

Enrollment Form

Prostate Adenocarcinoma (PRAD)

Instructions: The Enrollment Form should be completed for each TCGA qualified case, upon qualification notice from the BCR. All information provided on this form should include activity from the date of initial melanoma diagnosis to the most recent date of contact with the patient ("Date of Initial Pathologic Diagnosis" and "Date of Last Contact" on this form).

Questions regarding this form should be directed to the Tissue Source Site's primary Clinical Outreach Contact at the BCR.

Please note the following definitions for the "Unknown" and "Not Evaluated" answer options on this form.

Unknown: This answer option should only be selected if the TSS cannot answer the question because the answer is not known at the TSS. If this answer option is selected for a question that is part of the TCGA required data set, the TSS must complete a discrepancy note providing a reason why the answer is unknown.

Not Evaluated: This answer option should be selected by the TSS if it is known that the information being requested cannot be obtained. If for example, a test was not performed the results of that test cannot be provided because it was "Not Evaluated."

Tissue Source Site (TSS): _____ TSS Identifier: _____ TSS Unique Patient Identifier: _____

Completed By (Interviewer Name on OpenClinica): _____ Completed Date: _____

General Information

#	Data Element	Entry Alternatives	Working Instructions
1	Has this TSS received permission from the NCI to provide time intervals as a substitute for requested dates on this form?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please note that time intervals must be recorded in place of dates where designated throughout this form if you have selected "yes" in the box to the left. Note 1: Provided time intervals must begin with the date of initial pathologic diagnosis. (i.e., biopsy or resection) Note 2: Only provide interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
2	Primary Site of Disease	<input type="checkbox"/> Prostate	2735776 Using the patient's pathology/laboratory report, select the anatomic site of disease of the tumor submitted for TCGA.
3	Histological Subtype	<input type="checkbox"/> Prostate Adenocarcinoma, Acinar Type <input type="checkbox"/> Prostate Adenocarcinoma, Other Subtype (please specify)	3081934 Using the patient's pathology/laboratory report, Indicate the histologic subtype for the prostate adenocarcinoma tumor sample being submitted to TCGA. Note: Adenocarcinoma, not otherwise specified; and Adenocarcinoma, Acinar Type, are synonymous
4	Other Histological Subtype	_____	3124492 If the histological subtype is not included in the provided list, specify the histological subtype of the prostate adenocarcinoma tumor that is being submitted to TCGA.
5	Zone of Origin	<input type="checkbox"/> Peripheral Zone <input type="checkbox"/> Transition Zone <input type="checkbox"/> Central Zone	<input type="checkbox"/> Overlapping / Multiple Zones <input type="checkbox"/> Unknown Zone
Gleason Score (For Entire Prostatectomy Specimen)			
6	Primary Gleason Pattern	<input type="checkbox"/> / 5	2534617 Using the patient's pathology/laboratory report from the entire prostatectomy specimen, indicate the numeric value of the most frequent pattern or pathologic grade, using the Gleason Score, as interpreted by the pathologist.
7	Secondary Gleason Pattern	<input type="checkbox"/> / 5	2534618 Using the patient's pathology/laboratory report from the entire prostatectomy specimen, indicate the numeric value of the second-most frequent pattern or pathologic grade, using the Gleason Score, as interpreted by the pathologist.

