



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 5–6)*

*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.*



**Site Number:** \_\_\_\_

**Physician Last Name: Dr. \_\_\_\_\_**

**Date:**     /     / **20**

Medidata Subject ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## 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 5–6).

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

- 1 ☐ Abiraterone
- 2 ☐ Androgen deprivation (LHRH)
- 3 ☐ Apalutamide
- 4 ☐ Bicalutamide or other anti-androgen
- 5 ☐ Cabazitaxel
- 6 ☐ Clinical trial
- 7 ☐ Docetaxel
- 8 ☐ Enzalutamide
- 9 ☐ External beam radiation therapy for metastatic disease
- 10 ☐ Radium-223
- 11 ☐ Sipuleucel-T
- 12 ☐ Other tumor-directed therapy

### 3. Does your patient have biochemical progression?

- ☐ Yes —→<sub>3a</sub> How?      ☐ PSA rise without initial decline on this therapy  
☐ No                                  ☐ PSA rise after an initial decline on this therapy

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

- 1 ☐ Yes  $\longrightarrow_{4a}$  How? 1 ☐ Increase of existing bone lesion(s)
- 2 ☐ No 2 ☐ New bone lesion(s) after initially stable lesion(s)
- 3 ☐ 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)?

- either increased existing or new lesion(s)?
- 1 ☐ Yes —→<sub>5a</sub> Which? In both columns, select all that apply.
- 2 ☐ No
- |                     | Increased                        | New                        |
|---------------------|----------------------------------|----------------------------|
|                     | ↓                                | ↓                          |
| 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"/> |



Site Number: \_\_\_\_

Physician Last Name: Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Medidata Subject ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**6. Does your patient have clinical progression?**1 ☐ Yes → 6a How? Select all that apply.2 ☐ No1 ☐ Symptomatic skeletal event → 6b Which? Select all that apply.2 ☐ Decreased performance status3 ☐ Increase in bone pain4 ☐ Anorexia, weight loss5 ☐ Tumor-related fatigue6 ☐ Symptoms from visceral metastases1 ☐ Need for bone radiation2 ☐ Need for bone surgery3 ☐ Pathologic fracture4 ☐ Cord compression**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 ☐ ..... 2 ☐h Neuropathy ..... 1 ☐ ..... 2 ☐**Gastroenterologic**i Diarrhea ..... 1 ☐ ..... 2 ☐j Nausea ..... 1 ☐ ..... 2 ☐k Oral pain ..... 1 ☐ ..... 2 ☐l Abdominal pain .. 1 ☐ ..... 2 ☐m Liver dysfunction 1 ☐ ..... 2 ☐

	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 ☐ ..... 2 ☐s Arthralgia ..... 1 ☐ ..... 2 ☐t Hand/foot syndrome 1 ☐ ..... 2 ☐u Rash ..... 1 ☐ ..... 2 ☐**Hematologic/Laboratory**v Hemorrhage ..... 1 ☐ ..... 2 ☐w Kidney disease .. 1 ☐ ..... 2 ☐x Anemia ..... 1 ☐ ..... 2 ☐y Neutropenia ..... 1 ☐ ..... 2 ☐z Thrombocytopenia 1 ☐ ..... 2 ☐



Site Number: \_\_\_\_

Physician Last Name: Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Medidata Subject ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**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).*



Site Number: \_\_\_\_

Physician Last Name: Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Medidata Subject ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

## 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 ☐ Prostate gland  
2 ☐ Lymph node metastasis  
3 ☐ Bone metastasis  
4 ☐ Visceral metastasis  
5 ☐ Other soft tissue metastasis

3a What visceral metastasis site(s)?

- 1 ☐ Lung  
2 ☐ Liver  
3 ☐ Adrenal glands  
4 ☐ Central nervous system

### 4. Has your patient undergone testing for genomic alterations?

- 1 ☐ Yes → 4a What type(s)?  
2 ☐ No

- 1 ☐ Germline DNA  
2 ☐ Tumor DNA or RNA  
3 ☐ Cell-free/circulating tumor DNA  
4 ☐ Circulating tumor cells

### 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"/>



Site Number: \_\_\_\_

Physician Last Name: Dr. \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_

Medidata Subject ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**6. Which factors were most important in your treatment choice?**  
**Choose up to five 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.*