APPENDIX E: PHYSICIAN QUESTIONNAIRE

Prostate Cancer Outcomes: An **I**nternational **R**egistry to Improve **O**utcomes i**n** **M**en with **A**dvanced Prostate Ca**n**cer (IRONMAN): *Physician Questionnaire*

Site Number:	**Physician Name:**
Date:	**Medidata Subject ID:**
☐ **Baseline** ☐ **Follow Up - Year 1** ☐ **Follow Up - Change in Treatment** ☐ #1 ☐ #2 ☐ #3 ☐ #_____ ☐ **Follow Up - Discontinuation of Treatment**	

Baseline / Follow Up: This survey has been designed to capture the reasons for sequential treatment changes by providers of advanced prostate cancer patients in the IRONMAN Registry. We recognize there may be multiple reasons for treatment changes in a patient at a given time, so please answer these questions with the best approximate choice(s).

1. Please list this patient's CURRENT / CHANGE IN TREATMENT(S).

   SPECIFY: _____

2. Are you planning on continuing androgen deprivation therapy for this patient?
   - ❒ YES SKIP to Q3
   - ❒ NO
     - 2a. If NO, then please select the reasons you chose to STOP androgen deprivation therapy.
       - ❒ Side effects
       - ❒ Patient preference
       - ❒ Cost
       - ❒ Other SPECIFY: _____

3. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of clinical efficacy?
   - ❒ YES
   - ❒ NO SKIP TO Q4
     - 3a. If yes, would you say your opinion about clinical efficacy is based primarily on
       - ❒ Published clinical data
       - ❒ Personal clinical experience
       - ❒ Guideline recommendations
       - ❒ Other SPECIFY: _____

4. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of side effect risk?
   - ❒ YES
   - ❒ NO SKIP TO Q5
     - 4a. If yes, would you say your opinion about side effect risk is based on
       - ❒ Published clinical data
       - ❒ Personal clinical experience
       - ❒ Experience of others (colleagues or clinical experts)
       - ❒ Other SPECIFY: _____

     - 4b. If yes, which side effect profile is most important for this patient?
       - ❒ Less fatigue
       - ❒ Less cardiovascular risk
       - ❒ Less GI toxicity
       - ❒ Less hematopoietic toxicity
       - ❒ Less neurologic toxicity

❒ Other SPECIFY: _____

5. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of patient characteristics?
   ❒ YES
   ❒ NO SKIP TO Q6
   5a. If yes, which patient characteristics were most important in choosing therapy for this patient?
      ❒ Age
      ❒ Performance status/frailty
      ❒ Co-morbidities SPECIFY: _____
      ❒ Other SPECIFY: _____

6. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of tumor characteristics?
   ❒ YES
   ❒ NO SKIP TO Q7
   6a. If yes, which tumor characteristics were most important in choosing therapy for this patient?
      ❒ Variant histology
      ❒ Tumor-related symptoms (e.g. pain, weight loss, etc).
      ❒ Visceral disease
      ❒ Other SPECIFY: _____

7. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of patient preference?
   ❒ YES SPECIFY: _____
   ❒ NO SKIP TO Q8

8. Did you select the CURRENT / CHANGE IN TREATMENT(S) mainly because of cost?
   ❒ YES SPECIFY: _____
   ❒ NO SKIP TO Q9

9. If you selected the CURRENT / CHANGE IN TREATMENT(S) for a reason not listed in the above questions, please specify:
   _____
   9a. SKIP TO Q10 if reason for CURRENT / CHANGE IN TREATMENT(S) has been addressed with the above questions.

10. If another treatment were available (approved in another country for this indication) would you choose it over your current choice?
    ❒ YES
    ❒ NO SKIP TO END
    10a. If yes, what agent would be your treatment choice?
       ❒ Enzalutamide
       ❒ Abiraterone
       ❒ Radium 223
       ❒ Cabazitaxel
       ❒ Docetaxel
       ❒ Sipuleucel-T
       ❒ Platinum based chemotherapy
       ❒ Other _____

END

Follow Up - Discontinuation of Treatment: This survey has been designed to capture the reasons for discontinuing treatment by providers of advanced prostate cancer patients in the IRONMAN Registry. We recognize there may be multiple reasons for treatment changes in a patient at given time, so please answer these questions with the best approximate choice(s).