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8	Overall Gleason Score	<input type="text"/> <input type="text"/> / 10	2534619 Using the patient's pathology/laboratory report from the entire prostatectomy specimen, indicate the numeric value of the Total Gleason Score by adding the primary and secondary patterns, as interpreted by the pathologist.
9	Tertiary Gleason Pattern	<input type="text"/> / 5	2783875 Using the patient's pathology/laboratory report from the entire prostatectomy specimen, indicate the numeric value for the third most prominent Gleason pattern or pathologic grade, as interpreted by the pathologist.
10	Tumor Laterality	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral	827 Using the patient's pathology/laboratory report in conjunction with the medical record, designate the side (lobe) from which the prostate tumor originated.
11	Tumor Level (check all that apply)	<input type="checkbox"/> Apex <input type="checkbox"/> Middle <input type="checkbox"/> Base	3348845 Using patient's pathology/laboratory report in conjunction with medical record, designate level from which prostate tumor originated.
12	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	2200604 Provide the patient's gender using the defined categories. Identification of gender is based upon self-report and may come from a form, questionnaire, interview, etc.
13	Is This a Prospective Tissue Collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3088492 Indicate whether the TSS providing tissue is contracted for prospective tissue collection. If the submitted tissue was collected for the specific purpose of TCGA, the tissue has been collected prospectively.
14	Is This a Retrospective Tissue Collection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	3088528 Indicate whether the TSS providing tissue is contracted for retrospective tissue collection. If the submitted tissue was collected prior to the date the TCGA contract was executed, the tissue has been collected retrospectively.
Date of Birth			
15	Date of Birth	____ _ ____ _ ____ _ Month Day Year	Provide the date the patient was born. 2896950 (Month), 2896952 (Day), 2896954 (Year)
16	Number of Days from Date of Initial Pathologic Diagnosis to Date of Birth	_____	3008233 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the patient's date of the birth. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
17	Has the Patient Had Any Prior Cancer Diagnosed?	<input type="checkbox"/> No <input type="checkbox"/> History of Prior Malignancy <input type="checkbox"/> History of Synchronous / Bilateral Malignancy	3382736 Indicate whether the patient has a history of prior malignancies. Note 1: If this question cannot be answered because the answer is unknown, the case will be excluded from TCGA. Note 2: If the patient has any history of prior malignancies, including synchronous or bilateral malignancies, please complete an "Other Malignancy Form" for each malignancy diagnosed prior to the procurement of the tissue submitted for TCGA. If the patient has a history of multiple diagnoses of basal and/or squamous cell skin cancers, complete an "Other Malignancy Form" for the first diagnosis for each of these types.
18	History of Neo-Adjuvant Treatment to Tumor Specimen Submitted for TCGA	<input type="checkbox"/> No <input type="checkbox"/> Radiation Prior to Sample Procurement <input type="checkbox"/> Pharmaceutical Treatment Prior to Sample Procurement <input type="checkbox"/> Both Pharmaceutical and Radiation Treatment Prior to Sample Procurement	3382737 Indicate whether the patient received therapy for this cancer prior to sample procurement of the tumor submitted for TCGA. If the patient did receive treatment for this cancer prior to procurement, the TSS should contact the BCR for further instructions. Note: Systemic treatment and certain localized therapies (those administered to the same site as the TCGA submitted tissue) given prior to procurement of the sample submitted for TCGA are exclusionary.
Date of Initial Pathologic Diagnosis (of Tumor Associated with Tissue Procurement for TCGA)			
19	Date of Initial Pathologic Diagnosis	____ _ ____ _ ____ _ Month Day Year	Provide the date the patient was initially pathologically diagnosed with the malignancy submitted for TCGA. 2896956 (Month), 2896958 (Day), 2896960 (Year)

