



Site Number: ____

Physician Last Name: Dr. _____

Date: ____ / ____ / 20 ____

Medidata Subject ID: ____ - ____ - ____

IRONMAN Physician Questionnaire

This survey has been designed to understand how physicians choose and discontinue treatments for men with advanced prostate cancer.

The questionnaire has two sections:

Section 1: Treatment discontinuation (pages 2–4)

Section 2: New treatment initiation (pages 5–7)

Please mark the box(es) ☒ that best describe your choice(s).

Please do not forget to fill out the identifiers on top of each page.

Your contribution to the IRONMAN Registry is much appreciated.



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Section 1: Treatment Discontinuation

1. Is your patient discontinuing a treatment with this visit?

- 1 ☐ Yes → Continue with question 2 (below).
2 ☐ No → Skip to Section 2 (pages 5–7).

2. Which systemic treatment has your patient most recently discontinued? Select one.

- | | |
|--|--|
| 1 <input type="checkbox"/> Abiraterone | 10 <input type="checkbox"/> Radium-223 |
| 2 <input type="checkbox"/> Androgen deprivation (LHRH) | 11 <input type="checkbox"/> Sipuleucel-T |
| 3 <input type="checkbox"/> Apalutamide | 12 <input type="checkbox"/> Other tumor-directed therapy |
| 4 <input type="checkbox"/> Bicalutamide or other anti-androgen | 13 <input type="checkbox"/> Darolutamide |
| 5 <input type="checkbox"/> Cabazitaxel | 14 <input type="checkbox"/> Niraparib |
| 6 <input type="checkbox"/> Clinical trial | 15 <input type="checkbox"/> Olaparib |
| 7 <input type="checkbox"/> Docetaxel | 16 <input type="checkbox"/> Rucaparib |
| 8 <input type="checkbox"/> Enzalutamide | 17 <input type="checkbox"/> Talazoparib |
| 9 <input type="checkbox"/> External beam radiation therapy for metastatic disease | 18 <input type="checkbox"/> Pembrolizumab |
| | 19 <input type="checkbox"/> ¹⁷⁷ Lu-PSMA-617 |

3. Does your patient have biochemical progression?

- | | |
|---|--|
| 1 <input type="checkbox"/> Yes → _{3a} How? | 1 <input type="checkbox"/> PSA rise without initial decline on this therapy |
| 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> PSA rise after an initial decline on this therapy |

4. Does your patient have radiographic progression of bone metastases?

- | | |
|---|--|
| 1 <input type="checkbox"/> Yes → _{4a} How? | 1 <input type="checkbox"/> Increase of existing bone lesion(s) |
| 2 <input type="checkbox"/> No | 2 <input type="checkbox"/> New bone lesion(s) after initially stable lesion(s) |
| | 3 <input type="checkbox"/> New bone lesion(s) on first on-treatment scan |

5. Does your patient have radiographic progression of non-bone metastases, either increased existing or new lesion(s)?

- | | | Increased
↓ | | New
↓ |
|---|----------------------------|----------------|----------------------------|----------|
| 1 <input type="checkbox"/> Yes → _{5a} Which? In both columns, select all that apply. | | | | |
| 2 <input type="checkbox"/> No | | | | |
| a Lymph nodes | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> | |
| b Liver | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> | |
| c Lung | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> | |
| d Other | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> | |



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6. Does your patient have clinical progression?

1 ☐ Yes → 6a How? Select all that apply.

2 ☐ No

1 ☐ Symptomatic skeletal event

→ 6b Which? Select all that apply.

2 ☐ Decreased performance status

1 ☐ Need for bone radiation

3 ☐ Increase in bone pain

2 ☐ Need for bone surgery

4 ☐ Anorexia, weight loss

3 ☐ Pathologic fracture

5 ☐ Tumor-related fatigue

4 ☐ Cord compression

6 ☐ Symptoms from visceral metastases

7. Has your patient experienced toxicity from the treatment that he is stopping?

1 ☐ Yes → 7a How? Select one primary toxicity and up to two secondary toxicities.

2 ☐ No

| | Primary | Secondary |
|----------------------|----------------------------|----------------------------|
| Constitutional/Other | ↓ | ↓ |
| a Fatigue | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b Anorexia | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c Fall | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d Hot flashes | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e Libido decreased | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f Infection | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Neurologic

| | | |
|-------------------------|----------------------------|----------------------------|
| g Cognitive disturbance | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| h Neuropathy | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Gastroenterologic

| | | |
|---------------------|----------------------------|----------------------------|
| i Diarrhea | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| j Nausea | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| k Oral pain | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| l Abdominal pain .. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| m Liver dysfunction | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

| | Primary | Secondary |
|-------------------------|----------------------------|----------------------------|
| Cardiopulmonary | ↓ | ↓ |
| n Hypertension | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| o Heart failure | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| p Myocardial infarction | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| q Pneumonitis | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Dermatologic/Skeletal

| | | |
|----------------------|----------------------------|----------------------------|
| r Osteoporosis..... | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| s Arthralgia | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| t Hand/foot syndrome | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| u Rash | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

Hematologic/Laboratory

| | | |
|---------------------|----------------------------|----------------------------|
| v Hemorrhage | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| w Kidney disease .. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| x Anemia | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| y Neutropenia | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| z Thrombocytopenia | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |



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8. Was the decision to stop the treatment significantly influenced by other factors?

1 ☐ Yes → 8a Which? Select all that apply.

