Particle Beam Radiation Therapy Referral Fax Form (1)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Patient Medical Information Form

• Information about Your Hospital/Clinic		2	Fax F	MM/DD/YYYY			
Name of the Hospi	tal/Clinic						
Address:							
Department Tel.:_		Геl.:	Fax:				
Name of Physician			Name of Nurse in Charge				
e-mail:							
• Information abou	t the Patient	<u>Re</u>	questing se	econd opinion	n only Yes	No	
Name <u>: (First)</u>	(Middle)	(Last)	[Male Fem	ale]		
Date of Birth	MM/DD/YY	YY Age	e				
Address							
Tel.:]	Fax:					
Main Complaint:						_	
Diagnosis:							
Pathological Diagn	osis:						
TNM Category T	N I	M S	tage	Unknown			
Date of Recent Blo	od Test (MM/DD) WB0	<u>P</u>	lt	Hb	Creatinine Leve	el	
Complications	Present Not pres	ent Details	()	
Past Cancer Treatm	ent □ No □ Yes (□ Su	rgery Cher	motherapy	□ Radiation	Therapy IVR	□ Other)	
Details of Explanat	ions Made to the Patie	ent ()	
History of Pres	ent Illness:						

Tel.: Japan 0791-58-0100 (Main)

Fax: Japan 0791-58-2600

Contact:

Hyogo Ion Beam Medical Center http://www.hibmc.shingu.hyogo.jp/

Particle Beam Radiation Therapy Referral Fax Form (2)

Fax No.: Japan 0791-58-2600

To: Hyogo Ion Beam Medical Center

Prostate Cancer Check Items/Test Items

1.	Patient Condition Summary (Enter names/values in blanks and answer questions b	y circli	ng.)
	First exam (before endocrine therapy) max. PSA valueng/ml (Date: MM/DD/YYY	/Y)	
	Tumor location at first exam: (Right, left, both sides) as diagnosed by (MRI, ultrasonography	y, palpat	ion)
	Capsular penetration? (Yes No) Seminal vesicle invasion? (Yes	No)	
	Biopsy result (number of positive cores) Right, Left		
	Gleason score+		
	Endocrine therapy performed (Yes No) How long until now? months		
	Name of drug: Therapy period from MM/DD/YYYY to MM/DD/	YYYY	
	Name of drug: Therapy period from MM/DD/YYYY to MM/DD/	YYYY	
	Recent PSA:ng/ml (MM/DD/YYYY) PSA failure: (Yes No)		
2.	Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer.	Yes	No .
2.	Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node.	e metast	asis or
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 		
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in su 	e metast Yes Yes pine pos	asis or No No sition
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in surfor approximately 30 minutes). 	e metast Yes Yes pine pos Yes	No No sition No
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in sur for approximately 30 minutes). 5) The functions of the major organs are maintained. 	Yes Yes pine pos Yes Yes	asis or No No sition No No
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in sur for approximately 30 minutes). 5) The functions of the major organs are maintained. 6) The location that receives particle beam radiation therapy has not been treated with radiation. 	e metast Yes Yes pine pos Yes Yes on therap	asis or No No Sition No No No
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) I) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in surfor approximately 30 minutes). 5) The functions of the major organs are maintained. 6) The location that receives particle beam radiation therapy has not been treated with radiation before. 	Yes Yes pine pos Yes Yes	No No No No No No No
2.	 Eligibility Criteria (Answer the questions by circling Yes or No.) 1) It is pathologically or clinically confirmed as a prostate cancer. 2) The systemic exam performed at the time of diagnosis confirms that there is no lymph node no distant metastasis. 3) Performance status (PS) is 0, 1, or 2. 4) It is possible for the patient to maintain the posture required at the time of irradiation (in sur for approximately 30 minutes). 5) The functions of the major organs are maintained. 6) The location that receives particle beam radiation therapy has not been treated with radiation. 	we metast Yes Yes pine pos Yes Yes On therap Yes	asis or No No Sition No No No No No No No

3. Tests Required to Start Particle Beam Radiation Therapy

List of Required Tests	Date of Confirmed Diagnosis (Required)	Date of the Most Recent Test	Status
Systematic needle biopsy (prepared slide)	MM/DD/YYYY	N/A	□ Performed □ Not Performed □ Planned
Pathological diagnosis report	MM/DD/YYYY	N/A	□ Performed □ Not Performed □ Planned
Hematological and biochemical tests (including HbA1c)	MM/DD/YYYY	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Tumor marker (PSA)	MM/DD/YYYY	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Prostate MRI	MM/DD/YYYY	MM/DD/YYYY	□ Performed □ Not Performed □ Planned
Abdominal - pelvis contrast-enhanced CT	MM/DD/YYYY	N/A	□ Performed □ Not Performed □ Planned
Bone scintigram	MM/DD/YYYY	N/A	□ Performed □ Not Performed □ Planned

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