U01-CA184374

FORM 9

Genetic Epidemiology of Prostate Cancer in Africa

Medical Record Abstraction-Controls

1. Participant ID: ☐☐ - ☐ - ☐ - ☐☐☐☐

2. Medical Record#: ☐☐☐☐☐☐☐☐☐☐☐☐

3. Abstractor Initials: ☐☐☐ **4. Abstraction Date:** __ __ /__ __ /__ __ __ __

(Month/Day/Year)

5. Did the patient have Benign prostatic hyperplasia (BPH) or chronic prostatitis (CP)?

☐ No

☐ Yes-please specify source(s) and description/date(s) of diagnosis

	Source:	**Date(s)** (Month/Day/Year)	**Clinical Notes**
☐	Ultrasound		
☐	MRI		
☐	CT Scan		
☐	Path Report		
☐	Clinical Detection		
☐	Pre-op		
☐	Other (cytoscopy, etc)		

6. Other pre-existing conditions?

☐ No

☐ Yes (please indicate in chart below):

	Classification:	**Date(s)** (Month/Day/Year)	**If yes, provide details of Medication**
☐	Diabetes		
☐	High blood pressure		
☐	High cholesterol		
☐	Heart attack		
☐	Asthma		
☐	Chronic bronchitis		
☐	HIV/AIDS		
☐	Hepatitis		
☐	Malaria		
☐	Cirrhosis		
☐	Ulcers		
☐	Thyroid disease		
☐	Rheumatoid arthritis		

☐	Chronic back pain		
☐	Depression/anxiety		
☐	Urinary tract infection		
☐	Gonorrhea		
☐	Syphilis		
☐	Herpes		
☐	Other		

7. Imaging (check all that apply):

Type of Imaging	✓	**Description/Dates** (Month/Day/Year)
CT Scan		
MRI		
X-Ray		
Ultrasound		
Bone Scan		

8. Most recent DRE

☐ Normal
☐ Abnormal/suspicious
☐ Unknown

Date: __ __ /__ __ /__ __ __ __

(Month/Day/Year)

9. Most recent PSA

☐ Normal
☐ Abnormal/suspicious
☐ Unknown

Date: __ __ /__ __ /__ __ __ __

(Month/Day/Year)

10. PSA level ng/ml (at diagnosis)

☐☐☐☐ . ☐

11. Prostate biopsy undertaken?

☐ No
☐ Yes (please number and date undertaken):

☐☐

Number

Date(s): __ __ /__ __ /__ __ __ __ __ __ /__ __ /__ __ __ __ __ __ /__ __ /__ __ __ __

(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

12. Transurethral resection of the prostate (TURP) undertaken?

☐ No

☐ Yes (please number and date undertaken):

Number

Date(s): __ __ /__ __ /__ __ __ __ __ __ /__ __ /__ __ __ __ __ __ /__ __ /__ __ __ __

(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)