



Belgian Cancer Registry

**RALP Registration Form  
(new registration)**



## RALP registration form – new registration

All fields are required, except those marked with an asterisk (\*)  
Variables with a  and written in *italic* are multi-select variables; hence multiple answers can be selected. Variables with a O are single select variables, hence only one answer can be chosen.

### Patient data:

National number (INSZ/NISS):

Name:

First name:

Date of birth:

Zipcode:

Mutuality:

Country:

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Incidence date:

Primary site:

### Hospital Data:

Accession number declaration agreement (RIZIV/INAMI number of the hospital):

MOC registration:  Yes

Date:

No

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### Past history registration:

Previous urological condition:  Yes

- TURP (BN)*
- Urethral stenosis*
- Urinary stones*
- Urinary infections*
- Other*

Specify\*:

- Unknown*

No

Unknown

Previous medical treatment for urological disease:  Yes

- 5-alfa-reductase inhibitors (dutasteride-finasteride)*

*Other*

Specify\*:

- Unknown*

Food supplement for prostate cancer prevention:  Yes

Specify\*:

No

Unknown

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### Family history for prostate cancer

Family history for prostate cancer (first degree relative):  Yes

Date at diagnosis\*:

Age at diagnosis\*:

year

No

Unknown



**Diagnosis:**

**Clinical stage (UICC TNM)**

Summary clinical stage: cT:

cN:

cM:

Tumor localisation:  right  
 left  
 bilateral  
 unknown

- basis*
- mid*
- apex*
- diffuse*
- unknown*

**Initial PSA:**

Value:        ng/ml

Date:

**PSA at biopsy:**

Value:        ng/ml

Date:

**Prostate biopsy:**

Date:

Number of biopsy cores:

Number of positive cores:

Details for individual core\*:

Left\*:

- Core L1*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core L2*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core L3*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core L4*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core L5*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core L6*  
Gleason score:  
% Cancer:  
Length cancer:    mm

Right\*:

- Core R1*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core R2*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core R3*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core R4*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core R5*  
Gleason score:  
% Cancer:  
Length cancer:    mm
- Core R6*  
Gleason score:  
% Cancer:  
Length cancer:    mm



**Urogenital function before treatment:**

Urinary function - ICIQ score :

Sexual function – IIEF score:

Quality of life (at least one questionnaire must be filled out):

**QLQ-C30 score**

*Global Health Status/QoL*

Global health status/QoL (revised) : /100

*Functional scales*

Physical functioning:	/100
Role functioning:	/100
Emotional functioning:	/100
Cognitive functioning:	/100
Social functioning:	/100

*Symptoms scales/items*

Fatigue:	/100
Nausea and vomiting:	/100
Pain:	/100
Dyspnoea:	/100
Insomnia:	/100
Appetite loss:	/100
Constipation:	/100
Diarrhoea:	/100
Financial difficulties:	/100

**EORTC PR25 score**

Urinary symptoms:	/100
Incontinence aid:	/100
Bowel symptoms:	/100
Treatment related symptoms:	/100
Sexual active:	/100
Sexual functioning:	/100

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**Operative data entry form:**

Hospitalisation number \*:

Date of hospitalisation:

Date of surgery:

Type of surgery:       laparoscopic  
                                  open  
                                  RALP



If option "RALP" is selected, following variables must be filled out:

**Details of RALP surgery:**

- Nerve sparing:  Yes  
     bilateral  
     unilateral right  
     unilateral left  
     unknown  
 No  
 Unknown

- Lymphadenectomy:  Yes  
     limited  
     extended  
     unknown  
 No  
 Unknown

Blood loss :            ml

- Intra-operative complications:  Yes\*  
     *Major bleeding*  
        Origin:  
     *Rectal injury*  
     *Intestinal perforation*  
     *Major bladder injury*  
     *Ureteral injury*  
     *Nerve injury*  
     *Conversion*  
         Medical reasons  
         Malfunctioning robot  
     *Other*  
        Specify:  
 No  
 Unknown

- Disposables used (please enter number of units used):  
     *Large needle driver*  
        Number of units:  
     *Hot shears*  
        Number of units:  
     *Maryland bipolar forceps*  
        Number of units:  
     *Prograsp forceps*  
        Number of units:  
     *Other*  
        Specify\*:  
        Number of units\*:

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**Post-operative data:**

- Post-operative death:  Yes  
    Date of death:  
    Cause of death:  
 No



Early post-operative morbidity:  Yes

- Late major bleeding*  
Transfusions\*:                      units
- Major urinary leakage*
- Prolonged lymphorrhea*
- Ureteral obstruction*
- Nerve injury / neuropraxia*
- Compartment syndrome*
- Rhabdomyolysis*
- Oliguria/anuria*
- Reintervention*  
Reason\*:
  
- Deep venous thrombosis*
- Pulmonary embolism*
- Other*

Specify\*:

- No
- Unknown

Discharge date:

**Pathological data:**

Summary pTNM stage (UICC TNM):

pT:                                      pN:                                      pM:

**Details of pathological report:**

Gleason score

Dominant pattern: .....+.....

Secondary pattern\*: .....+.....

pTNM stage

- T:  x  
 0  
 1  
 2a  
 2b  
 2c  
 3a  
 3b  
 4

% tumor volume/total volume\*:                                      %

- N:  x  
 0  
 1

Number of positive nodes / total nodes\*:...../.....

- M:  x  
 1

- R:  0  
 positive

Positive margins – location\*:

Positive margins - Length \*:                                      mm



**Adjuvant treatment**

Radiotherapy:  Yes

Total dose: Gy

Number of fractions:

Start date:

End date\*:

No

Hormonal therapy:  Yes

LHRH-agonist

Specify \* :

LHRH antagonist

Specify \* :

Anti-androgen

Specify \* :

Total androgen blockade

Specify \* :

Start date:

End date\*:

No

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