

Please complete this form after administration of radiotherapy. Photocopy and send the original to your trials unit:

MRC: RADICALS Data Manager, MRC Clinical Trials Unit, Institute of Clinical Trials & Methodology, 90 High Holborn 2nd Floor, London, WC1V 6LJ

CCTG: Clinical Trials Assistant, CCTG, Queen's University, 10 Stuart Street, Kingston, Ontario, K7L 3N6, Canada

Patient's initials       Date of birth       MRC Patient ID No.

CCTG Patient ID No.

Responsible Investigator: .....

Institution: .....

1 ☐ Did the patient attend any radiotherapy sessions?  rt\_at1  
0 = No. Please give reason  -redacted-  
1 = Yes

If yes, please complete this form after the administration of radiotherapy

Please report here the most recent PSA value pre-radiotherapy - only for patients randomised to deferred radiotherapy

2           PSA value ng/ml or µg/L  PSAValue

3           Date of PSA test before radiotherapy  PSATe1\_d

4 ☐ Site of Radiotherapy  rtsite  
1 = Prostate bed  
2 = Prostate bed and pelvic lymph nodes

5           Date of 1st fraction of radiotherapy  dfirfrac\_d

6           Date of last fraction of radiotherapy  dlasfrac\_d

#### Prostate bed PTV

7 ☐ Intended schedule  pbrts1  
1 = 52.5Gy in 20 fractions  
2 = 66Gy in 33 fractions  
3 = Other, specify  pbrts3  Gy  fractions  pbrts4

8       Total dose given  pbtdose  
Gy

9       Total fractions given  pbfrac  
fractions

10 PTV       cc<sup>3</sup>  pbptv

If the pelvic nodes were also treated please complete information - Q11 to Q14

#### Pelvic nodes PTV

11 ☐ Intended schedule  pnrt1  
1 = 46Gy in 23 fractions  
2 = Option no longer available on this version of the form  
3 = Other, specify  pnrt1  Gy  fractions  pnrt1s

12       Total dose given  pntdose  
Gy

13       Total fractions given  pnfrac  
fractions

14 PTV       cc<sup>3</sup>  pnptv

Signed by .....  
(Only MRC authorised person or CCTG investigator)

Date