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20	Method of Initial Diagnosis	<input type="checkbox"/> Core Needle Biopsy <input type="checkbox"/> Transurethral Resection	65096 Using the patient's prior pathology/laboratory reports in conjunction with the medical record, indicate the surgical method that was performed to initially diagnose the patient's prostate cancer.
Clinical Tumor Staging (cT, cN, and cM) (Information to be Obtained from Clinical Findings [Including Digital Rectal Exam-DRE; Radiographic Studies and Transurethral Resection of Prostate-TURP] Prior to Radical Prostatectomy) Note: Only one of the four Clinical Spread (cT1-cT4) questions should be answered.			
21	Clinical Spread Prostate (cT1): No Evidence of Induration or Nodularity on Digital Rectal Exam (DRE)	<input type="checkbox"/> Primary Tumor Not Assessed / Unknown (cTx) <input type="checkbox"/> Tumor Incidental Histologic Finding in $\leq 5\%$ of Tissue Resected at TURP (cT1a) <input type="checkbox"/> Tumor Incidental Histologic Finding in $> 5\%$ of Tissue Resected at TURP (cT1b) <input type="checkbox"/> Tumor Identified by Needle Biopsy (cT1c) (e.g., because of elevated PSA)	3351881 If there is no evidence of induration or nodularity on DRE, indicate the histologic findings of the prostate tumor at the time of resection or needle biopsy prior to radical prostatectomy.
22	Clinical Spread Prostate (cT2): Induration and/or Nodularity Present on Digital Rectal Exam (DRE) but No Evidence of Local Extension	<input type="checkbox"/> Induration and/or Nodularity Involves $\leq \frac{1}{2}$ of one lobe (cT2a) <input type="checkbox"/> Induration and/or Nodularity Involves $> \frac{1}{2}$ of one lobe (cT2b) <input type="checkbox"/> Bilateral Induration and/or Nodularity (cT2c) <input type="checkbox"/> Abnormal DRE, Without Evidence of Extraprostatic Extension (cT2x)	3351882 If there is evidence of induration and/or nodularity, but no evidence of local extension present on DRE, indicate the most extensive clinical involvement prior to radical prostatectomy.
23	Clinical Spread Prostate (cT3): Digital Rectal Exam (DRE) Suspicious for Local Extraprostatic Extension	<input type="checkbox"/> Unilateral or Bilateral Local Extraprostatic Extension Suspected (cT3a) <input type="checkbox"/> Suspected Involvement of Seminal Vesicle (cT3b)	3351883 If the DRE is suspicious for local extraprostatic extension, indicate the most extensive clinical involvement prior to radical prostatectomy.
24	Clinical Spread Prostate (cT4): Digital Rectal Exam (DRE) Suspicious for Invasion of, or Fixation to, Adjacent Organs	<input type="checkbox"/> Yes <input type="checkbox"/> No	3351886 Indicate if the DRE was suspicious for invasion or fixation to adjacent organs prior to radical prostatectomy.
25	Date of Bone Scan (If performed)	_____ <i>Month Day Year</i>	If a bone scan was performed during the initial workup, provide the date the bone scan was performed. 3351884 (month), 3351889 (day), 3351887 (year)
26	Number of Days from Date of Initial Pathologic Diagnosis to Date of Bone Scan	_____	3412936 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of bone scan. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
27	Bone Scan Results	<input type="checkbox"/> Normal (no evidence of prostate cancer) [cM0] <input type="checkbox"/> Prostate Cancer Metastases Present [cM1b] <input type="checkbox"/> Abnormal (not related to prostate cancer) <input type="checkbox"/> Equivocal	3351888 If bone scan was performed during initial workup, indicate the results of the bone scan.
28	Did Patient Have CT Scan ABD/Pelvis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3194099 Indicate if the patient had a CT Scan of the Abdomen/Pelvis performed during the initial workup to evaluate the extent of the prostate cancer.
CT Scan Abd/Pelvis (If Performed)			
29	Date of CT Scan ABD/Pelvis	_____ <i>Month Day Year</i>	If a CT Scan of the Abdomen/Pelvis was performed during the initial workup, provide the date the CT Scan was performed. 3151134 (month), 3151132 (day), 3151133 (year)
30	Number of Days from Date of Initial Pathologic Diagnosis to Date of CT Scan ABD/Pelvis	_____	3414503 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of CT Scan Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.

