

Please complete this form **before randomising the patient** and photocopy. Send the original immediately to your trials unit:

**MRC:** RADICALS Data Manager, MRC Clinical Trials Unit, Aviation House, 125 Kingsway, London, WC2B 6NH


**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. 

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Hospital No: ..... Responsible investigator: ..... Institution: .....

1  Date of radical prostatectomy

2  Prostatectomy Primary Gleason grade + 3  Prostatectomy Secondary Gleason grade = 4  Gleason Sum Score  
Enter 9 if not known pripgle secpgle pglesum

5 ☐ Prostatectomy Tertiary Gleason grade  
terple  
9 = Not known  
3 = Pattern 3  
4 = Pattern 4  
5 = Pattern 5

6 

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 Pre-operative PSA value ng/ml or  $\mu\text{g/L}$

7 ☐ **Extraprostatic extension?**  
0 = Absent  
1 = Present  
9 = Not known  
exproex

8 ☐ **Positive margins?** margpos  
0 = Absent  
1 = Present

**9** **Location of positive margin (if present)**

0 = Not indicated  
1 = Apex  
2 = Circumferential  
3 = Base  
4 = Apex + Circumferential  
5 = Circumferential + Base  
6 = Apex + Circumferential + Base  
7 = Apex + Base  
8 = Other - Specify:

imargpos


10 ☐ **Seminal Vesicle involvement?**  
0 = Absent  
1 = Present  
9 = Not known

● For **RADICALS-RT**: If Gleason sum score  $\geq 8$  and post-op PSA is detectable, a bone scan must have been carried out to confirm eligibility within 16 weeks prior to randomisation. A CT scan can be carried out at the discretion of the clinician.

[illegible]

**Please note:** Questions 13 and 14 are no longer applicable as RADICALS-HD is now closed to enrolment.

<sup>15</sup> Name of Radiotherapy Hospital (if applicable): \_\_\_\_\_

16  Version date of consent form

17 **Version:**  .

18 

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 Date consent form was signed

### UK Centres Only:

19 Patient's NHS number: ( )

20 Patient's postcode: 

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

**Date**

d	m	y
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