March 15, 2019

Dear Doctor

In compliance with Utah Administrative Code R384-100, the Cancer Reporting Rule, please use this form to report prostate cancer cases. More information about the Cancer Reporting Rule can be found online at the following address https://rules.utah.gov/publicat/code/r384/r384-100.htm. Should you have any questions, you may call us at 801-581-8407.

*Please complete the attached brief questionnaire to the best of your knowledge. Completed forms may be faxed or mailed to the Utah Cancer Registry. Please attach a copy of the appropriate pathology report if available. Complete return address information is listed on the bottom of the form.*

If you have any questions or concerns, please feel free to contact me directly at 801-213-3247 or via email at suann.mcfadden@utah.edu. Thank you for your time and effort. We appreciate your help in completing this case report.

SuAnn McFadden
Operations Manager
Utah Cancer Registry
**SECTION 1: PATIENT INFORMATION.** Please correct any inaccurate information contained in this section.

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>last</th>
<th>first</th>
<th>middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soc Sec No.:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
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</tbody>
</table>

**Pathology Report Cancer Site:**

<table>
<thead>
<tr>
<th>Site</th>
<th>Histology</th>
<th>Diagnosis Date:</th>
</tr>
</thead>
</table>

**SECTION 2: DISEASE INFORMATION.** Please provide as much detail as possible.

1. **What was the patient’s full address at the time of diagnosis?**
   - Street address: ____________________________
   - City: ____________________________
   - State: ____________________________
   - Zip code: ____________________________

2. **Was this patient ever hospitalized for the cancer listed above?**
   - No
   - Yes

   2a. **If no, when was this cancer first diagnosed?**
       - mm/dd/yyyy (approximate if necessary)

   2b. **If yes, what is the name of the hospital?**

3. **What were the DRE findings, PSA, and Clinical TNM/Stage at the time of diagnosis?**
   - DRE: ____________________________
   - PSA: ____________________________
   - Clinical TNM/Stage: ____________________________

   **Was the PSA elevated?**
   - Yes
   - No

4. **Please provide details of each treatment the patient received.** Approximate dates if necessary.

<table>
<thead>
<tr>
<th>Check if patient received:</th>
<th>Procedure/Type of Treatment:</th>
<th>Date of first treatment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chemotherapy</td>
<td></td>
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<tr>
<td>Hormone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. **On what date did you last see this patient?**
   - mm/dd/yyyy (approximate if necessary)

6. **Is this patient still alive?**
   - No
   - Yes
   - Not sure

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Thank you for your help. PLEASE RETURN TO:
Utah Cancer Registry
250 East 200 South, Suite 1375
Salt Lake City, UT  84111
Fax (801) 581-4560