Zentralklinik Bad Berka

Clinic for Nuclear Medicine
Chief physician Dr. med. F. C. Robiller
99437 Bad Berka

Phone 03 64 58 – 5 21 01
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Mail nuk@zentralklinik.de

REGISTRATION FOR PSMA RADIO-LIGAND THERAPY (PRLT)

Patient's name _____
Date of Birth (D|M|Y) _____

Email address _____
Residential address _____

Name of the referring physician _____
Phone _____
Fax _____

Diagnosis

We require the following documents from the patient for evaluation:

☐ Completed questionnaire (see appendix)
☐ Previous imaging (PET / CT, CT, MRI etc.) - Report and CD

In case no current imaging is available, this can of course be performed in our clinic.
If so, please provide a short feedback.

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1. GENERAL INFORMATION

Patient's name _____
Date of Birth (D|M|Y) _____
Complete address _____
_____

Patient speaks English
◯ Yes
◯ No

Patient speaks German
◯ Yes
◯ No

Patient speaks Russian
◯ Yes
◯ No

Prostate Cancer Oncologist

Name
Address _____
_____
Mail _____

Oncologist nearby

Name _____
Address _____
_____
Mail _____

Primary Care physician

Name _____
Address _____
_____
Mail _____

PSMA-PET / CT has been performed

◯ No
◯ Yes
Date
Institution / City

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2. ONCOLOGIC DIAGNOSIS AND CLINICAL COURSE OF DISEASE

Please provide information as completely as possible

Prostate adenocarcinoma

Gleason Score

First Diagnosis established in (M|Y)

Initial PSA level

TNM stage

History of present illness / Summary of previous treatments

Please complete in chronological order (from / to)

Primary tumor resection

◯ No
◯ Yes
Date

External beam radiation therapy (EBRT)

◯ No
◯ Yes
Specify (date / type)

Chemotherapy

◯ No
◯ Yes
Specify (date / type)

Immunotherapy

◯ No
◯ Yes
Specify (date / type)

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Previous androgen deprivation therapy (ADT) / hormonal treatment

Bicalutamide	◯ No	◯ Yes	
LHRH agonists / antagonists (e.g. Lupron)	◯ No	◯ Yes	
Please mention the generic / drug name _____			
If ongoing, dosing interval	◯ every 3 months	◯ every month	◯ other
Last injection (M|Y) _____			
Zytiga (Abiraterone)	◯ No	◯ Yes	Dose mg/day
Xtandi (Enzalutamide)	◯ No	◯ Yes	Dose mg/day

Osteoprotective therapy

Bisphosphonate therapy	◯ No	◯ Yes	Dose mg/day
Denosumab (XGEVA)	◯ No	◯ Yes	Dose mg/day

3. CURRENT MEDICATION

List all your medications in detail and how often you are taking them per day.

4. ACCOMPANYING DISEASES

Renal diseases	◯ No	◯ Yes	
Diabetes	◯ No	◯ Yes	First diagnosis
Oral medication	◯ No	◯ Yes	
Insulin	◯ No	◯ Yes	
Hypertension	◯ No	◯ Yes	First diagnosis

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Surgery for benign diseases:

5. CLINICAL SYMPTOMS

Height _____ cm Weight _____ kg

◯ weight loss kg in months
◯ weight gain kg in months
◯ constant

Dyspnea ◯ No ◯ Yes
Dyspnea upon exertion ◯ No ◯ Yes

Pain ◯ No ◯ Yes

Major site of pain

VAS
0 = no pain
10 = strongest pain

◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯ ◯
1 2 3 4 5 6 7 8 9 10

6. KARNOFSKY-INDEX

Karnofsky-Index _____ %

100 % Normal, no complaints; no evidence of disease
90 % Able to carry on normal activity; minor signs or symptoms of disease
80 % Normal activity with effort, some signs or symptoms of disease
70 % Cares for self; unable to carry on normal activity or do active work
60 % Requires occasional assistance, but is able to care for most personal needs
50 % Requires considerable assistance and frequent medical care
40 % Disabled; requires special care and assistance
30 % Severely disabled; hospitalization is indicated, although death not imminent
20 % Very sick; hospitalization is necessary; active supportive treatment is required

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7. BLOOD TESTS

Date _____

◯ Blood counts	Hemoglobin _____	RBC _____	WBC _____	PLT _____
◯ Renal parameters	Creatinine _____	GFR _____		
◯ ALKALINE Phosphatase	(ALP) _____			
◯ Lactate dehydrogenase	(LDH) _____			
◯ Liver function test	Albumin _____ (g/l)	INR / PT _____		

8. TUMOR MARKERS

The last 3 results

PSA _____ ng/l	(normal _____)	date _____
PSA _____ ng/l	(normal _____)	date _____
PSA _____ ng/l	(normal _____)	date _____

Testosterone level _____
normal range _____

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