



Belgian Cancer Registry

**RALP Registration Form
(follow-up registration)**



RALP registration form – follow up 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:

Incidence date:

Primary site:

Follow up period: 1 month
 3 months
 12 months
 24 months

Date:

PSA: ng/ml

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 functioning: /100
Sexual active: /100

Late complications: Yes

- Bladder neck obstruction*
 - Ureteral obstruction*
 - Urethral stricture*
 - Rectal fistula*
 - Urinary fistula*
 - Lymphocoele*
 - Persistent nerve injury/neuropraxia*
 - Reintervention*
- Reason*:
- Deep venous thrombosis*
 - Pulmonary embolism*
 - Other*
- Specify*:

No
 Unknown

Late adjuvant or salvage treatment (> 3 months after surgery)

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

Death:

Death: Lost to follow up
Specify reason:
 No, alive



Specify date:

Yes

Date:

Cause: Prostate cancer related

Cancer related

Unknown

Other

Specify:

