

OWise profile details

Ask your doctor or clinical nurse specialist to fill in these questions for you. That will help you when you start using OWise.

Health



Do you have any other medical condition(s)?

- | | | |
|---------------------------------|---|---------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Blood pressure | <input type="checkbox"/> Other cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Bone/joint | <input type="checkbox"/> Lung |
| <input type="checkbox"/> Other | <input type="checkbox"/> Multiple other | <input type="checkbox"/> I don't know |

Molecular



What was your PSA level at the time of diagnosis?

- | | |
|---|--|
| <input type="checkbox"/> Below 10.0 ng/mL | <input type="checkbox"/> Between 10.0 and 20.0 ng/mL |
| <input type="checkbox"/> Above 40.0 ng/mL | <input type="checkbox"/> Between 20.1 and 40.0 ng/mL |
| <input type="checkbox"/> I don't know | |

Is your cancer familial or genetically determined?

- Yes, close family members have also had (or have) cancer
- Yes, tests have found that I carry the BRCA1 or BRCA2 mutation
- No, cancer does not occur in my close family
- I don't know

Stage



Which of the following methods have been used to diagnose the prostate cancer?:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> PSA test | <input type="checkbox"/> Digital Rectal Examination (DRE) |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Multi-parametric MRI scan (mpMRI) |
| <input type="checkbox"/> Bone scan | <input type="checkbox"/> CT scan (computerised tomography) |
| <input type="checkbox"/> Other | <input type="checkbox"/> PET scan (positron emission tomography) |

Please choose the clinical stage:

- T1 T2 T3 T4 I don't know

Has the cancer spread to lymph nodes in the pelvic region?

- Yes No
- I don't know / has not been tested yet

Has the cancer spread to other parts in your body?

- Yes No
- I don't know / has not been tested yet

Do you know your Grade group?

- | | | |
|--|--|--|
| <input type="checkbox"/> Grade group 1 | <input type="checkbox"/> Grade group 2 | <input type="checkbox"/> Grade group 3 |
| <input type="checkbox"/> Grade group 4 | <input type="checkbox"/> Grade group 5 | <input type="checkbox"/> I don't know |

Do you know your Gleason score?

- | | | | |
|---|----------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> 6 (3+3) | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 (3+4) | <input type="checkbox"/> 7 (4+3) |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 (4+4) | <input type="checkbox"/> 8 (3+5) | <input type="checkbox"/> 8 (5+3) |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 (4+5) | <input type="checkbox"/> 9 (5+4) | <input type="checkbox"/> 10 (5+5) |
| <input type="checkbox"/> I don't know the Gleason score | | | |

Do you know your TNM Stage?

T. _____ N. _____ M. _____

Has your prostate cancer progressed?

- No Yes, it has progressed I don't know

Has your prostate cancer come back?

- No Yes, it has come back I don't know

Following surgery, a doctor will look at the edges (margins) of the removed tissue. Was the result:

- Negative Positive Close I don't know

Your Treatments



- Active surveillance Watchful waiting

Surgery

- Prostate Testicular Other / I don't know

Radiotherapy

- | | |
|--|---|
| <input type="checkbox"/> External beam radiotherapy (EBRT) | <input type="checkbox"/> Brachytherapy (low dose) |
| <input type="checkbox"/> Brachytherapy (high dose) | <input type="checkbox"/> Radium-223 (Xofigo®) |
| <input type="checkbox"/> Other / I don't know | |

Chemotherapy

- | | |
|---|--|
| <input type="checkbox"/> Docetaxel (e.g. Taxotere®) | <input type="checkbox"/> Cabazitaxel (e.g. Jevtana®) |
| <input type="checkbox"/> Other | |

Hormone therapy

- Abiraterone acetate (e.g. Zytiga®)
- Bicalutamide (e.g. Casodex®)
- Buserelin acetate (e.g. Suprefact®)
- Cyproterone acetate (e.g. Cyprostat®)
- Darolutamide (e.g. Nubeqa®)
- Degarelix (e.g. Firmagon®)
- Diethylstilbestrol (e.g. Stilboestrol®)
- Enzalutamide (e.g. Xtandi®)
- Flutamide (e.g. Drogenil®)
- Goserelin (e.g. Zoladex®)
- Leuprorelin acetate (e.g. Prostat® / Lutrate®)
- Triptorelin (e.g. Decapeptyl® / Gonapeptyl Depot®)
- Other

Bisphosphonates

GCSF (Filgrastim®), Growth Factor

Cryotherapy

- Whole-prostate cryotherapy Focal cryotherapy
- Other

High intensity focal ultrasound (HIFU)

- Whole-prostate HIFU Focal HIFU
- Other

Transurethral resection of the prostate (TURP)

Anti-sickness drugs

- | | |
|---|---|
| <input type="checkbox"/> Ondansetron (e.g. Zofran®) | <input type="checkbox"/> Granisetron (e.g. Kytril®) |
| <input type="checkbox"/> Aprepitant (e.g. Emend®) | <input type="checkbox"/> Akynzeo® (netupitant and palonosetron) |
| <input type="checkbox"/> Dexamethasone | <input type="checkbox"/> Domperidone |
| <input type="checkbox"/> Metoclopramide | <input type="checkbox"/> Other |

Painkillers

- | | |
|---|---|
| <input type="checkbox"/> Paracetamol | <input type="checkbox"/> Diclofenac (e.g. Voltaren®) |
| <input type="checkbox"/> Naproxen (e.g. Naprosyne®) | <input type="checkbox"/> Ibuprofen (e.g. Brufen® or Advil®) |
| <input type="checkbox"/> Opiates | <input type="checkbox"/> Other / I don't know |

Steroids

Other

- | | |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |