New Bone Lesions (Pre-Specified Locations)	
1 New Lesions (Pre-Specified Locations)	
1.1	Response Criteria	PCWG SCHER PROSTATE CANCER 2008 **ONCRSCAT**
1.2	Tumor/Lesion Type	NEW BONE **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 in the skull since reference scan?	| | | **NBNLNUM_SKULL_TRORRES**
1.11	Skull Bone Lesion ID	B01 **SKULL_TULNKID**

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1.12	What was the number of new bone lesions identified in the thorax since reference scan?	*NBNLNUM_THORAX_TRORRES*
1.13	Thorax Bone Lesion ID	B02 *THORAX_TULNKID*
1.14	What was the number of new bone lesions identified in the pelvic bone since reference scan?	*NBNLNUM_PELVIC_TRORRES*
1.15	Pelvic Bone Lesion ID	B03 *PELVIC_TULNKID*
1.16	What was the number of new bone lesions identified in the limb extremities since reference scan?	*NBNLNUM_LIMB_TRORRES*
1.17	Limb Bone Lesion ID	B04 *LIMB_TULNKID*
1.18	Are there two or more persisting new bone lesions since the last scan?	○ [Y] Yes ○ [N] No *PBNL2IND_TRORRES*
1.19	Are there 2 or more new bone lesions since the reference scan?	○ [Y] Yes ○ [N] No *NBNL2IND_TRORRES*