MOSAIQ & Prostate Cancer

MOSAIQ & Prostate Cancer

By

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INTRODUCTION

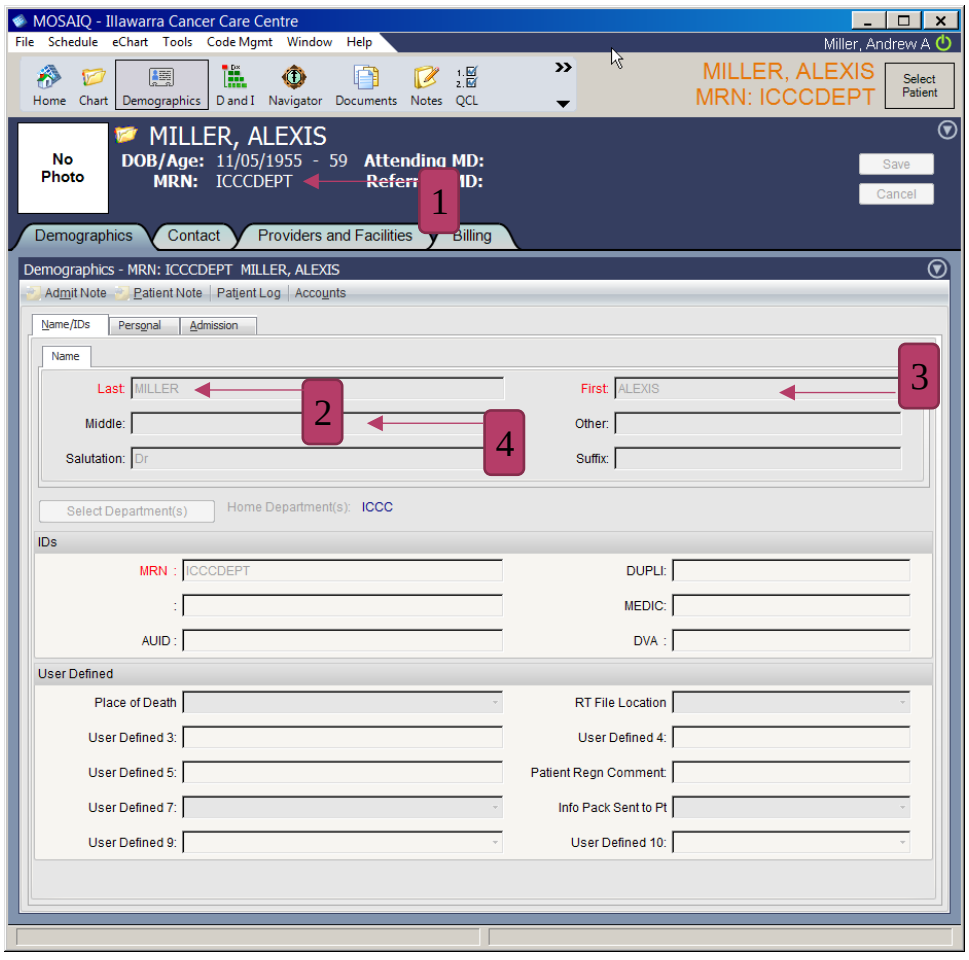
This document addresses routine data entry for prostate cancer patients within MOSAIQ and its subsequent reporting out of MOSAIQ. The data elements addressed are also matched to the National Radiation Oncology Registry (NROR) Prostate Cancer Specification published in 2014 by ASTRO.

The document forms the basis for the development of a MOSAIQ Quality Assurance Report, and subsequent formation of a Prostate Cancer Dataset which can be used for reporting and clinical investigation. All of this work will occur inside the firewalls of the SCC*n* and therefore do not require Ethics Approval.

The specification of data entry in MOSAIQ is compromised by the differences in entry undertaken by a Radiation Oncologist (RO) and a Medical Oncologist (MO). For much of the underlying data, the interfaces are the same.

REQUIRED DEMOGRAPHICS & DATA FROM PATIENT (TABLET)

1. {Ident.IDA} Hospital MRN
2. { Patient.Lastname} Last Name
3. { Patient.Firstname} First Name
4. { Patient.Middlename} Middle Name



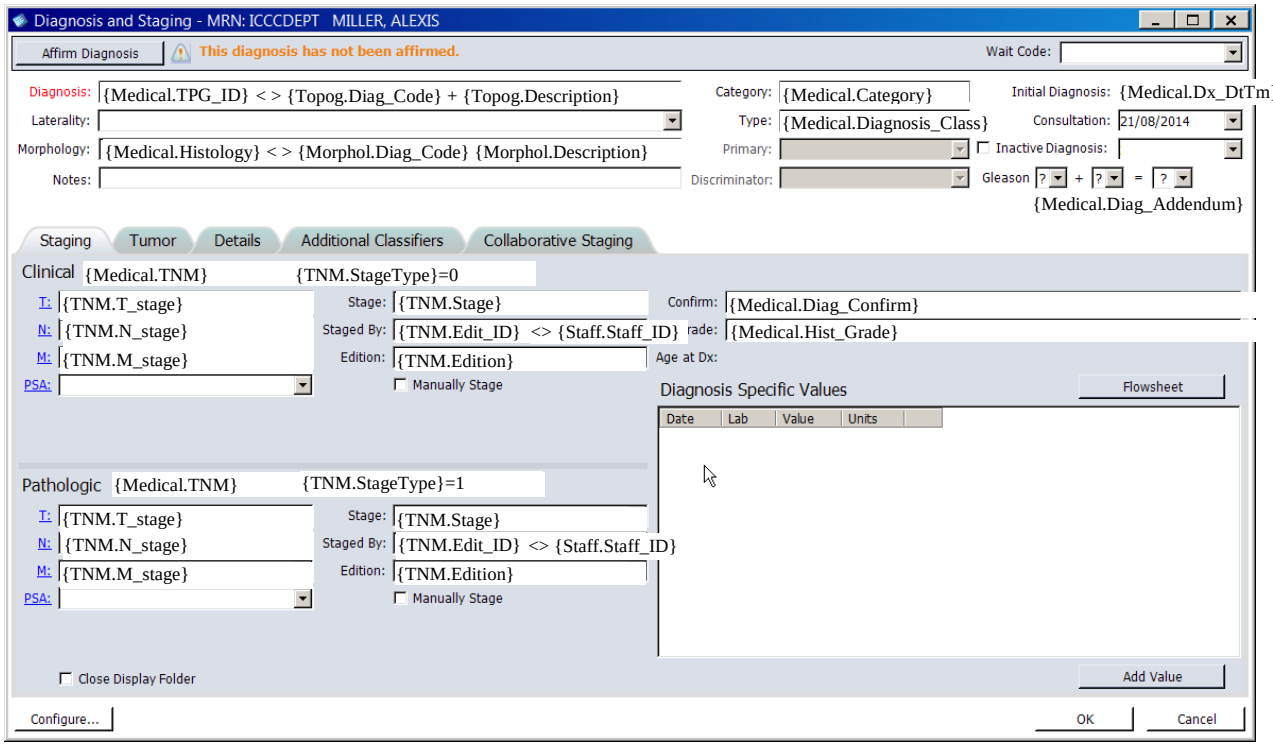
REQUIRED DATA ELEMENTS & THEIR POSITION IN MOSAIQ

1. DIAGNOSIS & STAGING screen

The table containing data from the D&S screen is {Medical}, {Morphol}, {Topog} and {TNM}. There must be at least one stage for each cancer diagnosis. The presence of a second stage for a diagnosis indicates that a re-evaluation of the patient has detected the presence of the same disease, the extent of which is measured in the new stage and at the new date.

The annotated D&S screen is provided under the listing.

a. {Medical.Dx_DtTm} the data of diagnosis
   i. NOTE
      {Medical.Diag_DtTm} is the date of consultation
   ii. Calculated Field
      {Medical.Dx_DtTm}-{Patient.DOB} = Age@Dx
b. {Medical.Diag_Confirm} method of diagnosis confirmation
c. {Medical.Diag_Addendum} Additional entries for Breast & Prostate Cancer. The form of entry is “3+4=7”, i.e., "Gleason Grade 1" + "Gleason Grade 2" = Gleason Score"
d. {Medical.ExcisionMargin}
   i. **PNI enter this in D&S or with cores?
e. {Medical.Histology}
   i. link to {Morphol.Diag_Code} ICD10 M code
   ii. link to {Morphol.Description} for text
   iii. grouping - adenocarcinoma, small cell, other
f. {Medical.TPG_ID}
   i. link to {Topog.Diag_Code} for ICD10 code
   ii. link to {Topog.Description} for text
g. {Medical.TNM}
   i. {TNM.StageType} (0 = clinical staging, 1 = pathological staging)
   ii. {TNM.T_stage}
   iii. {TNM.N_stage}
   iv. {TNM.M_stage}



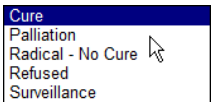
2. Care Plan

The table containing data from the Care Plan screen is {PatCPlan}. The annotated Care Plan screen is provided under the listing. It should be noted that PatCPlan holds the data for Radiation Oncology and Medical Oncology, though the data recorded in each is distinctly different.

There must be at least one Care Plan for each Stage. The presence of a second Care Plan indicates that the disease has not altered but that another distinct round of treatment is required. Usually this will be in the setting of metastatic disease.

a. {PatCPlan.Course}
   The course numbering should be sequential for each set of medical decisions.

b. {PatCPlan.Tx_Intent}
   The mandated choices provided are shown.