2 ☐ No

1 ☐ Decrease in quality of life

2 ☐ Inconvenience of the therapy (e.g., dosing, logistics)

3 ☐ Difficulties with adherence

4 ☐ Patient no longer able to afford despite unchanged cost

5 ☐ Increase in cost or change in insurance

6 ☐ Clinical trial enrollment

7 ☐ End of scheduled therapy (e.g., chemotherapy cycles completed)

8 ☐ Patient preference to stop because of other factors

9 ☐ Difficult patient–physician relation

9. What were the most important reasons to stop the treatment?

Select one primary reason and up to one secondary reason.

| | Primary | | Secondary |
|---|----------------------------|-------|----------------------------|
| | ↓ | | ↓ |
| a Disease progression (questions 3–6) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| b Toxicity (question 7) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| c Other factors (question 8) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |

Please continue with Section 2 (next page).



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Section 2: New Treatment Initiation

1. Is your patient starting a new treatment with this visit?

- 1 ☐ Yes → Continue with question 2 (below).
2 ☐ No → End of questionnaire.

2. Which disease state best describes your patient? Choose one.

- 1 ☐ Hormone-sensitive
2 ☐ Castration-resistant

3. What are the sites of disease? Choose all that apply.

- | | | |
|---|------|---|
| 1 <input type="checkbox"/> Prostate gland | → 3a | What visceral metastasis site(s)? |
| 2 <input type="checkbox"/> Lymph node metastasis | | 1 <input type="checkbox"/> Lung |
| 3 <input type="checkbox"/> Bone metastasis | | 2 <input type="checkbox"/> Liver |
| 4 <input type="checkbox"/> Visceral metastasis | | 3 <input type="checkbox"/> Adrenal glands |
| 5 <input type="checkbox"/> Other soft tissue metastasis | | 4 <input type="checkbox"/> Central nervous system |

4. Has your patient undergone testing for genomic alterations?

- | | | |
|--------------------------------|------|--|
| 1 <input type="checkbox"/> Yes | → 4a | What type(s)? |
| 2 <input type="checkbox"/> No | | 1 <input type="checkbox"/> Germline DNA |
| | | 2 <input type="checkbox"/> Tumor DNA or RNA |
| | | 3 <input type="checkbox"/> Cell-free/circulating tumor DNA |
| | | 4 <input type="checkbox"/> Circulating tumor cells |



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5. What systemic treatment(s) has your patient received so far and which one(s) is he starting now? In both columns, choose all that apply.

| | | So far ↓ | | Starting now ↓ |
|---|---|----------------------------|-------|----------------------------|
| a | Abiraterone | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| b | Androgen deprivation (LHRH, surgical) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| c | Apalutamide | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| d | Bicalutamide or other anti-androgen | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| e | Cabazitaxel | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| f | Clinical trial | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| g | Docetaxel | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| h | Enzalutamide | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| i | External beam radiation therapy for metastatic disease | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| k | Radium-223 | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| l | Sipuleucel-T | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| m | Other cancer-directed therapy (e.g., mitoxantrone) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| n | Symptom-oriented therapy <u>only</u> (e.g., analgesics) | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| o | Darolutamide | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| p | Niraparib | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| q | Olaparib | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| r | Rucaparib | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| s | Talazoparib | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| t | Pembrolizumab | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |
| u | ¹⁷⁷ Lu-PSMA-617 | 1 <input type="checkbox"/> | | 2 <input type="checkbox"/> |



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6. Which factors were most important in your treatment choice?

Choose up to FIVE (5) in total.

Patient factors

- 1 ☐ Age (very young or very old)
- 2 ☐ High symptom burden
- 3 ☐ Low symptom burden
- 4 ☐ Poor performance status
- 5 ☐ Good performance status
- 6 ☐ Low quality of life
- 7 ☐ High quality of life

Active comorbidities (including side effects of prior therapy)

- 8 ☐ Diabetes mellitus
- 9 ☐ Seizures
- 10 ☐ Heart disease
- 11 ☐ Dementia
- 12 ☐ Neuropathy
- 13 ☐ Fatigue
- 14 ☐ Falls
- 15 ☐ Anemia
- 16 ☐ Concomitant medications

Patient preferences

- 17 ☐ Against any treatment
- 18 ☐ Against chemotherapy
- 19 ☐ Against anti-androgen therapy
- 20 ☐ Against corticosteroid therapy
- 21 ☐ For PSA-lowering therapy
- 22 ☐ For clinical trial
- 23 ☐ Influenced by patient's peers

Tumor characteristics

- 24 ☐ High volume of disease
- 25 ☐ Low volume of disease
- 26 ☐ High-risk sites of metastases
- 27 ☐ Level of PSA (very low or very high)
- 28 ☐ Genomic testing results
- 29 ☐ Variant histology (e.g., small cell)
- 30 ☐ Poor response to prior therapy
- 31 ☐ Fast rate of disease progression
- 32 ☐ Markedly abnormal serum markers (e.g. alk. phosphatase, liver function)

Expectations about new treatment

- 33 ☐ Strong effect on prognosis
- 34 ☐ Strong effect on quality of life
- 35 ☐ Favorable side-effect profile
- 36 ☐ Improved adherence
- 37 ☐ New mechanism of action
- 38 ☐ Convenience of administration, dosing, or appointment schedule

Other factors

- 39 ☐ No or low direct cost to the patient
- 40 ☐ Covered by insurance
- 41 ☐ Drug assistance program available
- 42 ☐ No other treatment option
- 43 ☐ Personal (physician's) experience
- 44 ☐ Institutional preference
- 45 ☐ Difficult patient-physician relation

Thank you for filling out this questionnaire.