



Eligibility Checklist

Date	D	D	M	M	M	Y	Y	Y	Y
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Assessor Name	
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Participant ID					-			
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Participant Initials			
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Instructions:

1. Please confirm patient eligibility by completing the eligibility checklist. You should refer to the current MANCAN2 protocol (inclusion / exclusion criteria, section 4.2 & 4.3) when completing your review.
2. [Inclusion criterion 4](#) – the patient should have provided their HFNS score on their returned screening questions form. If the patient has not provided this please call them and complete the attached HFNS scale.
3. **In order for the patient to be eligible, all inclusion items must be ticked YES and all exclusion items must be ticked NO.**

Date: ID: Initials: **MANCAN2- Eligibility Checklist**

Is the patient willing to be screened for eligibility to participate in the mancan2 trial and for data to be stored anonymously if they are not eligible?		Yes	No
Inclusion Criteria			
<i>If the answer to any of the following is NO then the patient is NOT eligible for the Trial</i>		Yes	No
1.	Does the patient have a diagnosis of prostate cancer?		
2.	Is the patient's prostate cancer at either a localised or advanced disease stage?		
3.	Is the patient currently receiving ADT, having been on this treatment for a minimum of 4 months, and anticipated to require a minimum of 12 months further continuous treatment?		
4.	Is the patient presenting with problematic HFNS symptoms (a score of 2 or more on the HFNS Rating Scale)?		
5.	Is the patient able to read and understand English without assistance?		
6.	Is the patient aged 16 years or over?		
7.	Is the patient able to attend virtual group sessions through video conferencing software?		

Exclusion Criteria			
<i>If the answer to any of the following is YES then the patient is NOT eligible for the Trial</i>		Yes	No
1.	Does the patient currently have an uncontrolled biochemical, radiological, or clinical disease progression or relapse as determined by the local principal investigator?		
2.	Does the patient have castration-resistant disease status?		
3.	Is the patient currently receiving chemotherapy? <i>Prior chemotherapy must have been completed with a minimum of 3 months elapsed between the date of the final dose and confirmation of eligibility.</i>		
4.	Is the patient currently receiving multi-fraction external beam radiotherapy, brachytherapy, or focal ablation techniques? <i>These must have been completed with a minimum of six weeks elapsed between the date of the final fraction/treatment and confirmation of eligibility. Single fraction radiotherapy to sites of painful bony metastatic disease is allowed.</i>		
5.	Does the patient intend to receive ADT on an intermittent schedule?		
6.	Is the patient currently participating in an interventional clinical trial of experimental drugs?		
7.	Is the patient currently receiving androgen deprivation as a neoadjuvant treatment?		
8.	Does the patient have any medical or psychiatric conditions or other factors that, in the view of the local principal investigator, are likely to impact on the ability of the patient to participate in the trial procedures and interventions?		

Did the patient meet all eligibility criteria?Yes No

SIGNATURE:

PRINT NAME:

DATE:

If NO, the patient is not eligible, please inform the patient and thank them for their time. Please enter patient details onto the screening log.
If YES, please complete the **Baseline Form**. Please enter patient details onto the screening log.

Date:

ID:

Initials:

Hot Flashes & Night Sweats (HFNS)

If the patient has not reported their HFNS on their screening form, please contact the patient to ascertain how problematic their HFNS are for them.

1. During the past week, to what extent do you regard your flushes/sweats as a problem?
Please circle a notch on the scale below.

No problem at all

Very much a problem

1 2 3 4 5 6 7 8 9 10

Please note: in order to be eligible for mancan2 the patient must have a score of 2 or more.