Please select **PRIMARY REASON** for discontinuing the most immediate treatment with this patient.

☐ Toxicity (Go to **C1**) ☐ Disease Progression (Go to **C2**) ☐ Other (Go to **C3**)

C1. Please indicate the **PRIMARY** toxicity and **UP TO TWO (2) SECONDARY** toxicities that patient experienced that led to your decision to remove the patient from therapy.

Primary Toxicity (Select One)	**Secondary Toxicity (Select One)**	**Secondary Toxicity (Optional)**
Constitutional ☐ Fatigue/ Asthenia ☐ Arthralgia	**Constitutional** ☐ Fatigue/ Asthenia ☐ Arthralgia	**Constitutional** ☐ Fatigue/ Asthenia ☐ Arthralgia
Gastrointestinal ☐ Soreness in mouth/throat ☐ Diarrhea ☐ Nausea/vomiting ☐ Abdominal pain ☐ Loss of appetite	**Gastrointestinal** ☐ Soreness in mouth/throat ☐ Diarrhea ☐ Nausea/vomiting ☐ Abdominal pain ☐ Loss of appetite	**Gastrointestinal** ☐ Soreness in mouth/throat ☐ Diarrhea ☐ Nausea/vomiting ☐ Abdominal pain ☐ Loss of appetite
Cardiovascular and Pulmonary ☐ Hypertension ☐ Cardiac dysfunction ☐ Pneumonitis	**Cardiovascular and Pulmonary** ☐ Hypertension ☐ Cardiac dysfunction ☐ Pneumonitis	**Cardiovascular and Pulmonary** ☐ Hypertension ☐ Cardiac dysfunction ☐ Pneumonitis
Dermatologic/Skin ☐ Soreness in hands/feet ☐ Rash	**Dermatologic/Skin** ☐ Soreness in hands/feet ☐ Rash	**Dermatologic/Skin** ☐ Soreness in hands/feet ☐ Rash
Hematologic and Laboratory ☐ Hemorrhage ☐ Anemia ☐ Neutropenia ☐ Thrombocytopenia ☐ Increased AST, ALT or Bilirubin ☐ Increased Creatinine	**Hematologic and Laboratory** ☐ Hemorrhage ☐ Anemia ☐ Neutropenia ☐ Thrombocytopenia ☐ Increased AST, ALT or Bilirubin ☐ Increased Creatinine	**Hematologic and Laboratory** ☐ Hemorrhage ☐ Anemia ☐ Neutropenia ☐ Thrombocytopenia ☐ Increased AST, ALT or Bilirubin ☐ Increased Creatinine
Other (*SPECIFY*): ☐ _____	**Other (*SPECIFY*):** ☐ _____	**Other (*SPECIFY*):** ☐ _____

C2. Please select the indicator(s) of **DISEASE PROGRESSION** that led to discontinuation of treatment for the patient. **Select ALL that apply.**

PSA	☐ PSA rise from baseline with no decline on therapy ☐ PSA rise following an initial decline from baseline ☐ PSA stable or decline in PSA in the setting of clinical or radiographic

	progression
Radiographic Progression	☐ New bone lesion(s) on first scan on treatment ☐ New bone lesion(s) following subsequent stable or improved scans on treatment ☐ Increase of existing bone lesion(s) ☐ New soft tissue lesion(s) in entirely new body organ ☐ Lymph nodes ☐ Lung ☐ Liver ☐ Other ☐ Increase of existing soft tissue lesion(s) ☐ Lymph nodes ☐ Lung ☐ Liver ☐ Other
Clinical Progression	☐ Decreased performance status ☐ Symptomatic Skeletal event ☐ Bone pain requiring radiation therapy ☐ Pathologic fracture ☐ Need for palliative bone surgery ☐ Cord compression ☐ Increase in bone pain ☐ Anorexia/weight loss ☐ Other SPECIFY _____

C3. Please select an applicable other reason that led to discontinuation of systemic treatment for the patient.

☐ Patient declined ongoing treatment

☐ Cost/ Unable to afford treatment

☐ Other (*SPECIFY*): _____

END

APPENDIX F: SITE SPECIFIC ADDENDUM