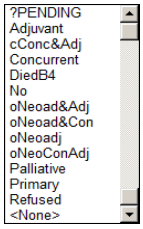
   The definition of "**Radical – No Cure**" is obscure but relates to cases where local control is being sought in a setting and will require high doses, but where a cure remains an impossibility (e.g., there is known metastatic disease already). It is not intended for non-metastatic cases which are thought to be hopeless (e.g., PSA>100 & M0).

c. {PatCPlan.Eff_DtTm}
   Locally this date is called the "Ready For Care" date, and signifies the earliest that a patient could start on treatment. In radiotherapy-only cases it often corresponds to the date of simulation.

d. {PatCPlan.Protocol}
   Locally, this "Protocol" is the NSW Waiting Time Classification applied to the patient. The acceptable choices are A1, A2, B1,B2, C, D, or E.

e. {PatCPlan.MD_ID}

f. Treatment Modality
   The list of treatment modalities are those applied to achieve the aim expressed in the Tx_Intent field. The choices in each of the following fields is identical, and each field should have an entry.



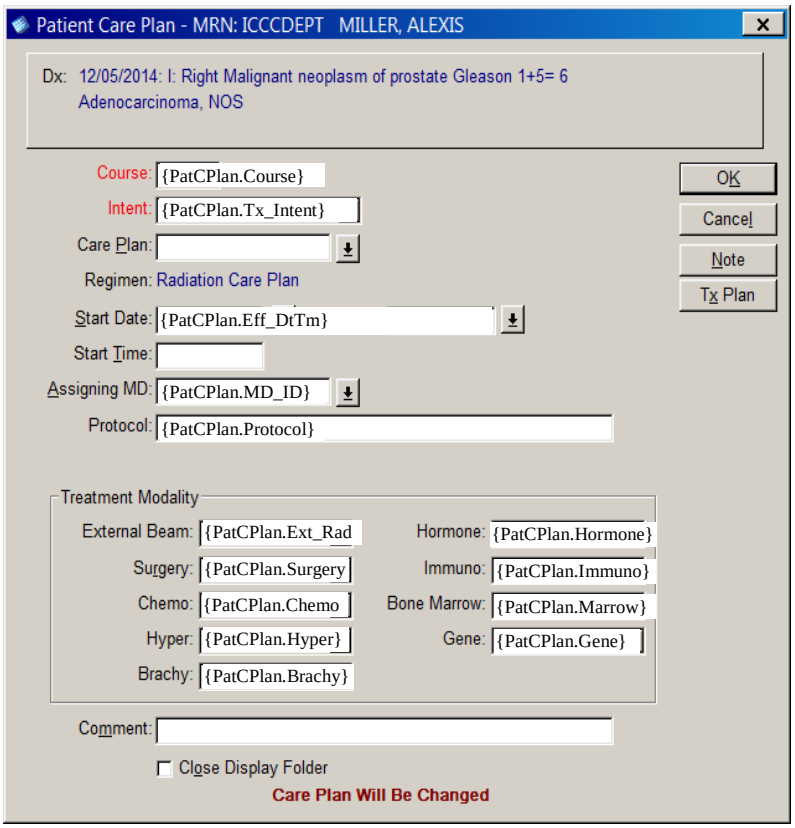
   The **?PENDING** entry is used when a patient has been referred for consideration of another modality and an answer is awaited, which will be corrected later.
   The options for therapy are:

Primary	the therapy which is of primary importance;
Adjuvant	an optional therapy after the Primary therapy;
Neoadjuvant	an optional therapy before the Primary therapy;
Concurrent	an optional therapy at the same time as the Primary therapy (this will be uncommon with Surgery, but is frequent with Ext_Rad and is either Chemo or Hormone);
Palliative	therapy given for the Tx_Intent of Palliation, to relieve symptoms;
Refused	the patient was advised to have a therapy but has declined that therapy only;
DiedB4	although the patient accepted therapy, their death occurred before they could start;
No	this therapy has been considered and is not for use.

   The individual entries for each modality are found in the following fields:

i. {PatCPlan.Ext_Rad}
ii. {PatCPlan.Surgery}
iii. {PatCPlan.Chemo}
iv. {PatCPlan.Hyper}
v. {PatCPlan.Brachy}
vi. {PatCPlan.Hormone}
vii. {PatCPlan.Immuno}
viii. {PatCPlan.Marrow}

ix. {PatCPlan.Gene}

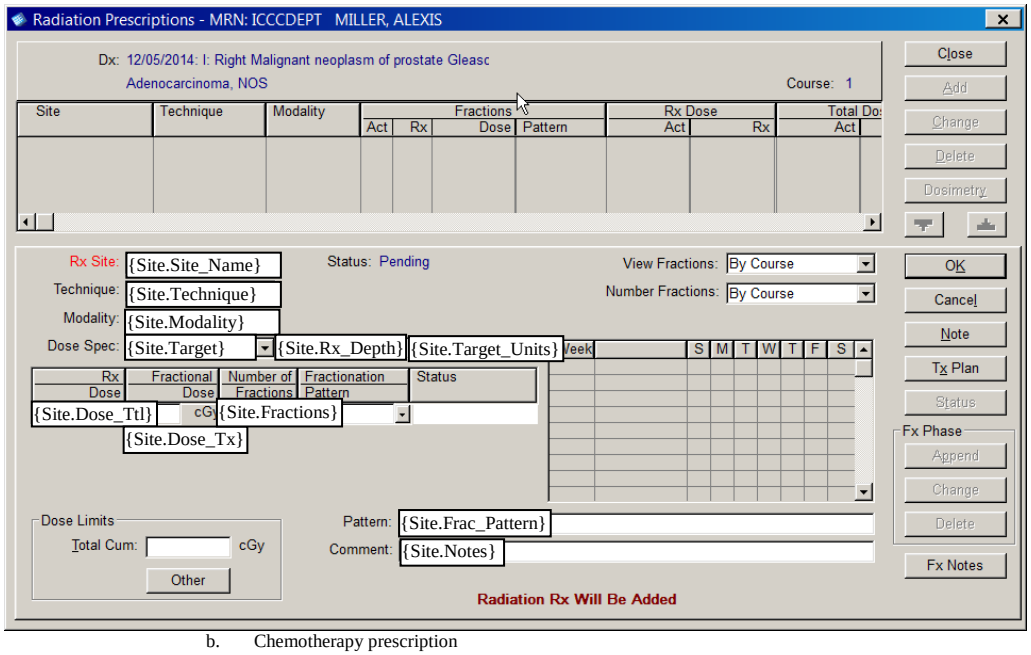


3. Specifying the details of therapies

For each Care Plan there can be multiple therapies applied. Modalities such as radiotherapy and chemotherapy which are being delivered in the SCC*n* (ICCC & SCCC) are formally entered using the RadRx and Orders buttons in the Diagnosis and Interventions screen. Therapies including surgery, hormone therapy and outside chemotherapy/radiotherapy are entered separately. Entering all of the therapies gives a clinically accurate picture of what was undertaken in the care of the patient.

a. Radiotherapy prescription

The information in the radiation prescription called by the RadRx button is stored in the {Site} table. An unapproved prescription can be altered at will, but an approved prescription is permanently recorded, and versioned (current version is {Site.Version}=0). Historical versions can be viewed.



b. Chemotherapy prescription

The chemotherapy prescription is typically selected as a protocol from a list. The protocol has been constructed to detail the drugs, dosage, timing as well as additional medications required for antinausea and support.

c. Non-SCC*n* therapies

MOSAIQ possesses the ability to add items describing surgery, hormone therapy, immunotherapy, outside chemotherapy and TKI therapy, as well as inclusion on trials and the use of aids such as SpaceOAR. These items are all added from the Orders button in the Diagnosis & Interventions screen. Several options are available for narrowing down the types of orders, however all of the relevant options are available under the RadTx or All option.

To access surgical options, type **SUR** and the surgical options are listed alphabetically. The same is true for **HOR** (hormone therapy), **IMM** (immunotherapy), **AUD** (audit), **TRI** (trials), **CHE** (chemotherapy) and **TKI** (Tyrosine kinase inhibitors). The selected item will require a date for the event. Currently the commencement date is used for HOR, CHE, TKI and IMM.

A choice has to be made to streamline the issue of recording hormone therapy. Specifying the start and stop date of each hormone therapy type is problematic (intricate and detailed). The proposal is to use one on the patterns below. The loss over our current use would be the name of the drug, the gain would be the specification of duration.
Hormone therapy could be entered as:

i. *Actual Hormone Start Date and Hormone End Date*
(e.g., GnRH agonist START, GnRH agonist STOP)
ii. *Intended Hormone Duration*
(e.g., GnRH agonist 6 months, GnRH agonist 3 years, GnRH antagonist 6 months)
iii. *Drug name with the added assumption that:*
oNeoCon in the Hormone Therapy CarePlan represents 6 months of hormone therapy, and oNeoConAdj represents 3 years of hormone therapy

REQUIRED NOMENCLATURE IN PLANNING (PINNACLE3D)

The naming used in Prostate Cancer plans will follow that prescribed in the COI Standardised Nomenclature (current version at time of writing, V2.1) infrastructure supporting automated analysis of DICOM-RT files, and the automated transfer of DVH parameters via the PROMPT interface to MOSAIQ. All RO-generated structures are in upper case, all RT-generated structures are in lower case. All SPICE generated contours must be verified as accurate.

- The Pinnacle3D software will be modified to auto-populate the following contours:
  - seeds
  - PROSTATE
  - SV
  - SPONGIOSUM
  - CAVERNOSUM
  - BLADDER
  - RECTUM
  - PERITONEUM
  - LN_PELVIS_I_EI_CI_II_O_PS_L
    LN_PELVIS_I_EI_CI_II_O_PS_R
    [*Inguinal/External Iliac/Common Iliac/Internal Iliac/Obturator/Presacral*]
    When the RO has reached a decision about which nodes will be contoured, the names of those <u>NOT</u> BEING CONTOURED ARE REMOVED from the name. That is, leave the nodes to be treated.
  - Femoral heads
    These can be auto-contoured using Model-Based Segmentation
    - FEMHEAD_R
    - FEMHEAD_L
- The Pinnacle3D software will be modified to auto-populate the following volumes
  - TBV
    Tumour Bed Volume for post-operative cases
  - CTV
    - CTVp from PROSTATE
    - CTVsv from SV (seminal vesicle)
    - CTVn/CTVn0 from nodal contour
    - CTVtbv from Tumour Bed Volume (post-prostatectomy)

    CTV expansions are prioritized with CTVp & CTVtbv excluding CTVsv, CTVn and then CTVn0. CTV borders should not overlap.
  - PTV
    - PTV7800
    - PTV7000
    - PTV6000
    - PTV5400

    PTV expansions should be informed by the measured movement on linear accelerators of similar patients.

