Juggling Follow Up Schedules Without Losing Your Sanity

Overview

The Sutter Health Research Consortium has about 400 adult patients in follow up.

There is an average of 100 patients per quarter. The highest number of patient volume was in April, with 60 patients.

For comments and questions, please contact:

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Tips and Tricks

Excel spreadsheets

- Includes patient information, visit due dates, and enrollment information

Trial Info					Patient Info					
Reg Site	Co-Op Group	Protocol Number	Subject ID	Diagnosis	Name (L, FM)	DOB	MRN	Enrolling/Current MD	CRC	Notes
CA222	SWOG	S1418	123456	Lung	Mouse, Mickey	11/18/1928	12051901	Edwards	Kira	call patient to remind them to get labs

Follow Up Info					Treatment Info			
Patient Status	Visit Due Date	Pending	Last Reported Timepoint	LDOD/DOD	Enrollment Date	Protocol Tx	Day One	EOT
Follow Up	5/1/2026	upcoming onc appt 5/1	5 year	4/28/2025	5/1/2020	Arm 1	5/15/2020	5/15/2021

EPIC Reminder Lists

- Includes quick reminders for upcoming patient visits or scheduling needs

Follow Up Visit Information
NOTE: Please contact Kira Chin, CRC directly with any questions.

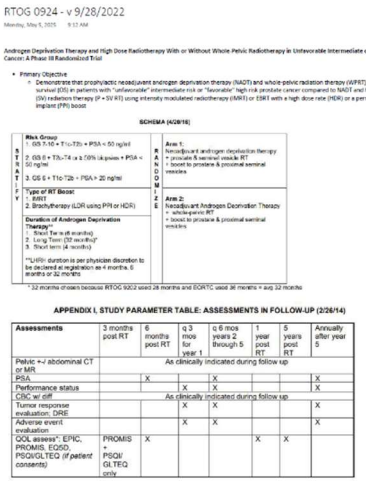
Subject Name	[redacted]
DOB	[redacted]
MRN	[redacted]
Protocol	RTOG 0924
Subject ID	426
Treatment Arm	PROSTATE + SEMVES RT
Follow Up Timepoint	Annual **Scheduled on 5/26
Registration Date	9/5/2013
Enrolling MD	[redacted]
Research Visit Staff	Kira
Next Follow Up Timepoint	5/3/27
Due this Visit:	• History & physical • Vital signs • Performance score • Labs • AE assessment • Enter data and complete CTMS

Outlook Calendar Invites

- Follow up template used for notifying CRCs about visits

OneNote notebook with protocol schedules

- Includes title, primary objective, schema, and schedule



RTOG 0924 - v 9/28/2022

Androgen Deprivation Therapy and High Dose Radiotherapy With or Without Whole Pelvic Radiotherapy in Unfavorable Intermediate or Favorable High Risk Prostate Cancer: A Phase III Randomized Trial

- Primary Objective
  - Demonstrate that prophylactic neoadjuvant androgen deprivation therapy (NADT) and whole-pelvic radiation therapy (WPRT) will result in improvement in overall survival (OS) in patients with "unfavorable" intermediate risk or "favorable" high risk prostate cancer compared to NADT and high dose prostate and seminal vesicle (SV) radiation therapy (P + SV RT) using intensity modulated radiotherapy (IMRT) or ESRT with a high dose rate (HDR) or a permanent prostate (radioactive seed) implant (PPI) boost

SCHEMA (4/28/16)

STRATIFY

Risk Group:
1. GS 5-6 + T1c-T2b + PSA < 50 ng/ml
2. GS 6 + T3a-T4 or a 10% (4 cores + PSA < 50 ng/ml
3. GS 6 + T1c-T2b + PSA > 20 ng/ml

Type of RT Boost:
1. IMRT
2. Brachytherapy (LDR using PPI or HDR)

Duration of Androgen Deprivation Therapy**:
1. Short Term (4 months)
2. Long Term (30 months)*
3. Short term (4 months)

**LHRH duration is per physician discretion to be declared at registration as 4 months, 6 months or 30 months

RANDOMIZE

Arm 1:
Neoadjuvant androgen deprivation therapy
+ prostate & seminal vesicle RT
+ boost to prostate & proximal seminal vesicles

Arm 2:
Neoadjuvant Androgen Deprivation Therapy
+ whole-pelvic RT
+ boost to prostate & proximal seminal vesicles

* 32 months chosen because RTOG 9202 used 28 months and EORTC used 36 months = avg 32 months

APPENDIX I, STUDY PARAMETER TABLE: ASSESSMENTS IN FOLLOW-UP (2/26/14)

Assessments	3 months post RT	6 months post RT	q 3 mos for year 1	q 6 mos years 2 through 5	1 year post RT	5 years post RT	Annually after year 5
Pelvic +/- abdominal CT or MR	As clinically indicated during follow up						
PSA		X		X			X
Performance status			X	X			X
CBC w/ diff	As clinically indicated during follow up						
Tumor response evaluation: DRE			X	X			X
Adverse event evaluation			X	X			X
QOL assess*: EPIC, PROMIS, EQ5D, PSQI/GLTEQ (if patient consents)	PROMIS + PSQI/ GLTEQ only	X			X	X	

Communication

- Emailing CRCs every other week with source documents to print for binders and general updates