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31	CT Scan ABD/Pelvis Results (Check all that apply)	<input type="checkbox"/> No Evidence of Extraprostatic Extension <input type="checkbox"/> Extraprostatic Extension Localized (e.g. seminal vesicles) <input type="checkbox"/> Extraprostatic Extension (regional lymphadenopathy) [e.g. cN1] <input type="checkbox"/> Distant Metastasis [e.g. cM1] <input type="checkbox"/> Equivocal	3351890 If CT Scan of Abdomen/Pelvis was performed during initial workup, indicate the results of the CT Scan.
MRI (If Performed)			
32	Did Patient Have an MRI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2632191 Indicate if the patient had an MRI performed during the initial workup to evaluate the extent of the prostate cancer.
33	Date of MRI	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">Year</div> </div>	If an MRI was performed during the initial workup, provide the date the MRI was performed. 3151491 (month), 3151492 (day), 3151493 (year)
34	Number of Days from Date of Initial Pathologic Diagnosis to Date of MRI	<div style="border-bottom: 1px solid black; width: 100px;"></div>	3414554 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of MRI. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
35	MRI Results (Check all that apply)	<input type="checkbox"/> No Evidence of Extraprostatic Extension <input type="checkbox"/> Extraprostatic Extension, Localized (e.g. seminal vesicles) <input type="checkbox"/> Extraprostatic Extension (regional lymphadenopathy) [e.g. cN1] <input type="checkbox"/> Distant Metastasis [e.g. cM1] <input type="checkbox"/> Equivocal	3351891 If an MRI was performed during initial workup, indicate the results of the MRI.
36	Clinical Spread Prostate (cM): Distant Metastases (Clinical or Pathological)	<input type="checkbox"/> No Distant Metastasis (cM0) <input type="checkbox"/> Distant Metastasis Not Otherwise Specified (cM1) <input type="checkbox"/> Metastasis to Non-Regional Lymph Nodes (cM1a) <input type="checkbox"/> Metastasis to Bone (cM1b) <input type="checkbox"/> Metastasis to Other Sites with or without bone metastasis (cM1c)	3351892 If evidence of distant metastasis is present, indicate the extent of known metastatic disease identified either prior to or immediately following radical prostatectomy.
Pathologic Tumor Staging (pT and pN) (Information to be Obtained from Pathology Report of Radical Prostatectomy Specimen)			
Note: Only one of the three "Yes/No" questions related to Pathological Spread (pT2-pT4) should be answered. Whichever question is answered "Yes" must then have the follow-up question answered to specify the level of involvement/extension.			
37	Pathologic Spread Prostate (pT2): Disease Confined to the Prostate	<input type="checkbox"/> Yes <input type="checkbox"/> No	3351893 Using the pathology report from the radical prostatectomy specimen, indicate if the prostate cancer is confined to the prostate.
38	Pathologic Spread Prostate (pT2): If Disease Confined to the Prostate, Specify Level of Involvement	<input type="checkbox"/> Unilateral involvement ≤ ½ of one lobe (pT2a) <input type="checkbox"/> Unilateral involvement > ½ of one lobe (pT2b) <input type="checkbox"/> Bilateral involvement (T2c)	3351894 Using the pathology report from the radical prostatectomy specimen, specify the level of involvement for the prostate cancer that is confined to the prostate.
38	Pathologic Spread Prostate (pT3): Extraprostatic Extension	<input type="checkbox"/> Yes <input type="checkbox"/> No	3351895 Using the pathology report from the radical prostatectomy specimen, indicate if there is extraprostatic extension.
39	Pathologic Spread Prostate (pT3): If Extraprostatic Extension is Present, Specify Level of Extension	<input type="checkbox"/> Extraprostatic Extension Only (pT3a) <input type="checkbox"/> Seminal Vesicle Invasion (pT3b)	3351897 Using the pathology report from the radical prostatectomy specimen, specify the level of extraprostatic extension.
40	Pathologic Spread Prostate (pT4): Invasion of Rectum, Levator Muscles, and/or Pelvic Wall	<input type="checkbox"/> Yes <input type="checkbox"/> No	3351898 Using the pathology report from the radical prostatectomy specimen, indicate if there is invasion of the rectum levator muscles and/or pelvic wall.
41	Were Lymph Nodes Examined at the time of Primary Presentation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2200396 Indicate whether any lymph nodes were examined at the time of the primary resection for the tumor submitted to TCGA. Note: If Lymph Nodes are staged on the pathology report as pNx, the selected value should equal "No"