REQUIRED DVH MEASURES (TRANSFER TO MOSAIQ)

A script will be developed to parse the Pinnacle3D plan and extract the following DVH parameters which will packaged as assessments and passed to the PROMPT pipeline for generation into HL7 messages for input into MOSAIQ.

Pinnacle3D Name	Parsed Name	Parameter	MOSAIQ CA
seeds	-		
PROSTATE	PROSTATE	Volume	
SV	SV	Volume	
SPONGIOSUM	SPONGIOSUM	Volume	
CAVERNOSUM	CAVERNOSUM	Volume	
BLADDER	BLADDER	Volume	
		% of BLADDER receiving 75Gy	
		% of BLADDER receiving 70Gy	
		% of BLADDER receiving 60Gy	
RECTUM	RECTUM	Volume	
		% of RECTUM receiving 25Gy	
		% of RECTUM receiving 50Gy	
		% of RECTUM receiving 60Gy	
		% of RECTUM receiving 65Gy	
		% of RECTUM receiving 70Gy	
		% of RECTUM receiving 75Gy	
		% of RECTUM receiving 80Gy	
PERITONEUM	PERITONEUM	Volume	
LN_PELVIS_I_EI_CI_II_O_PS_L	LYMPH_NODES	Name	
	CONTOUR_LN	Volume	
LN_PELVIS_I_EI_CI_II_O_PS_R	LYMPH_NODES	Name	
	CONTOUR_LN	Volume	
	LN_VOLUME	Volume	
FEMHEAD_R		Volume	
		% of FEMHEAD_R receiving 55Gy	
		% of FEMHEAD_R receiving 50Gy	
		% of FEMHEAD_R receiving 45Gy	
		% of FEMHEAD_R receiving 40Gy	
FEMHEAD_L		Volume	
		% of FEMHEAD_L receiving 55Gy	
		% of FEMHEAD_L receiving 50Gy	
		% of FEMHEAD_L receiving 45Gy	
		% of FEMHEAD_L receiving 40Gy	
TBV		Volume	
CTVp		Volume	
CTVsv		Volume	
CTVn		Volume	
PTV7800		% volume receiving 95% (7410cGy)	
PTV7000		% volume receiving 95% (6300cGy)	
PTV6000		% volume receiving 95% (5700cGy)	
PTV5400		% volume receiving 95% (5130cGy)	

REQUIRED ACUTE EFFECTS ASSESSMENTS (MOSAIQ)

Weight

Height

Performance Status

Bowel

Bladder

Erection

Fatigue

IPSS

REQUIRED LATE EFFECTS ASSESSMENTS (MOSAIQ)

Femur fracture

Femur Site

Rectum

Bladder

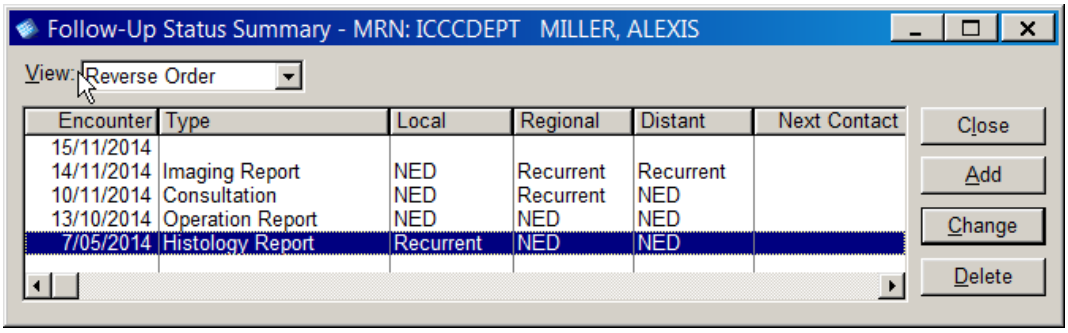
Erection

PSA

The importation of PSA measures from Southern.IML and SEALS is assured by providing one PSA measure with the patient's MRN on the form. This should be done early on to minimize the retrospective acquisition effort. Once one PSA has been imported by the MOSAIQ HL7 Gateway, the web based viewing of the patient record is enabled.

Disease Outcome

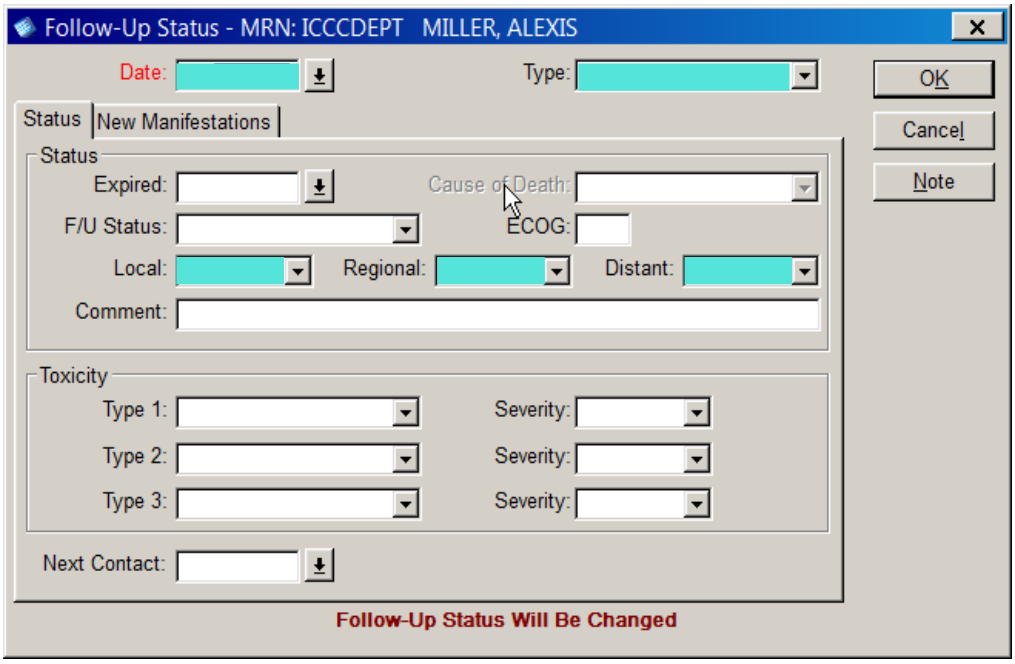
The Follow Up screen is used to enter follow up data (**eChart | Follow Up)**. The screen below shows a completed record. This patient has developed a local, regional and distant recurrence, and has died. The repetition of the regional recurrence assumes that the first regional recurrence was treated, and there is now a recurrence. The top entry (15/11/2014) holds the entry for Date of Death and Cause of Death.

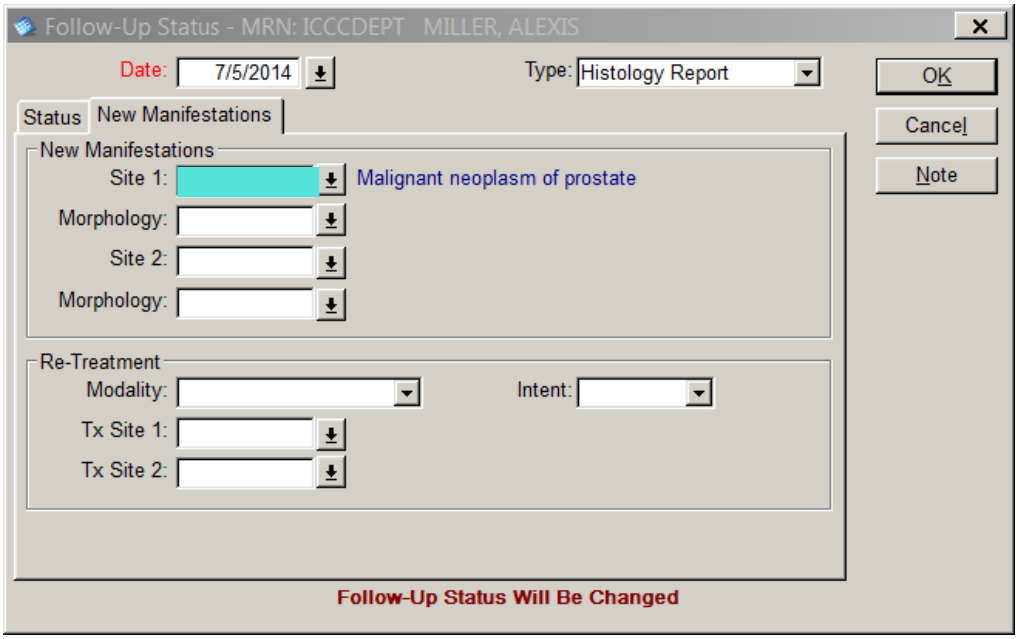


A new Follow up is added at first follow up. Generally this will record no recurrences. Each time the patient is seen with no recurrence, the date on the Follow up entries is increased to match the day of evidence of no recurrence.

At first diagnosis of local, regional or distant recurrence, a new entry is made. Multiple local recurrences require multiple entries ONLY if the treatment of the first recurrence has eradicated disease from the site.

As shown below, for each entry there is required data. On the Status tab there must be Date, Type (what type of data gives the information), Local, Regional and Distant recurrence status, and on the New Manifestations tab, the diagnosis for "Site 1" must be completed.


