**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]

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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**

|  |
| --- |
|  |

**Empfehlung**

|  |
| --- |
|  |

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

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