

	<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;"> <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>				
	Site Number		Subject Number				

Prostate Cancer Tumor Response			
1 Prostate Cancer Disease Response			
1.1	Response Criteria	PCWG SCHER PROSTATE CANCER 2008	<b>RSCAT</b>
1.2	Was the response assessment performed?	<input type="radio"/> [Y] Yes <input type="radio"/> [N] No	<b>RSPERF</b>
1.3	Why was the response assessment not performed?	<input type="radio"/> [Not Imaged] Not Imaged <input type="radio"/> [Patient Refusal] Patient Refusal <input type="radio"/> [Site Error] Site Error <input type="radio"/> [Other] Other	<b>RSREASND</b>
1.4	Other, specify		<b>RSREASNDOTH</b>
1.5	Evaluator	<input type="radio"/> [INVESTIGATOR] Investigator <input type="radio"/> [INDEPENDENT ASSESSOR] Independent Assessor	<b>RSEVAL</b>
1.6	What is the evaluator identifier?	<input type="radio"/> [RADIOLOGIST 1] Radiologist 1 <input type="radio"/> [RADIOLOGIST 2] Radiologist 2 <input type="radio"/> [ONCOLOGIST] Oncologist	<b>RSEVALID</b>
1.7	What was the Target Response?	<input type="radio"/> [CR] Complete Response (CR) <input type="radio"/> [PR] Partial Response (PR) <input type="radio"/> [SD] Stable Disease (SD) <input type="radio"/> [PD] Progressive Disease (PD) <input type="radio"/> [NE] Not Evaluable (NE) <input type="radio"/> [Not All Evaluated] Not All Evaluated	<b>TRGRESP_RSORRES</b>
1.8	Date of Procedure for Target Response (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>	<b>TRGRESP_RSDAT</b>



Protocol Prostate Cancer

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Subject Number

**Prostate Cancer Tumor Response****1 Prostate Cancer Disease Response**

1.9	What was the Non-target Response?	<input type="radio"/> [CR] Complete Response (CR) <b>NTRGRESP_RSORRES</b> <input type="radio"/> [NON-CR/NON-PD] Non Complete Response/Non Progressive Disease (NON-CR/NON-PD) <input type="radio"/> [PD] Progressive Disease (PD) <input type="radio"/> [NE] Not Evaluable (NE) <input type="radio"/> [Not All Evaluated] Not All Evaluated								
1.10	Date of Procedure for Non-target Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>NTRGRESP_RSDAT</b>								
1.11	Was the Soft Tissue Response?	<input type="radio"/> [CR] Complete Response (CR) <b>SFTSRESP_RSORRES</b> <input type="radio"/> [PR] Partial Response (PR) <input type="radio"/> [SD] Stable Disease (SD) <input type="radio"/> [NON-CR/NON-PD] Non Complete Response/Non Progressive Disease (NON-CR/NON-PD) <input type="radio"/> [PD] Progressive Disease (PD) <input type="radio"/> [NE] Not Evaluable (NE)								
1.12	Date of Procedure for Soft Tissue Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>SFTSRESP_RSDAT</b>								
1.13	What was the Tumor Marker Response?	<input type="radio"/> [CR] Complete Response (CR) <b>TMRESP_RSORRES</b> <input type="radio"/> [PR] Partial Response (PR) <input type="radio"/> [SD] Stable Disease (SD) <input type="radio"/> [NE] Not Evaluable (NE) <input type="radio"/> [Not All Evaluated] Not All Evaluated								
1.14	Date of assessment for Tumor Marker Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>TMRESP_RSDAT</b>								
1.15	What was the Bone Response?	<input type="radio"/> [NON-PD] Non Progressive Disease (NON-PD) <input type="radio"/> [PD] Progressive Disease (PD) <b>BONERESP_REORRES</b>								



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**Prostate Cancer Tumor Response****1 Prostate Cancer Disease Response**

1.16	Date of Procedure for Bone Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>BONERESP_RSDAT</b>
1.17	What was the Overall Response?	<input type="radio"/> [CR] Complete Response (CR) <input type="radio"/> [PR] Partial Response (PR) <input type="radio"/> [SD] Stable Disease (SD) <input type="radio"/> [NON-CR/NON-PD] Non Complete Response/Non Progressive Disease (NON-CR/NON-PD) <input type="radio"/> [PD] Progressive Disease (PD) <input type="radio"/> [NE] Not Evaluable (NE)	<b>OVRLRESP_RSORRES</b>										
1.18	Date of Procedure for Overall Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>OVRLRESP_RSDAT</b>
1.19	What was the Best Overall Response?	<input type="radio"/> [CR] Complete Response (CR) <input type="radio"/> [PR] Partial Response (PR) <input type="radio"/> [SD] Stable Disease (SD) <input type="radio"/> [NON-CR/NON-PD] Non Complete Response/Non Progressive Disease (NON-CR/NON-PD) <input type="radio"/> [PD] Progressive Disease (PD) <input type="radio"/> [NE] Not Evaluable (NE)	<b>BESTRESP_RSORRES</b>										
1.20	Date of Procedure for Best Overall Response (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>BESTRESP_RSDAT</b>
1.21	Did the patient experience Symptomatic Deterioration?	<input type="radio"/> [Y] Yes <input type="radio"/> [N] No	<b>SYMPTDTR_RSORRES</b>										
1.22	Date of Symptomatic Deterioration (DD-MMM-YYYY)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<b>SYMPTDTR_RSDAT</b>