Follow-Up Status - MRN: ICCCDEPT MILLER, ALEXIS
Date:
Type:
OK
Cancel
Note
Status
New Manifestations
Status
Expired:
Cause of Death:
F/U Status:
ECOG:
Local:
Regional:
Distant:
Comment:
Toxicity
Type 1:
Severity:
Type 2:
Severity:
Type 3:
Severity:
Next Contact:
Follow-Up Status Will Be Changed


Follow-Up Status - MRN: ICCCDEPT MILLER, ALEXIS
Date:
7/5/2014
Type:
Histology Report
OK
Cancel
Note
Status
New Manifestations
New Manifestations
Site 1:
Malignant neoplasm of prostate
Morphology:
Site 2:
Morphology:
Re-Treatment
Modality:
Intent:
Tx Site 1:
Tx Site 2:
Follow-Up Status Will Be Changed

MAPPING THE NROR DATA CATEGORIES TO MOSAIQ USE

NROR Category	Notes	MOSIAQ Category	Notes
3001 PatientLastName	What is the patient's last name? REQUIRED FIELD. Type / Length / Format: Text / Long Permissible Values: n/a	{ Patient.Lastname}	
3002 PatientFirstName	What is the patient's first name? REQUIRED FIELD. Type / Length / Format: Text / Long Permissible Values: n/a	{Patient.Firstname}	
3003 PatientMiddleName	What is the patient's middle name? It is acceptable to specify the middle initial. Type / Length / Format: Text / Long Permissible Values: n/a	{Patient.Middlename}	
3004 BirthDate	What is the patient's date of birth in the format MM/DD/YYYY? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a		
3005 MRN	What is the patient's medical record number (MRN)? REQUIRED FIELD. Sites may enter a unique patient identifier that is not the medical record number if MRN is not available. Type / Length / Format: Text / Medium Permissible Values: n/a	Ident.IDA	
3006 Sex C20197 Male C16576 Female C17998 Decline / Unknown	What is the patient's sex? REQUIRED FIELD. Please indicate the biological makeup of the patient's reproductive anatomy at birth. Type / Length / Format: Radio – Single *Values are coded using NCI Thesaurus concept codes. Permissible Values: Code	{Admin.Gender}	
3007 Ethnicity C17459 Hispanic or Latino C41222 Not Hispanic or Latino C17998 Decline / Unknown	What is the patient's ethnicity? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single *Values are coded using NCI Thesaurus concept codes and aligned with: AHRQ report to the Institute of Medicine on Race, Ethnicity, and Language Data Standardization for Health Care Quality Improvement: http://www.ahrq.gov/research/iomracereport/reldata3.htm Office of Management and Budget. 1997 Revisions to the standards for the classification of federal data on race and ethnicity. Federal Register 62:58781-58790. Permissible Values: Code Description	{Admin.Ethnicity}	
3008 Race C41259 American Indian or Alaska Native C41260 Asian C16352 Black or African American C41219 Native Hawaiian or Other Pacific Islander C41261 White C17998 Decline / Unknown	What is the patient's race? REQUIRED FIELD. Check all that apply. Type / Length / Format: Checkbox - multiple *Values are coded using NCI Thesaurus concept codes and aligned with: AHRQ report to the Institute of Medicine on Race, Ethnicity, and Language Data Standardization for Health Care Quality Improvement: http://www.ahrq.gov/research/iomracereport/reldata3.htm Office of Management and Budget. 1997 Revisions to the standards for the classification of federal data on race and ethnicity. Federal Register 62:58781-58790. Permissible Values: Code Description	{Admin.Race}	
4001 ICD10CMDiagnosisCode	What is the ICD-10-CM diagnosis code for this prostate cancer? REQUIRED FIELD. Type / Length / Format: Radio - Single	{Medical.Topography}	Linked to {TPG_ID}
4002 DiagnosticBiopsyDate	What was the date of the initial diagnostic biopsy? Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Medical.Dx_Date}	
4003 InitialConsultDate	What was the date of the initial consultation with the radiation oncologist? Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Medical.Diag_Date}	
4004 ProstateCancerHistopathologicType C2919 Prostate Adenocarcinoma (8140/3) C5596 Acinar Prostate Adenocarcinoma (8550/3) C39880 Acinar Prostate Adenocarcinoma, Atrophic Variant C39882 Acinar Prostate Adenocarcinoma, Foamy Gland Variant C39885 Acinar Prostate Adenocarcinoma, Lymphoepithelioma- Like Variant C39884 Acinar Prostate Adenocarcinoma, Oncocytic Variant C39881 Acinar Prostate Adenocarcinoma, Pseudohyperplastic Variant	Indicate the histopathologic type. REQUIRED FIELD. Choose one. Type / Length / Format: Dropdown – Single *Values are coded using NCI Thesaurus concept codes. Equivalent/associated ICD-O-3 histology codes are also indicated. Permissible Values: Code NCI - Description (ICD-O-3)	{Medical.Histology}	need to translate ICD0-M codes to NCI Thesaurus Links to {Morphol}

C5530 Acinar Prostate Adenocarcinoma, Sarcomatoid Variant C5535 Acinar Prostate Adenocarcinoma, Signet Ring Variant C5537 Acinar Prostate Mucinous Adenocarcinoma C6813 Prostate Ductal Adenocarcinoma (8500/3) C39895 Prostate Ductal Adenocarcinoma, Cribriform Pattern C39896 Prostate Ductal Adenocarcinoma, Papillary Pattern C39897 Prostate Ductal Adenocarcinoma, Solid Pattern C5539 Prostate Adenoid Cystic Carcinoma (8200/3) C5538 Prostate Adenosquamous Carcinoma (8560/3) C39902 Prostate Basal Cell Carcinoma (8147/3) C6766 Prostate Small Cell Carcinoma (8041/3) C5536 Prostate Squamous Cell Carcinoma (8070/3) C5597 Undifferentiated Prostate Carcinoma (8020/3) C39898 Primary Prostate Urothelial Carcinoma (8120/3) C5533 Prostate Lymphoma (9590/3) C5527 Prostate Myeloid Sarcoma (9930/3) C7731 Prostate Sarcoma (8800/3)			
4005 StagingCTObtained 0 No 1 Yes – ordered by radiation oncologist 2 Yes – ordered by a referring provider 999 Unknown	Was a CT scan of the abdomen and/or pelvis obtained for staging purposes? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description	Document – Report CT	
4006 StagingMRIObtained 0 No 1 Yes – ordered by radiation oncologist 2 Yes – ordered by a referring provider 999 Unknown	Was an MRI of the abdomen and/or pelvis obtained for staging purposes? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	Document –Report MRI	
4007 StagingBoneScanObtained 0 No 1 Yes – ordered by radiation oncologist 2 Yes – ordered by a referring provider 999 Unknown	Was a bone scan obtained for staging purposes? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	Document – Report NM do we need to separate from other NM?	
4008 ClinicalPrimaryTumorClassification C89208 cTX - Primary tumor cannot be assessed. C89209 cT0 - No evidence of primary tumor. C89210 cT1 - Clinically inapparent tumor neither palpable nor visible by imaging. C89211 cT1a - Tumor incidental histologic finding in 5% or less of tissue resected. C89212 cT1b - Tumor incidental histologic finding in more than 5% of tissue resected. C89213 cT1c - Tumor identified by needle biopsy (e.g., because of elevated PSA). C89214 cT2 - Prostate cancer confined within the prostate. Tumor found in one or both lobes by needle biopsy, but not palpable or reliably visible by imaging, is classified as T1c. C89215 cT2a - Prostate cancer with tumor involving one-half of one lobe or less. C89216 cT2b - Prostate cancer with tumor involving more than one-half of one lobe, but not both lobes. C89217 cT2c - Prostate cancer with tumor involving both lobes. C89218 cT3 - Prostate cancer extending through the prostatic capsule. Invasion into the prostatic apex or into (but not beyond) the prostatic capsule is classified not as T3 but as T2. C89219 cT3a - Prostate cancer with extracapsular extension (unilateral or bilateral). C89220 cT3b - Prostate cancer invading seminal vesicle(s).	What was the clinical primary tumor classification at the time of diagnosis, according to AJCC v7 criteria? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single *Values are coded using NCI Thesaurus concept codes. Permissible Values: Code Description	{TNM.T_stage}	where {TNM.StageType}=”0”