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42	Pathologic Spread Prostate (pN):Regional Lymph Node Assessment	<input type="checkbox"/> No Positive Regional Nodes (pN0) <input type="checkbox"/> Metastases in Regional Nodes (pN1)	3351899 Using the pathology report from the radical prostatectomy specimen, indicate the results of the regional lymph node assessment.
43	Number of Lymph Nodes Pathologically Examined	<input type="text"/> <input type="text"/>	3 Provide the number of lymph nodes pathologically assessed if one or more lymph nodes were removed.
44	Number of Lymph Nodes Positive by H&E Light Microscopy	<input type="text"/> <input type="text"/>	3086388 Provide the number of lymph nodes identified as positive through hematoxylin and eosin (H&E) staining and light microscopy.
45	Residual Tumor (Margin Status at Time of Radical Prostatectomy)	<input type="checkbox"/> RX (Margins Undetermined) <input type="checkbox"/> R0 (Margins Negative) <input type="checkbox"/> R1 (Margins Microscopically Positive) <input type="checkbox"/> R2 (Margins Macroscopically Positive)	2608702 Indicate the status of a prostatectomy tissue margins following surgical resection as defined by the American Joint Committee on Cancer (AJCC).
46	Vital Status	<input type="checkbox"/> Living <input type="checkbox"/> Deceased	5 Indicate whether the patient was living or deceased at the date of last contact.
47	Date of Last Contact	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Year</div> </div>	If the patient is living, provide the date of last contact with the patient (as reported by the patient, medical provider, family member, or caregiver). <u>2897020</u> (Month), <u>2897022</u> (Day), <u>2897024</u> (Year)
48	Number of Days from Date of Initial Pathologic Diagnosis to Date of Last Contact	<div style="border-bottom: 1px solid black; width: 150px;"></div>	3008273 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of Last Contact. Note 1: Do not answer this question if the patient is deceased. Note 2: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
49	Date of Death	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Year</div> </div>	If the patient is deceased, provide the date of death. <u>2897026</u> (Month), <u>2897028</u> (Day), <u>2897030</u> (Year)
50	Number of Days from Date of Initial Pathologic Diagnosis to Date of Death	<div style="border-bottom: 1px solid black; width: 150px;"></div>	3165475 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease described on this form to the date of death. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
51	Cause of Death	<input type="checkbox"/> Prostate Cancer <input type="checkbox"/> Other Malignancy (not prostate cancer related) <input type="checkbox"/> Other Non-Malignant Disease <input type="checkbox"/> Unknown Cause of Death	<u>2554674</u> Indicate the patient's cause of death.
52	Source of Death Information	<input type="checkbox"/> Death Certificate <input type="checkbox"/> Autopsy <input type="checkbox"/> Medical Record	<u>2390921</u> Indicate the source used to identify the patient's cause of death.
53	Tumor Status (at date of last contact)	<input type="checkbox"/> Tumor Free <input type="checkbox"/> Unknown Tumor Status <input type="checkbox"/> With Tumor	2759550 Indicate whether the patient was tumor/disease free at the date of last contact or death.
Prognostic / Predictive / Lifestyle Features Used for Tumor Prognosis or Responsiveness to Treatment			
Date of Most Recent PSA (at time of completion of Enrollment Form)			
54	Date of Most Recent PSA	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Month</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Day</div> <div style="border-bottom: 1px solid black; width: 100px; text-align: center;">Year</div> </div>	Provide the month of the most recent (postoperative) PSA, as reported by the patient's physician or medical record. Note: Do not answer this question if the patient has not had a postoperative PSA at the time of submission of the Enrollment Form. 3351900 (month), 3351901 (day), 3351902 (year)

