**Anmeldung**

**Stammdaten Patient**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name, Vorname: |  | Geb.-Datum: |  |  | Jahre |
| Hausarzt: |  | Urologe: |  | | |

**Vorstellung in der Konferenz durch**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Urologie | Strahlenklinik | Med Klinik III | Urologe | Hausarzt |  |

**Klinische Daten**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Erstdiagnose am | | |  | | | durch | Biopsie | | TURP | Zystektomie | | | | | | |
|  | | | | | | | | | | | | | | | | |
| PSA | initial |  | | ng/ml | Klinisches Stadium | | |  | | | Gleason |  | + |  | = |  |
|  | | | | | | | | | | | | | | | | |

**Primärtherapie (was/wann)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Radikale Px |  | | Perkutane RT |  | Hormon Th. |  |
| Re-TURP |  | | Jod-Seeds |  | Wait & Watch | |
| Active Surveillance | |  | | |  | |
|  | | | | | | |

**Ergebnis der Primärtherapie [OP-Histologie]**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **TNM** | pT |  | | pN |  | ( | von | ) | pM |  | L |  | | V |  | R | |  | Ausdehnung | |  | mm | | Wo? | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Walz-Score | | |  | | PSA freies 2 Jahres-ÜL | | | | | | | |  | | | | % | | | Gleason | | |  | | + |  | = |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**PSA-Verlauf** [ng/ml]

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|  |

**Sekundär- / Tertiärtherapie** [Indikation (Lokal, PSA etc.), Therapiedauer von- bis]

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|  |

**Aktueller Status**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PSA |  | | ng/ml | ECOG | |  | | | | | IIEF |  | | | ICS | |  | |
|  | | | | | | | | | | | | | | | | | | |
| **Untersuchungen (**was? wann zuletzt?) | | | | | | | | | | | | | | | | | | |
| Skelettszintigramm | | | | |  | | | CT | |  | | | MRT |  | | PET | |  |
|  | | | | | | | | | | | | | | | | | | |
| Ergebnis | | metastasenfrei | | | | | metastasiert (wo?) | | | | | |  | | | | | |
|  | | Nebenbefunde | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| schwerw. Nebenerkrankungen | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
| Zweittumor? (ggf. erfolgte Therapie) | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

**Fragestellung**

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|  |

**Empfehlung**

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| --- | --- | --- | --- |
| Datum: |  | Unterschrift: |  |
|  |  |  | (Vorsitzender Konferenz) |

Anmeldung per E-Mail an: prostatazentrum@slk-kliniken.de