C89221 cT4 - Prostate cancer with fixed tumor or tumor invading adjacent structures other than seminal vesicles such as external sphincter, rectum, bladder, levator muscles, and/or pelvic wall.			
4009 ClinicalRegionalLymphNodeClassification C89223 cNX - Prostate cancer in which the regional lymph nodes cannot be assessed. C89224 cN0 - Prostate cancer with no regional lymph node metastasis. C89225 cN1 - Prostate cancer with metastasis in regional lymph node(s).	What was the clinical regional lymph node classification at the time of diagnosis, according to AJCC v7 criteria? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single *Values are coded using NCI Thesaurus concept codes. Permissible Values: Code Description	{TNM.N_stage}	where {TNM.StageType}="0"
4010 ClinicalDistantMetastasisClassification C89227 cM0 - Prostate cancer without evidence of distant metastasis. C89228 cM1 - Prostate cancer with distant metastasis. C89229 cM1a - Prostate cancer with metastasis to non-regional lymph node(s). C89230 cM1b - Prostate cancer with metastasis to bone(s). C89231 cM1c - Prostate cancer with metastasis to other site(s) with or without bone disease.	What was the clinical distant metastasis classification at the time of diagnosis, according to AJCC v7 criteria? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single *Values are coded using NCI Thesaurus concept codes. Permissible Values: Code Description	{TNM.M_stage}	where {TNM.StageType}="0"
4011 PrimaryGleasonGrade 1 Gleason Grade 1 2 Gleason Grade 2 3 Gleason Grade 3 4 Gleason Grade 4 5 Gleason Grade 5 999 Unknown	What is the primary Gleason grade? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Medical.Gleason_Score}	where LEFT({Medical.Gleason_Score},1) = GS1
4012 SecondaryGleasonGrade 1 Gleason Grade 1 2 Gleason Grade 2 3 Gleason Grade 3 4 Gleason Grade 4 5 Gleason Grade 5 999 Unknown	What is the secondary Gleason grade? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description	{Medical.Gleason_Score}	where LEFT({Medical.Gleason_Score},3) = GS2
4013 TertiaryGleasonGrade 1 Gleason Grade 1 2 Gleason Grade 2 3 Gleason Grade 3 4 Gleason Grade 4 5 Gleason Grade 5 999 Unknown	What is the tertiary Gleason grade? Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description	{Observe.Label} = "Tertiary Grade"	
4014 BaselinePSAValueKnown 0 No 1 Yes	Is the baseline (prior to the initiation of treatment) Prostate Specific Antigen (PSA) value known? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description	{Observe.Label}="PSAI" and {ObsReq.Obs_DtTm} closest to before {Medical.Dx_DtTm} OR {TNM.ExtraData} which contains the PSA at diagnosis.	If 4015 ISNOTNULL then 1, else 0
4015 BaselinePSAValue 2857-1 Prostate specific Ag [Mass/volume] in Serum or Plasma 35741-8 Prostate specific Ag [Mass/volume] in Serum or Plasma by Detection limit = 0.01 ng/mL 19197-3 Prostate specific Ag [Molecules/volume] in Serum or Plasma 19195-7 Prostate specific Ag [Units/volume] in Serum or Plasma	What was the baseline PSA value prior to the initiation of treatment? REQUIRED FIELD. For assays with a lower limit of detection equal to 0.2 ng/mL, if the value is undetectable, "Less than 0.2 ng/mL" should be entered. Permissible Values: Must be a decimal value or the text string "Less than 0.2 ng/mL" Appears only if BaselinePSAValueKnown = "Yes". Type / Length / Format: Text: Supported LOINC Codes:	{Observe.Label}="PSAI" and {ObsReq.Obs_DtTm} closest to before {Medical.Dx_DtTm} OR {TNM.ExtraData} which contains the PSA at diagnosis.	Medical – staging entry (AND should match one of the PSA values in Assessments)
4016 BaselinePSAUnits 1 ng/mL 2 ug/L 3 umol/L 4 U/L 5 ng/dL	What were the units of the baseline PSA value prior to the initiation of treatment? Choose one. Appears only if BaselinePSAValueKnown = "Yes". Type / Length / Format: Radio – Single Permissible Values: Code Description	{Observe.Label}="PSAI" and {ObsReq.Obs_DtTm} closest to before {Medical.Dx_DtTm} OR {TNM.ExtraData} which contains the PSA at diagnosis.	Same as units of {Observe.Label}="PSAI"
4017 BaselinePSADate	What was the date of the baseline PSA value prior to the initiation of treatment? Use the format 'MM/DD/YYYY'. Appears only if BaselinePSAValueKnown = "Yes". Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Observe.Label}="PSAI" and {ObsReq.Obs_DtTm} closest to before {Medical.Dx_DtTm} OR {TNM.ExtraData} which contains the PSA at diagnosis.	
5001 TreatingPhysician	Who was the treating physician at the start of the treatment course? Instructions:	{Admin. Attending_Md_Id}	

	Type / Length / Format: Text Permissible Values: n/a		
5002 RadiationTherapyType C15751 External Beam Radiation Therapy C15195 Brachytherapy	What type of radiation therapy was used in this treatment course? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	PatCPlan.Ext_Rad PatCPlan.Brachy	
5003 CourseStartDate	What was the date of the first fraction of therapy (from all prescriptions) in this treatment course? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / MM-DD-YYYY Permissible Values: n/a	Dose_Hst	
5004 CourseEndDate	What was the date of the last fraction of therapy (from all prescriptions) in this treatment course? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / MM-DD-YYYY Permissible Values: n/a	Dose_Hist	
5005 PatientHeight	What was the patient's height in inches at the start of this treatment course? Instructions: Type / Length / Format: Integer Permissible Values: n/a	{Observe.Label}=”Height” Assessments Height Convert to inches	
5006 PatientWeight	What was the patient's weight in pounds at the start of this treatment course? Instructions: Type / Length / Format: Integer Permissible Values: n/a	{Observe.Label}=”Height” Assessments Weight Convert to pounds	
5007 PerformanceStatusTreatmentStart 100 100 - Normal; no complaints; no evidence of disease (ECOG 0) 90 90 - Able to carry on normal activity; minor signs or symptoms of disease (ECOG 0) 80 80 - Normal activity with effort; some sign or symptoms of disease (ECOG 1) 70 70 - Cares for self; unable to carry on normal activity or do active work (ECOG 1) 60 60 - Requires occasional assistance, but is able to care for most personal needs (ECOG 2) 50 50 - Requires considerable assistance and frequent medical care (ECOG 2) 40 40 - Disabled; requires special care and assistance (ECOG 3) 30 30 - Severely disabled; hospitalization is indicated, although death not imminent (ECOG 3) 20 20 - Very sick; hospitalization necessary; active support treatment is necessary (ECOG 4) 10 10 - Moribund; fatal processes progressing rapidly (ECOG 4) 0 0 - Dead (ECOG 5)	What was the patient’s performance status at the start of this treatment course? Use the Karnofsky Performance Scale criteria. Choose one. The Eastern Cooperative Oncology Group (ECOG) equivalent scores are indicated for ease of translation between the two scoring systems. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Observe.Label}=”Performance Status”	
5008 ADTUsed 0 No 1 Yes – prescribed by radiation oncologist 2 Yes – prescribed by referring provider 999 Unknown	Was androgen deprivation therapy used in conjunction with this treatment course? REQUIRED FIELD. Choose One. Type / Length / Format: Radio - Single Permissible Values: Code Description	{PatCPlan.Hormones}<>”No”	? Activity Hormone Therapy START (other)
5009 ADTDuration 1 < 6 months 2 6 – 11 months 3 12 – 24 months 4 > 24 months 5 Indefinite 999 Unknown	What was the planned duration of the androgen deprivation therapy? REQUIRED FIELD. Choose one. Appears only if ADTUsed = “Yes”. Type / Length / Format: Radio - Single Permissible Values: Code Description		?Activity Hormones 1-6m START Hormones 6-11m START Hormones 12-24m START Hormones 24-36m START Hormones indefinite START
5010 0 No 1 Yes 999 Unknown UrinaryToxicityAssessed	Were any urinary toxicities (see definition) assessed on treatment? REQUIRED FIELD. Choose one. “Urinary toxicities” include the following terms as defined in CTCAE v4.0: Urinary tract pain – A disorder characterized by a sensation of marked discomfort in the urinary tract. Urinary frequency – A disorder characterized by urination at short intervals. Urinary urgency – A disorder characterized by a sudden compelling urge to urinate. Urinary incontinence – A disorder characterized by inability to control the flow of urine from the bladder. Urinary retention – A disorder characterized by accumulation of urine within the bladder because of the inability to urinate. Hematuria – A disorder characterized by laboratory test results that indicate blood in the urine. Type / Length / Format: Radio – Single Permissible Values: Code Description		Assessments CTCAE Urinary

5011 UrinaryGrade3Toxicity 0 No 1 Yes	Did the patient experience any Grade 3 or higher urinary toxicity (see definition) during the on-treatment period? REQUIRED FIELD. Choose one. Appears only if UrinaryToxicityAssessed = "Yes". "Grade 3 urinary toxicities" include the following as defined in CTCAE v4.0: Urinary tract pain - Severe pain; limiting self care activities of daily living (ADL) Urinary incontinence - Intervention indicated (e.g., clamp, collagen injections); operative intervention indicated; limiting self care ADL Urinary retention - Elective operative or radiologic intervention indicated; substantial loss of affected kidney function or mass Hematuria - Gross hematuria; transfusion, IV medications or hospitalization indicated; elective endoscopic, radiologic or operative intervention indicated; limiting self-care ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
5012 UrinaryGrade2Toxicity 0 No 1 Yes	Did the patient experience any Grade 2 urinary toxicity (see definition) during the on-treatment period? REQUIRED FIELD. Choose one. Appears only if UrinaryToxicityAssessed = "Yes". "Grade 2 urinary toxicities" include the following as defined in CTCAE v4.0: Urinary tract pain -- Moderate pain; limiting instrumental activities of daily living (ADL) Urinary frequency – Limiting instrumental ADL; medical management indicated Urinary urgency – Limiting instrumental ADL; medical management indicated Urinary incontinence – Spontaneous; pads indicated; limiting instrumental ADL Urinary retention – Placement of urinary, suprapubic or intermittent catheter placement indicated; medication indicated Hematuria – Symptomatic; urinary catheter or bladder irrigation indicated; limiting instrumental ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
5013 RectalToxicityAssessed 0 No 1 Yes 999 Unknown	Were any rectal toxicities (see definition) assessed on treatment? REQUIRED FIELD. Choose one. "Rectal toxicities" include the following terms as defined in CTCAE v4.0: Rectal pain – A disorder characterized by a sensation of marked discomfort in the rectal region. Rectal hemorrhage – A disorder characterized by bleeding from the rectal wall and discharged from the anus. Rectal mucositis – A disorder characterized by inflammation of the mucous membrane of the rectum. Type / Length / Format: Radio – Single Permissible Values: Code Description		Assessments – Rectal Toxicity CTCAE
5014 RectalGrade3Toxicity 0 No 1 Yes	Did the patient experience any Grade 3 or higher rectal toxicity (see definition) during the on-treatment period? REQUIRED FIELD. Choose one. Appears only if RectalToxicityAssessed = "Yes". "Grade 3 rectal toxicities" include the following as defined in CTCAE v4.0: Rectal pain – Severe pain; limiting self care activities of daily living (ADL) Rectal hemorrhage – Transfusion, radiologic, endoscopic, or elective operative intervention indicated Rectal mucositis – Severe symptoms; limiting self-care ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
5015 RectalGrade2Toxicity 0 No 1 Yes	Did the patient experience any Grade 2 rectal toxicity (see definition) during the on-treatment period? REQUIRED FIELD. Choose one. Appears only if RectalToxicityAssessed = "Yes". "Grade 2 rectal toxicities" include the following as defined in CTCAE v4.0: Rectal pain – Moderate pain; limiting instrumental activities of daily living (ADL) Rectal hemorrhage – Moderate symptoms; medical intervention or minor cauterization indicated Rectal mucositis – Symptomatic; medical intervention indicated; limiting instrumental ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
5016 ProstateVolume	What was the prostate volume in mL at the time of treatment planning? Instructions: Type / Length / Format: Integer Permissible Values: n/a		Assessmetns - Prostate (mLs)
5017 Discussion 1 Surgical treatment options 2 Alternative radiation treatment options 3 Hormonal therapy 4 Active surveillance	What options were discussed during the initial patient consultation? REQUIRED FIELD. Check all that apply. This information may be found in the consult note. Type / Length / Format: Checkbox - multiple Permissible Values: Code Description		
6001 EBRTType 1 Photon Beam 2 Proton Beam 3 Cobalt-60 Gamma Ray	Indicate the external beam radiation treatment type for this prescription. REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		Always 1!
6002 EBRTPlanning	Indicate the planning method used for this prescription. Choose one. Type / Length / Format: Radio – Single		How to discover this?

