	Site Number		Subject Number	

Prostate Cancer Radiation Therapy

1 Prostate Cancer Radiation

1.1	Was any radiation performed?	○ [Y] Yes ○ [N] No **PRYN**
1.2	Procedure Category	RADIATION **PRCAT**
1.3	Check if Radiation to Bone	☐ [Radiation to Bone] **PRSCAT**
1.4	What is the name of the radiation therapy?	○ [3D CONFORMAL RADIATION THERAPY] 3D Conformal Radiation Therapy ○ [EXTERNAL BEAM RADIATION THERAPY] External Beam Radiation Therapy ○ [INTENSITY-MODULATED RADIATION THERAPY] Intensity-Modulated Radiation Therapy **PRTRT** ○ [BRACHYTHERAPY] Brachytherapy ○ [OTHER] Other
1.5	Specify Other Radiation Therapy	**PRTRTOTH**
1.6	Anatomical Location	○ [PROSTATE GLAND] Prostate Gland **PRLOC** ○ [HEAD] Head ○ [ABDOMINAL REGION] Abdominal Region ○ [OTHER] Other
1.7	Specify Other Anatomical Location	**PRLOCOTH**
1.8	Side	○ [RIGHT] Right **PRLAT** ○ [LEFT] Left ○ [BILATERAL] Bilateral
1.9	Start Date (DD-MMM-YYYY)	**PRSTDAT**
1.10	For what indication was the radiation performed?	**PRINDC**

Site Number

Subject Number

Prostate Cancer Radiation Therapy			
1	**Prostate Cancer Radiation**		
1.11	Is the radiation ongoing?	○ [Y] Yes ○ [N] No	**PRONGO**
1.12	End Date (DD-MMM-YYYY)		**PRENDAT**
1.13	What was the amount of radiation administered?		**PRDSTXT**
1.14	What was the unit?	○ [cGy] cGy ○ [Gy] Gy ○ [Rad] Rad	**PRDOSU**