American College of Radiology 1818 Market Street, Suite 1600 Philadelphia, PA 19103 215-574-3164

Case #: **Institution #:**

Form E 1

Eligibility Check List

Inclusion criteria:
(Answer must be yes)

	No	Yes
1. Treated during 2007	○	○
2. Adenocarcinoma of the prostate	○	○
3. No neo-adjuvant hormonal therapy* or neo-adjuvant hormonal therapy* for no more than 6 months prior to RT.	○	○

** Including LHRH agonist and/or other Androgen blocker.*

Exclusion criteria:
(Answer must be no)

	No	Yes
4. Distant metastases	○	○
5. Prior or concurrent malignancies- *(except non-melanoma skin ca)*	○	○
6. Previous chemotherapy or RT as a primary treatment	○	○
7. Prostatectomy	○	○
8. Histologically proven positive (para aortic) PA nodes	○	○
9. Patient eligible according to check list:	○ No	○ Yes
10. Is patient administratively ineligible?	○ No	○ Yes

11. If yes, give reason for administrative ineligibility: _____
(for example, chart unavailable)

12. Type of Radiation Therapy chart: ○ Electronic ○ Paper ○ Electronic and Paper

Note: DO NOT include any Personal Health Information (PHI) in these comments.

13. Comments: _____

14. Comments: _____

15. Date of data collection (mm/dd/yyyy): ____/____/_____