1 3-Dimensional Conformal Radiation Therapy 2 Intensity Modulated Radiation Therapy (IMRT) 3 Volume Modulated Arc Therapy (VMAT) 4 Scanned proton beam planning 5 Scattered proton beam planning	Permissible Values: Code Description		
6003 EBRTDelivery 1 C-arm Linear Accelerator 2 O-ring Treatment Machines (e.g. Tomotherapy) 3 Robotic Linear Accelerator (e.g. Cyberknife) 4 Scanned proton beam 5 Scattered proton beam 6 MR-based treatment machine (e.g. ViewRay)	Indicate the delivery method used for this prescription. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description		Always 1!
6004 EBRTMaxEnergy	What was the external beam maximum energy in MV? REQUIRED FIELD. Type / Length / Format: Number Permissible Values: n/a		{Site.Modality}
6005 CTVDose	What was the total prescribed dose to the clinical target volume (CTV) in Gy? REQUIRED FIELD. Type / Length / Format: Number Permissible Values: n/a		{Site.Dose_Ttl}
6006 CTVVolume 1 Prostate Gland only 2 Prostate Gland and Seminal Vesicles (>0.1cm) 3 Prostate Gland, Seminal Vesicles, and Pelvic Lymph Nodes (aka "Whole Pelvis")	Indicate the intended external beam clinical target volume (CTV). REQUIRED FIELD. If more than one prescription/plan is used in this treatment course (e.g. a boost to the prostate), complete an additional EBRT form. Please note that "Prostate Gland, Seminal Vesicles, and Pelvic Nodes" should be selected for any treatment to the whole pelvis. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		{Observe.Label} = CTV Need to import CTV names into MOSAIQ
6007 TotalFractionsPrescribed	What was the total number of fractions prescribed for this treatment course? REQUIRED FIELD. Type / Length / Format: Integer Permissible Values: n/a		{Site.Fractions}
6008 DailyFractionsPrescribed	What was the number of fractions per day prescribed for this treatment course? REQUIRED FIELD. Type / Length / Format: Integer Permissible Values: n/a		?{Site.Frac_Pattern} = DAILY
6009 TotalFractionsDelivered	What was the total number of fractions delivered for this treatment course? REQUIRED FIELD. Type / Length / Format: Integer Permissible Values: n/a		{Site.Fractions}
6010 ImmobilizationUsed 0 No 1 Yes	Was any immobilization used for this prescription? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		
6011 ImmobilizationTechniquesUsed 1 Body Mould 2 Rectal Balloon 3 Leg Fixation 888 Other (specify)	Select all immobilization techniques used for this external beam prescription. Check all that apply. Appears only if ImmobilizationUsed = "Yes". Type / Length / Format: Checkboxes – Multiple Permissible Values: Code Description		
6012 OtherImmobilizationUsed	Specify the "Other" immobilization technique used for this external beam prescription. Appears only when "other" is selected in previous question. Type / Length / Format: Text / Short / Permissible Values: n/a		
6013 TargetLocalizationMethodUsed 0 None 1 Anatomic landmarks with film portal imaging 2 Anatomic landmarks with 2D kV/MV electronic portal imaging 3 Fiducial markers with film portal imaging 4 Fiducial markers with 2D kV/MV electronic portal imaging 5 Fiducial markers with cone beam CT 6 3D kV CT imaging 7 3D MV CT imaging 8 Radio beacon (e.g. Calypso) 9 Ultrasound 888 Other (specify)	Indicate the primary target localization method used for this prescription. REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description		
6014 OtherTargetLocalizationUsed	Specify the "Other" target localization method used for this prescription. Appears only when "other" is selected in previous question. Type / Length / Format: Text / Short Permissible Values: n/a		
6015	Indicate the frequency of target localization.		

TargetLocalizationFrequency 0 None 1 Daily 2 Weekly	REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description		
7001 BrachyPrescriptionType 1 Low dose rate (LDR) brachytherapy 2 High dose rate (HDR) brachytherapy	Indicate the type of brachytherapy prescription. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description		
7002 BrachyDosePrescribed	What was the brachytherapy prescription dose to the prostate – entire gland (Gy)? Instructions: Type / Length / Format: Text Permissible Values: n/a		
7003 BrachyPlanningTechnique 1 Pre-operative 2 Intra-operative	Indicate the brachytherapy planning technique. Choose one Type / Length / Format: Radio – Single Permissible Values: Code Description		
7004 BrachyPlanningImaging 0 None 1 TRUS 2 CT 3 MRI 888 Other 999 Unknown	Indicate the type of imaging used for brachytherapy planning. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		
7005 BrachyProcedureImaging 1 TRUS 2 CT 3 MRI 4 Fluoroscopy	Indicate the type of imaging used during the implant procedure. Check all that apply. Type / Length / Format: Checkboxes / Multiple Permissible Values: Code Description		
7006 LDRModality 1 Iodine 125 2 Palladium 103 3 Gold 198 4 Cesium (Cs) 131	Indicate the isotope that was used for this low dose rate (LDR) brachytherapy prescription. Choose one. Appears only if BrachyPrescriptionType = “LDR”. Type / Length / Format: Radio - Single Permissible Values: Code Description		
7007 LDRSeedNumber	How many sources were placed for this low dose rate (LDR) brachytherapy prescription? Appears only if BrachyPrescriptionType = “LDR” Type / Length / Format: Integer Permissible Values: n/a		
7008 LDRSeedType 1 Stranded 2 Loose 3 Both	Indicate the type of sources placed for this low dose rate (LDR) brachytherapy prescription. Choose one. Appears only if BrachyPrescriptionType = “LDR”. Type / Length / Format: Radio - Single Permissible Values: Code Description		
7009 LDRImplantDate	What was the date of the first fraction implantation? Enter the date in the format MM/DD/YYYY. Appears only if BrachyPrescriptionType = “LDR”. Type / Length / Format: Date / ‘MM/DD/YYYY’ Permissible Values: n/a		
7010 PostImplantDosimetry 0 No 1 Yes 999 Unknown	Was post-implant dosimetry performed? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		
7011 PostImplantImaging 1 TRUS 2 CT 3 MRI	Indicate the imaging modality used for post-implant dosimetry. REQUIRED FIELD. Choose one. Appears only if PostImplantDosimetry = “Yes”. Type / Length / Format: Radio - Single Permissible Values: Code Description		
7012 PostImplantDosimetryDate	What was the date of the post-implant dosimetry? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Appears only if PostImplantDosimetry = “Yes”. Type / Length / Format: Date / ‘MM/DD/YYYY’ Permissible Values: n/a		
7013 HDRFractions	How many HDR fractions were prescribed? Appears only if BrachyPrescriptionType = “HDR” Type / Length / Format: Integer Permissible Values: n/a		
7014 HDRDosePerFraction	What was the HDR dose per fraction in Gy? Appears only if BrachyPrescriptionType = “HDR”. Type / Length / Format: Integer Permissible Values: n/a		
7015 FirstHDRFractionDate	What was the date of the first HDR fraction implantation? Enter the date in the format MM/DD/YYYY. Appears only if BrachyPrescriptionType = “HDR”. Type / Length / Format: Date / ‘MM/DD/YYYY’ Permissible Values: n/a		

