
 Prostate Cancer	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> Site Number	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> <div style="border: 1px solid black; width: 40px; height: 30px;"></div> </div> Subject Number

Bone Lesions (Pre-specified Locations)		
1 Pre-specified locations		
1.1	Response Criteria	PCWG SHER 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 TUYN <input type="radio"/> [N] No
1.4	Date of Procedure (DD-MMM-YYYY)	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> TUDAT
1.5	Method of Evaluation	<input type="radio"/> [SCINTIGRAPHY] Scintigraphy TUMETHOD <input type="radio"/> [CT SCAN] CT Scan <input type="radio"/> [OTHER] Other
1.6	If Other, Specify Method of Evaluation	TUMETHODOTH
1.7	Evaluator	<input type="radio"/> [INVESTIGATOR] Investigator TUEVAL <input type="radio"/> [INDEPENDENT ASSESSOR] Independent Assessor
1.8	Evaluator Identifier	<input type="radio"/> [RADIOLOGIST 1] Radiologist 1 TUEVALID <input type="radio"/> [RADIOLOGIST 2] Radiologist 2 <input type="radio"/> [ONCOLOGIST] Oncologist
1.9	Number of Skull Bone Lesions	BNLNUM_SKULL_TORRES
1.10	Skull Bone Lesion ID	B01 BNLNUM_SKULL_TULNKID
1.11	Number of Thorax Bone Lesions	BNLNUM_THORAX_TORRES
1.12	Thorax Bone Lesion ID	B02 BNLNUM_THORAX_TULNKID

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	Site Number		Subject Number				
Prostate Cancer							

Bone Lesions (Pre-specified Locations)			
1 Pre-specified locations			
1.13	Number of Pelvic Bone Lesions		<i>BNLNUM_PELVIC_TORRES</i>
1.14	Pelvic Bone Lesion ID	B03	<i>BNLNUM_PELVIC_TULNKID</i>
1.15	Number of Limb Bone Lesions		<i>BNLNUM_LIMB_TORRES</i>
1.16	Limb Bone Lesion ID	B04	<i>BNLNUM_LIMB_TULNKID</i>