for EBRT treatment? Check all that apply.</p>	<p>[If Q1="EBRT" or "Combination therapy"]</p> <ul style="list-style-type: none"> <li>• CT simulation</li> <li>• PET</li> <li>• MRI</li> <li>• Ultrasound</li> <li>• Other. Please specify: _____</li> </ul>
<p>Which modalities were used for target delineation for brachytherapy treatment? Check all that apply.</p>	<p>[If Q1="Brachytherapy alone" or "Combination therapy"]</p> <ul style="list-style-type: none"> <li>• CT simulation</li> <li>• PET</li> <li>• MRI</li> <li>• Ultrasound</li> <li>• Other. Please specify: _____</li> </ul>
<p><b>Plan Details</b></p>	
<p>[Q13] How many EBRT plans were treated?</p> <p>For each plan, specify:</p> <p>a. What volumes were treated by this plan? Check all that apply.</p>	<p>[If Q1="External Beam Radiation Therapy" or "Combination therapy"] [drop-down menu 0-5]</p> <ul style="list-style-type: none"> <li>• Primary target (prostate or prostate bed)</li> <li>• Pelvic nodes</li> <li>• Seminal vesicles</li> <li>• Focal boost of prostate or prostate bed</li> <li>• Lymph node boost</li> </ul>

<p>b. Was a PRIMARY TARGET CTV structure defined?</p>	<p>[If Q13a="Primary target"]</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>c. Was a uniform margin used for the PRIMARY TARGET PTV?</p>	<p>[If Q13b="Yes"]</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>d. Specify the uniform margin between the PRIMARY TARGET CTV structure and PTV structure in cm</p>	<p>[If Q13c="Yes"] _____ cm</p>
<p>e. Specify the non-uniform margin between the PRIMARY TARGET CTV structure and PTV structure in cm:</p>	<p>[If Q13c="No"]</p> <p>Superior _____</p> <p>Anterior _____</p> <p>Right _____</p> <p>Inferior _____</p> <p>Posterior _____</p> <p>Left _____</p>
<p>f. Dose delivered to the PRIMARY TARGET by this plan</p>	<p>[If Q13a="Primary target"] [between 1 and 90]</p>
<p>g. Number of fractions delivered to the PRIMARY TARGET by this plan</p>	<p>[If Q13a="Primary target"]</p>
<p>h. If pelvic nodes were treated, what was the timing used?</p>	<p>[If Q13a="Pelvic nodes"]</p> <ul style="list-style-type: none"> <li>• Simultaneous with primary target</li> <li>• Sequential plans</li> </ul>
<p>i. Was a NODAL CTV structure defined?</p>	<p>[If Q13a="Pelvic nodes"]</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>j. Was a uniform margin used for the NODAL PTV?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>

<p>k. Specify the uniform margin between the NODAL CTV structure and PTV structure in cm</p> <p>l. Specify the non-uniform margin between the NODAL CTV structure and PTV structure in cm:</p> <p>m. Dose delivered to the PELVIC NODES by this plan</p> <p>n. Number of fractions delivered to the PELVIC NODES by this plan</p> <p>o. Dose delivered to the SEMINAL VESICLES by this plan</p> <p>p. Number of fractions delivered to the SEMINAL VESICLES by this plan</p> <p>q. Dose delivered for the PROSTATE OR PROSTATE BED BOOST by this plan:</p> <p>r. Number of fractions delivered for the PROSTATE OR PROSTATE BED BOOST by this plan</p> <p>s. Dose delivered for the LN BOOST by this plan:</p> <p>t. Number of fractions delivered for the LN BOOST by this plan</p> <p>u. Enter the name of the target prescribed to by this plan</p> <p>v. Did the patient receive all of the planned dose?</p>	<p>[If Q13j="Yes"] _____ cm</p> <p>[If Q13j="No"] Superior _____ Anterior _____ Right _____ Inferior _____ Posterior _____ Left _____</p> <p>[If Q13a="Pelvic nodes"] [between 1 and 90] _____ Gy</p> <p>[If Q13a="Pelvic nodes"]</p> <p>[If Q13a="Seminal vesicles"] [between 1 and 90] _____ Gy</p> <p>[If Q13a="Seminal vesicles"]</p> <p>[If Q13a="Focal boost of the prostate or prostate bed"] [between 1 and 90] _____ Gy</p> <p>[If Q13a="Focal boost of the prostate or prostate bed"]</p> <p>[If Q13a="Lymph node boost"] [between 1 and 90] _____ Gy</p> <p>[If Q13a="Lymph node boost"]</p> <p>_____ [free text field]</p> <ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
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<p>w. Planning type used to create this plan</p> <p>x. Delivery type of this plan</p>	<ul style="list-style-type: none"> <li>• Forward planning</li> <li>• Inverse planning</li>   <li>• 3D</li> <li>• IMRT</li> <li>• Rotational technique (VMAT or TomoTherapy)</li> <li>• Protons</li> </ul>
<p><b>Treatment Delivery and Image Guidance</b></p>	
<p>What type of imaging was used to verify this patient's setup? Check all that apply.</p>	<ul style="list-style-type: none"> <li>• kV/MV portal</li> <li>• CT (CBCT or TomoTherapy CT)</li> <li>• MR guidance directly before treatment</li> <li>• Ultrasound</li> <li>• Other. Please specify: _____</li> </ul>
<p>For each imaging type, specify how often the patient was imaged during treatment.</p>	<p>[Provide drop-down menu for each response selected in Q14]</p> <ul style="list-style-type: none"> <li>• Daily</li> <li>• Less than daily but more than weekly</li> <li>• Weekly</li> <li>• Other. Please specify: _____</li> </ul>
<p>Was real-time guidance used during treatment?</p>	<ul style="list-style-type: none"> <li>• Yes</li> <li>• No</li> </ul>
<p>What type of real-time guidance was used? Check all that apply.</p>	<p>[If Q16="Yes"]</p> <ul style="list-style-type: none"> <li>• Real-time kV tracking (such as based on fiducials)</li> <li>• MR guidance during treatment</li> <li>• Calypso radiofrequency system</li> <li>• Other. Please specify: _____</li> </ul>