8001 DeathDate	What was the date of death? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Followup. Expired_DtTm}	{Admin. Expired_DtTm}
8002 DeathCause 1 Malignant Cancer 2 Non-Cancerous Disease 999 Unknown	What was the primary cause of death? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Followup.Cause_Death}	
8003 CancerDeathCause 35011 Acute Lymphocytic Leukemia 35031 Acute Monocytic Leukemia 35021 Acute Myeloid Leukemia 35043 Aleukemic, subleukemic and NOS 21060 Anus, Anal Canal and Anorectum 23000 Bones and Joints 31010 Brain and Other Nervous System 26000 Breast 27010 Cervix Uteri 35012 Chronic Lymphocytic Leukemia 35022 Chronic Myeloid Leukemia 21040 Colon excluding Rectum 27020 Corpus Uteri 20070 Tonsil 22060 Trachea, Mediastinum and Other Respiratory Organs 29030 Ureter 29010 Urinary Bladder 27030 Uterus, NOS 27050 Vagina 27060 Vulva	Please select the cancer that was the primary cause of death. Choose one. Coded according to the SEER Cause of Death Recode 1969+ (04/16/2012). Appears only if DeathCause = "Malignant Cancer". Type / Length / Format: Dropdown List Permissible Values:	{Followup.New_Site1_TPGID}	Links to TPG_ID for diagnosis of disease being followed up
8004 NonCancerDeathCause 50051 Alzheimer's (ICD-9 and 10 only) 50100 Aortic Aneurysm and Dissection 50090 Atherosclerosis 50080 Cerebrovascular Diseases 50190 Certain Conditions Originating in Perinatal Period 50150 Chronic Liver Disease and Cirrhosis 50130 Chronic Obstructive Pulmonary Disease and Allied Conditions 50170 Complications of Pregnancy, Childbirth, Puerperium 50180 Congenital Anomalies 50050 Diabetes Mellitus 50060 Diseases of Heart 50230 Homicide and Legal Intervention 50040 Human Immunodeficiency Virus (HIV) (1987+) 50070 Hypertension without Heart Disease 38000 In situ, benign or unknown behavior neoplasm 50160 Nephritis, Nephrotic Syndrome and Nephrosis 50300 Other Cause of Death 50110 Other Diseases of Arteries, Arterioles, Capillaries 50040 Other Infectious and Parasitic Diseases 50120 Pneumonia and Influenza 50030 Septicemia 50140 Stomach and Duodenal Ulcers 50220 Suicide and Self-Inflicted Injury 50200 Symptoms, Signs and Ill-Defined Conditions 50010 Syphilis 50000 Tuberculosis	Please select the non-cancerous disease that was the primary cause of death. Choose one. Coded according to the SEER Cause of Death Recode 1969+ (04/16/2012). Appears only if DeathCause = "Non-Cancerous Disease". Type / Length / Format: Dropdown List Permissible Values: 50210 Accidents and Adverse Effects	{Followup.New_Site1_TPGID}	Links to TPG_ID for diagnosis
9001 RadOncFollowUp 0 No 1 Yes	Has the patient had any follow-up visits with Radiation Oncology at this facility in the past year? REQUIRED FIELD. Choose one. Type / Length / Format: Radio - Single Permissible Values: Code Description	{Object.DocType}?	Check for RO letter in last 12 months
9002 OtherFollowUpVisit 1 Medical Oncology 2 Urology 3 Primary Care 888 Other	Has the patient had any follow-up visits with other specialties in the past year for which documentation is available at this facility? Check all that apply. REQUIRED FIELD. Check all that apply. Type / Length / Format: Checkboxes / Multiple Permissible Values: Code Description		Check for MO/PC letter in l;ast 12 months
9003 DateofLastFollowUp	What is the date of the most recent follow-up visit for which documentation is available? REQUIRED FIELD. Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYYY'	{Followup.Encnter_DtTm} for last non-death follow up	

	Permissible Values: n/a		
9004 PatientStatus 1 Living 2 Lost to Follow-up 3 Subject Withdrew 4 Deceased	What is the patient's status? REQUIRED FIELD. Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Followup.Status}	
9005 BiochemicalRecurrenceStatus 0 No 1 Yes 666 Indeterminate/Equivocal 999 Unknown	Has the patient been diagnosed with a biochemical recurrence since the initial course of treatment? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Observe.Label}="PSAI"	Determine equation for Biochemical recurrence and apply (PSA nadir <2 + 2 extra)
9006 BiochemicalRecurrenceDate	What was the diagnosis date of biochemical recurrence? Enter the date in the format MM/DD/YYYY. Appears only if BiochemicalRecurrenceStatus = "Yes". Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Observe.Label}="PSAI"	
9007 LocalRecurrenceStatus 0 No 1 Yes 666 Indeterminate/Equivocal 999 Unknown	Has the patient been diagnosed with a local recurrence since the initial course of treatment? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description	{Followup.Local_Fail} or process {Medical.DiagnosisClass} <>1	
9008 LocalRecurrenceDiagnosisDate	What was the diagnosis date of the local recurrence? Enter the date in the format MM/DD/YYYY. Appears only if LocalRecurrenceStatus = "Yes". Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Followup.Encnter_DtTm} Or process {Medical.Dx_Date}	
9009 LocalRecurrenceEvaluation 1 Clinical Exam 2 Imaging 3 Biopsy	What was the method of evaluation of the local recurrence? Check all that apply. Appears only if LocalRecurrenceStatus = "Yes". Type / Length / Format: Checkbox - Multiple Permissible Values: Code Description	{Medical.Diag_Confirm}	
9010 DistantProgressionStatus 0 No 1 Yes 666 Indeterminate/Equivocal 999 Unknown	Has the patient been diagnosed with distant progression since the initial course of treatment? Choose one. Type / Length / Format: Radio - single Permissible Values: Code Description	{Followup.Distant_Fail} Or process {Medical.DiagnosisClass} <>1	
9011 DistantProgressionDiagnosisDate	What was the diagnosis date of distant progression? Enter the date in the format MM/DD/YYYY. Appears only if DistantProgressionStatus = "Yes". Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a	{Followup.Encnter_DtTm} Or process {Medical.Dx_Date}	
9012 DistantProgressionSite 1 Bone 2 Lymph Node 3 Other Visceral Organs	Indicate all known sites of distant progression. Check all that apply. Appears only if DistantProgressionStatus = "Yes". Type / Length / Format: Checkbox – Multiple Permissible Values: Code Description	{Medical.Dist_Mets1} {Medical.Dist_Mets2} {Medical.Dist_Mets3}	
9013 DistantProgressionEvaluation 1 Clinical Exam 2 Imaging 3 Biopsy	What was the method of evaluation used to diagnose the distant progression? Check all that apply. Appears only if DistantProgressionStatus = "Yes". Type / Length / Format: Checkbox – Multiple Permissible Values: Code Description	{Medical.Diag_Confirm}	
9014 CurrentADT 0 No 1 Yes 999 Unknown	Is the patient currently on androgen deprivation therapy? Choose one. Appears only if ADTUsed = "Yes". Type / Length / Format: Radio – Single Permissible Values: Code Description		
9015 ADTDiscontinuationReason 1 Treatment completed as prescribed 2 Treatment terminated due to toxicity 3 Patient request 888 Other	What was the reason androgen deprivation therapy was discontinued? Choose one. Appears only if CurrentADT = "No". Type / Length / Format: Radio – Single Permissible Values: Code Description		
9016 SecondaryTherapy 0 No 1 Yes 999 Unknown	Is the patient receiving any secondary prostate cancer therapy? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		
9017 SecondaryTherapyType 1 Palliative radiation therapy for metastatic disease 2 Re-treatment of progressive local disease with external beam radiation	What was the type of secondary therapy prescribed? Choose one. Appears only if SecondaryTherapy = "Yes". Type / Length / Format: Radio – Single Permissible Values: Code Description		

3 Re-treatment of progressive local disease with brachytherapy 4 Re-treatment of progressive local disease with cryotherapy / hifu 5 Chemotherapy 6 Immunotherapy 7 Novel alternative hormonal therapy 8 Additional hormonal therapy 9 Radiopharmaceuticals 888 Other			
9018 SecondaryTherapyStartDate	Indicate the secondary therapy start date. Enter the date in the format MM/DD/YYYY. Appears only if SecondaryTherapy = "Yes". Type / Length / Format: Date / 'MM/DD/YYYY' Permissible Values: n/a		
9019 FollowUpPSAValue 2857-1 Prostate specific Ag [Mass/volume] in Serum or Plasma 35741-8 Prostate specific Ag [Mass/volume] in Serum or Plasma by Detection limit = 0.01 ng/mL 19197-3 Prostate specific Ag [Molecules/volume] in Serum or Plasma 19195-7 Prostate specific Ag [Units/volume] in Serum or Plasma	What was the maximum PSA value since the last follow-up submission? For assays with a lower limit of detection equal to 0.2 ng/mL, if the value is undetectable, "Less than 0.2 ng/mL" should be entered. Type / Length / Format: Text Supported LOINC Codes: Permissible Values: Must be a decimal value or the text string "Less than 0.2ng/ mL."		This seems unuseful
9020 FollowUpPSAUnits 1 ng/mL 2 ug/L 3 umol/L 4 U/L 5 ng/dL	What were the units of the maximum PSA value obtained since the last follow-up submission? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		This seems unuseful
9021 FollowUpPSADate	What was the date of the maximum PSA value since the last follow-up submission? Enter the date in the format MM/DD/YYYY. Type / Length / Format: Date / 'MM/DD/YYY' Permissible Values: n/a		This seems unuseful
9022 FollowUpUrinaryToxicityAssessed Urinary tract pain – A disorder characterized by a sensation of marked discomfort in the urinary tract. Urinary frequency – A disorder characterized by urination at short intervals. Urinary urgency – A disorder characterized by a sudden compelling urge to urinate. Urinary incontinence – A disorder characterized by inability to control the flow of urine from the bladder. Urinary retention – A disorder characterized by accumulation of urine within the bladder because of the inability to urinate. Hematuria – A disorder characterized by laboratory test results that indicate blood in the urine. 0 No 1 Yes 999 Unknown	Were any urinary toxicities (see definition) assessed since the last follow-up submission? REQUIRED FIELD. Choose one. "Urinary toxicities" include the following terms as defined in CTCAE v4.0: Type / Length / Format: Radio – Single Permissible Values: Code Description		
9023 0 No 1 Yes FollowUpUrinaryGrade3Toxicity	Did the patient experience any Grade 3 or higher urinary toxicity (see definition) since the last follow-up submission? REQUIRED FIELD. Choose one. Appears only if FollowUpUrinaryToxicityAssessed = "Yes". "Grade 3 urinary toxicities" include the following as defined in CTCAE v4.0: Urinary tract pain - Severe pain; limiting self care activities of daily living (ADL) Urinary incontinence - Intervention indicated (e.g., clamp, collagen injections); operative intervention indicated; limiting self care ADL Urinary retention - Elective operative or radiologic intervention indicated; substantial loss of affected kidney function or mass Hematuria - Gross hematuria; transfusion, IV medications or hospitalization indicated; elective endoscopic, radiologic or operative intervention indicated; limiting self-care ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
9024 FollowUpUrinaryGrade2Toxicity 0 No 1 Yes	Did the patient experience any Grade 2 urinary toxicity (see definition) since the last follow-up submission? REQUIRED FIELD. Choose one. Appears only if FollowUpUrinaryToxicityAssessed = "Yes". "Grade 2 urinary toxicities" include the following as defined in CTCAE v4.0: Urinary tract pain -- Moderate pain; limiting instrumental activities of daily living (ADL) Urinary frequency – Limiting instrumental ADL; medical management indicated Urinary urgency – Limiting instrumental ADL; medical management indicated		

