

	<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> <div style="display: flex; justify-content: space-around;"> Site Number </div>		<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> <div style="display: flex; justify-content: space-around;"> Subject Number </div>				
	Prostate Cancer						

Prostate Cancer Procedures			
1 Prostate Cancer Procedures			
1.1	Were any surgical, therapeutic or diagnostic procedures performed?	<input type="radio"/> [Y] Yes <input type="radio"/> [N] No	PRYN
1.2	Category of Procedure	GENERAL	PRCAT
1.3	Sub-category of Procedure	<input type="radio"/> [SURGERY TO BONE] Surgery to Bone <input type="radio"/> [NOT SURGERY TO BONE] Not Surgery to Bone	PRSCAT
1.4	What was the procedure name?		PRTRT
1.5	If applicable, what was the anatomical location where the procedure was performed? <i>(The location list should be updated as appropriate using the <LOC codelist>.)</i>	<input type="radio"/> [PROSTATE GLAND] Prostate Gland <input type="radio"/> [HEAD] Head <input type="radio"/> [ABDOMINAL REGION] Abdominal Region <input type="radio"/> [OTHER] Other	PRLOC
1.6	Specify, Other Anatomical Location		PRLOCOTH
1.7	If applicable, what was the side of the anatomical location of the procedure?	<input type="radio"/> [RIGHT] Right <input type="radio"/> [LEFT] Left <input type="radio"/> [BILATERAL] Bilateral	PRLAT
1.8	Date (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>	PRSTDAT
1.9	For what indication was the procedure performed?		PRINDC