Site Number | Subject Number

New Bone Lesions	
1 New Bone Lesions	

1.1	Response Criteria	PCWG SCHER PROSTATE CANCER 2008 *ONCRSCAT*
1.2	Tumor/Lesion Type	NEW BONE LESION *TUMIDENT_TUORRES*
1.3	Were any new bone lesions identified?	○ [Y] Yes ○ [N] No *TUYN*
1.4	Date of Procedure (DD-MMM-YYYY)	| | | | | | | | *TUDAT*
1.5	Evaluator	○ [INVESTIGATOR] Investigator *TUEVAL* ○ [INDEPENDENT ASSESSOR] Independent Assessor
1.6	Evaluator Identifier	○ [RADIOLOGIST 1] Radiologist 1 *TUEVALID* ○ [RADIOLOGIST 2] Radiologist 2 ○ [ONCOLOGIST] Oncologist
1.7	Method of Evaluation	○ [SCINTIGRAPHY] Scintigraphy *TUMETHOD* ○ [CT SCAN] CT Scan ○ [OTHER] Other
1.8	If Other, Specify Method of Evaluation	*TUMETHODOTH*
1.9	What assessment will be used as a reference to evaluate this scan?	○ [BASELINE] Baseline *TRCMPREF* ○ [FLARE ASSESSMENT] Flare Assessment ○ [LAST SCAN] Last Scan
1.10	What was the number of new bone lesions identified since reference scan?	| | | *NBNLNUM_TRORRES*
1.11	Location	BONE *TULOC*

Site Number		Subject Number

New Bone Lesions

1   New Bone Lesions (Total Number Option)

1.12	Bone Lesion ID	B01	*TULNKID*
1.13	Are there two or more persisting new bone lesions since the last scan?	○ [Y] Yes ○ [N] No	*PBNL2IND_TRORRES*
1.14	Are there 2 or more new bone lesions since the reference scan?	○ [Y] Yes ○ [N] No	*NBNL2IND_TRORRES*