	Urinary incontinence – Spontaneous; pads indicated; limiting instrumental ADL Urinary retention – Placement of urinary, suprapubic or intermittent catheter placement indicated; medication indicated Hematuria – Symptomatic; urinary catheter or bladder irrigation indicated; limiting instrumental ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
9025 FollowUpRectalToxicityAssessed 0 No 1 Yes 999 Unknown	Were any rectal toxicities (see definition) assessed since the last follow-up submission? REQUIRED FIELD. Choose one. "Rectal toxicities" include the following terms as defined in CTCAE v4.0: Rectal pain – A disorder characterized by a sensation of marked discomfort in the rectal region. Rectal hemorrhage – A disorder characterized by bleeding from the rectal wall and discharged from the anus. Rectal mucositis – A disorder characterized by inflammation of the mucous membrane of the rectum. Type / Length / Format: Radio – Single Permissible Values: Code Description		
9026 FollowUpRectalGrade3Toxicity 0 No 1 Yes	Did the patient experience any Grade 3 or higher rectal toxicity (see definition) since the last follow-up submission? REQUIRED FIELD. Choose one. Appears only if FollowUpRectalToxicityAssessed = "Yes". "Grade 3 rectal toxicities" include the following as defined in CTCAE v4.0: Rectal pain – Severe pain; limiting self-care activities of daily living (ADL) Rectal hemorrhage – Transfusion, radiologic, endoscopic, or elective operative intervention indicated Rectal mucositis – Severe symptoms; limiting self-care ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
9027 FollowUpRectalGrade2Toxicity 0 No 1 Yes	Did the patient experience any Grade 2 rectal toxicity (see definition) since the last follow-up submission? REQUIRED FIELD. Choose one. Appears only if FollowUpRectalToxicityAssessed = "Yes". "Grade 2 rectal toxicities" include the following as defined in CTCAE v4.0: Rectal pain – Moderate pain; limiting instrumental activities of daily living (ADL) Rectal hemorrhage – Moderate symptoms; medical intervention or minor cauterization indicated Rectal mucositis – Symptomatic; medical intervention indicated; limiting instrumental ADL Type / Length / Format: Radio – Single Permissible Values: Code Description		
10001 CCI_AgeAtStartofTreatmentCourse 0 Less than 40 years 1 41 to 50 years 2 51 to 60 years 3 61 to 70 years 4 71 to 80 years 5 81 to 90 years 6 91 to 100 years	What was the patient's age at the start of this treatment course? Choose one. Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10002 CCI_MI ICD-9-CM: 410.x, 412.x ICD-10: 121.x, 122.x, 125.2 0 No 1 Yes	As of the start of this treatment course, please indicate if the patient had a history of myocardial infarction. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10003 CCI_CHF ICD-9-CM: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 425.4–425.9, 428.x ICD-10: I09.9, I11.0, I13.0, I13.2, I25.5, I42.0, I42.5–I42.9, I43.x, I50.x, P29.0 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of congestive heart failure. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10004 CCI_PVD ICD-9-CM: 093.0, 437.3, 440.x, 441.x, 443.1–443.9, 47.1, 557.1, 557.9, V43.4 ICD-10: I70.x, I71.x, I73.1, I73.8, I73.9, I77.1, I79.0, I79.2, K55.1, K55.8, K55.9, Z95.8, Z95.9 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of peripheral vascular disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10005 CCI_CVD ICD-9-CM: 362.34, 430.x–438.x ICD-10: G45.x, G46.x, H34.0, I60.x–I69.x 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of cerebrovascular disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients

10006 CCI_Dementia ICD-9-CM: 290.x, 294.1, 331.2 ICD-10: F00.x–F03.x, F05.1, G30.x, G31.1 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of dementia. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10007 CCI_COPD ICD-9-CM: 416.8, 416.9, 490.x–505.x, 506.4, 508.1, 508.8 ICD-10: I27.8, I27.9, J40.x–J47.x, J60.x–J67.x, J68.4, J70.1, J70.3 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of chronic pulmonary disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10008 CCI_ConnectiveTissue 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of connective tissue disease. Choose one. Corresponding Diagnosis Codes: ICD-9-CM: 446.5, 710.0–710.4, 714.0–714.2, 714.8, 725.x ICD-10: M05.x, M06.x, M31.5, M32.x–M34.x, M35.1, M35.3, M36.0 Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10009 CCI_PUD ICD-9-CM: 531.x–534.x ICD-10: K25.x–K28.x 0 No 1 Yes	As of the start of this treatment course, please indicate whether the patient had a history of ulcer disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10010 CCI_Liver Mild: ICD-9-CM: 070.22, 070.23, 070.32, 070.33, 070.44, 070.54, 070.6, 070.9, 570.x, 571.x, 573.3, 573.4, 573.8, 573.9, V42.7 ICD-10: B18.x, K70.0–K70.3, K70.9, K71.3–K71.5, K71.7, K73.x, K74.x, K76.0, K76.2–K76.4, K76.8, K76.9, Z94.4 Moderate or severe: ICD-9-CM: 456.0–456.2, 572.2–572.8 ICD-10: I85.0, I85.9, I86.4, I98.2, K70.4, K71.1, K72.1, K72.9, K76.5, K76.6, K76.7 0 No 1 Mild 3 Moderate to Severe	As of the start of this treatment course, please indicate whether the patient had a history of liver disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10011 CCI_DM Without chronic complications: ICD-9-CM: 250.0–250.3, 250.8, 250.9 ICD-10: E10.0, E10.1, E10.6, E10.8, E10.9, E11.0, E11.1, E11.6, E11.8, E11.9, E12.0, E12.1, E12.6, E12.8, E12.9, E13.0, E13.1, E13.6, E13.8, E13.9, E14.0, E14.1, E14.6, E14.8, E14.9 With chronic complications: ICD-9-CM: 250.4–250.7 ICD-10: E10.2–E10.5, E10.7, E11.2–E11.5, E11.7, E12.2–E12.5, E12.7, E13.2–E13.5, E13.7, E14.2–E14.5, E14.7 0 No 1 Without chronic complications 2 With chronic complications	As of the start of this treatment course, please indicate whether the patient had a history of diabetes. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10012 CCI_Hemiplegia ICD-9-CM: 334.1, 342.x, 343.x, 344.0–344.6, 344.9 ICD-10: G04.1, G11.4, G80.1, G80.2, G81.x, G82.x, G83.0–G83.4, G83.9 0 No 2 Yes	As of the start of this treatment course, please indicate whether the patient had a history of hemiplegia or paraplegia. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10013 CCI_CKD Moderate or severe: ICD-9-CM: 403.01, 403.11, 403.91, 404.02, 404.03, 404.12, 404.13, 404.92, 404.93, 582.x, 583.0–583.7, 585.x, 586.x, 588.0, V42.0, V45.1, V56.x	As of the start of this treatment course, please indicate whether the patient had a history of chronic kidney disease. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients

ICD-10: I12.0, I13.1, N03.2–N03.7, N05.2–N05.7, N18.x, N19.x, N25.0, Z49.0– Z49.2, Z94.0, Z99.2 0 No or mild 2 Moderate or severe			
10014 CCI_SolidTumor Not metastatic: ICD-9-CM: 140.x–172.x, 174.x–195.8 ICD-10: C00.x–C26.x, C30.x–C34.x, C37.x–C41.x, C43.x, C45.x–C58.x, C60.x– C76.x Metastatic: ICD-9-CM: 196.x–199.x ICD-10: C77.x–C80.x 0 No 2 Non-metastatic 6 Metastatic	As of the start of this treatment course, please indicate whether the patient had a history of solid tumor malignancy. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10015 CCI_HemeMalignancy ICD-9-CM: 200.x–208.x, 238.6 ICD-10: C81.x–C85.x, C88.x, C90.x–C97.x 0 No 2 Yes	As of the start of this treatment course, please indicate whether the patient had a history of leukemia or lymphoma. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
10016 CCI_AIDS ICD-9-CM: 042.x–044.x ICD-10: B20.x–B22.x, B24.x 0 No 6 Yes	As of the start of this treatment course, please indicate whether the patient had a history of HIV/AIDS. Choose one. Corresponding Diagnosis Codes: Type / Length / Format: Radio – Single Permissible Values: Code Description		This should be added to the Clinical Assessment List for all patients
11001 CTV_D95	What dose did 95% of the clinical target volume (CTV D95) receive in Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11002 CTV_D90	What dose did 90% of the clinical target volume (CTV D90) receive in Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11003 CTVMeanDose	What was the CTV Mean Dose in Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11004 CTVMaxDose	What was the CTV maximum dose in Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11005 CTVMinDose	What was the CTV minimum dose in Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11006 BladderV70cc	What volume of the bladder received 70 Gy in cc? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11007 BladderV70Percent	What percentage of the bladder received 70 Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11008 BladderV40cc	What volume of the bladder received 40 Gy in cc? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11009 BladderV40Percent	What percentage of the bladder received 40 Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11010 RectumV70cc	What volume of the rectum received 70 Gy in cc? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11011 RectumV70Percent	What percentage of the rectum received 70 Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11012 RectumV40cc	What volume of the rectum received 40 Gy in cc? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		
11013 RectumV40Percent	What percentage of the rectum received 40 Gy? Instructions: Type / Length / Format: Numeric Permissible Values: n/a		

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