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55	Number of Days from Date of Initial Pathologic Diagnosis to Date of Most Recent PSA	_____	3414608 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of most recent PSA. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
56	Results of Most Recent PSA (on Date Referenced in above question)	__ _ . __	3351903 If recent prostate specific antigen was performed, indicate the value of this most recent postoperative PSA test.
57	Biochemical Recurrence	<input type="checkbox"/> Yes <input type="checkbox"/> No	3351904 Indicate if the most recent PSA was positive for biochemical recurrence Note: Defined as two or more consecutively elevated PSA results greater than 0.2ng/ml.
58	Adjuvant Post-Operative Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2005312 Indicate whether the patient had adjuvant/ post-operative radiation therapy. Note: If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.
59	Adjuvant Post-Operative Pharmaceutical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2785850 Indicate whether the patient had adjuvant / post-operative pharmaceutical therapy. Note: If the patient did have adjuvant radiation, the Radiation Supplemental Form should be completed.
60	Measure of Success of Outcome at the Completion of Initial First Course Treatment (surgery and adjuvant therapies)	<input type="checkbox"/> Progressive Disease <input type="checkbox"/> Stable Disease <input type="checkbox"/> Partial Response <input type="checkbox"/> Complete Response <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown	2786727 Provide the patient's response to their initial first course treatment.
61	New Tumor Event After Initial Treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3121376 Indicate whether the patient had a new tumor event (e.g. metastatic, recurrent, or new primary tumor) after their initial treatment for the tumor submitted to TCGA. Note: If the patient had multiple new tumor events, a follow-up form should be completed for each new tumor event.
62	Type of New Tumor Event After Initial Treatment	<input type="checkbox"/> Biochemical Evidence of Disease (Defined as two or more consecutively elevated PSA results greater than 0.2ng/ml.) <input type="checkbox"/> Locoregional Recurrence <input type="checkbox"/> Distant Metastasis <input type="checkbox"/> New Primary Tumor (Non-Prostatic)	3119721 Indicate whether the patient's new tumor event was a biochemical recurrence, a loco-regional recurrence or a distant metastasis of the tissue submitted for TCGA; or a new primary tumor. Note: If this is the first biochemical recurrence, complete the date of first biochemical recurrence. If this is a subsequent biochemical recurrence complete the date of second or third biochemical recurrence whichever is applicable.
63	Date of New Tumor Event	__ __ __ __ __ __ __ __ Month Day Year	If the patient had a new tumor event, provide the date of diagnosis for this new tumor event. 3104044 (Month), 3104042 (Day), 3104046 (Year)
64	Number of Days from Date of Initial Pathologic Diagnosis to Date of New Tumor Event After Initial Treatment	_____	3392464 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of new tumor event. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
65	Site of New Tumor Event (Metastasis)	<input type="checkbox"/> Bone <input type="checkbox"/> Liver <input type="checkbox"/> Peritoneal Surfaces <input type="checkbox"/> Lung <input type="checkbox"/> Non-Regional / Distant Lymph Nodes <input type="checkbox"/> Other (please specify)	3108271 Indicate the site of this new metastatic tumor event, as it relates to the tissue submitted for TCGA.

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66	Other site of New Tumor Event (Metastasis) (please specify)	_____	3128033 If the metastatic site is not included in the list for the question above, designate the site of this new metastatic tumor event.
67	Progression of Disease After Hormone Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3354944 Indicate whether the patient has had a progression or relapse of his prostate cancer following administration of a planned course of hormonal therapy.
68	Type of Progression After Hormonal Therapy	<input type="checkbox"/> Biochemical Recurrence <i>(Defined as two or more consecutively elevated PSA results greater than 0.2ng/ml.)</i> <input type="checkbox"/> Distant Metastasis <input type="checkbox"/> Not Evaluated <input type="checkbox"/> Unknown	3241479 If the patient had progression or relapse of his prostate cancer after hormonal treatment, indicate the type of progression.
Date of First Biochemical Recurrence <input type="checkbox"/> Not Applicable (Patient did not have Biochemical Recurrence)			
69	Date of First Biochemical Recurrence	_____ <i>Month Day Year</i>	Provide the month of the first biochemical recurrence, as reported by the patient's physician or medical record. Note: Do not answer this question if the patient has not had a biochemical recurrence. 3351905 (month), 3351906 (day), 3351907 (year)
70	Number of Days from Date of Initial Pathologic Diagnosis to Date of First Biochemical Recurrence	_____	3414609 Provide the number of days from the date the patient was initially diagnosed pathologically with the disease to the date of first biochemical recurrence. Note: Only provide Interval data if you have received permission from the NCI to provide time intervals as a substitute for requested dates on this form.
71	Additional treatment of New Tumor Event Radiation Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	3008761 Indicate whether the patient received radiation treatment for this new tumor event.
72	Additional Treatment of New Tumor Event Pharmaceutical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	2650646 Indicate whether the patient received pharmaceutical treatment for this new tumor event.

Comments:

Principal Investigator or Designee Signature

Print Name

_____/_____/_____
Month/Day/Year