



Protocol Prostate Cancer

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Site Number

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Subject Number

Bone Lesions**1 Bone Lesions**

1.1	Response Criteria	PCWG SCHER PROSTATE CANCER 2008 ONCRSCAT										
1.2	Tumor Type According to Criteria	BONE LESION TUMIDENT_TUORRES										
1.3	Were any bone lesions identified?	<input type="radio"/> [Y] Yes <input type="radio"/> [N] No TUYN										
1.4	Date of Procedure (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> TUDAT										
1.5	Method of Evaluation	<input type="radio"/> [SCINTIGRAPHY] Scintigraphy <input type="radio"/> [CT SCAN] CT Scan <input type="radio"/> [OTHER] Other TUMETHOD										
1.6	If Other, Specify Method of Evaluation	TUMETHODOTH										
1.7	Evaluator	<input type="radio"/> [INVESTIGATOR] Investigator <input type="radio"/> [INDEPENDENT ASSESSOR] Independent Assessor TUEVAL										
1.8	Evaluator Identifier	<input type="radio"/> [RADIOLOGIST 1] Radiologist 1 <input type="radio"/> [RADIOLOGIST 2] Radiologist 2 <input type="radio"/> [ONCOLOGIST] Oncologist TUEVALID										
1.9	Location	Bone TULOC										
1.10	Bone Lesion ID	T01 TULNKID										
1.11	Number of Bone Lesions	BNLNUM_TORRES										