Trial Design and Objectives for Castration-Resistant Prostate Cancer: Updated Recommendations from the Prostate Cancer Clinical Trials Working Group (PCWG3)

Scher, et al

PCCTC Bone Scan Assessment Tool							
	BASEL	.INE Scar	1 Date: ()		
Patient Identifier:							
Protocol Number:				Protocol Start Da	ite:		
Is tracer uptake related to metastatic disease?							
☐ Yes ☐ No NOTE: If "NO", do not fill out the form below							
	If yes, indicate total number of lesions related to metastatic disease (select one)						
	1	□ 2-4	□ 5-9	□ 10-20	□ >20		
Comments				Investigator's Signature			
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PCCTC Bone Scan Assessment Tool						
	8 We	ek Scan	Date: (<i></i>)	
Patient Identifier:						
Protocol Number:				Protocol Start Da	ite:	
	ls tr	acer uptake i	elated to me	tastatic diseas	e?	
			Yes 🗖 N	0		
		NOTE: If "NO"	, do not fill out th	e form below		
		Draw site(s) o	f NEW lesion(s) on skeleton		
Check Regi	ion(s) of					
NEW Dis			(0.0)		6	
☐ Sku	ıll		18.0		1	
-			12 SAP		- (a)	
☐ Thorax						
□ Spine			1			
☐ Pel	vic	1	基			
La Per	VIS	1	THE PARTY	\ /	1000	1
	remities		TA THE	(計)		115)
If yes, indi	cate total num	ber of NEW les	sions compare (select one)	d to <u>Baseline Sc</u>	<u>an</u> (Date:/_	/)
□ 0	1	□ 2	□ 3	4	□ 5	□ >5
	υ 		and the state of	- . . .	· *	
*Presence of new lesions at this time does not confirm progression * Clinical Impression (circle one)						
☐ Improved ☐ Stable ☐ Progression						
Comments				Investigator's Signature		
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PCCTC Bone Scan Assessment Tool							
Week Scan Date: (/) **To be compared to 8 Week Scan**							
Patient Identifier:							
Protocol Number:	Protocol Start Date:						
	Is tracer uptake related to metastatic disease?						
	□ Yes □ No						
			", do not fill out th				
		Draw site(s) o	of NEW lesion(s) on skeleton			
Check Reginate NEW District NEW	sease: Ill orax ne						
If yes, indicate total number of NEW lesions compared to <u>8 Week Scan</u> (Date:/) (select one)							
□ 0	1	□ 2	3	4	□ 5	□ >5	
Clinical Impression (circle one) Improved Stable Progression							
Comments				Investigator's Signature			
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PCCTC Bone Scan Assessment Tool Assessment Worksheet Patient Identifier: **Protocol Number: Protocol Start Date:** Date of Scan: _____/______/ 1. Are there 2 or more new lesions compared to the WEEK 8 SCAN? Yes If YES, proceed to question 2. If NO, the patient does not have radiographic progression by bone scan. 2. Is this the first scan performed POST the WEEK 8 SCAN? Yes ☐ No If YES, proceed to question 3A. If NO, proceed to question 3B. 3B. Does this scan confirm the presence of 3A. Were there 2 or more new lesions 2 or more new lesions seen since the at the WEEK 8 SCAN compared to the BASELINE SCAN? **WEEK 8 SCAN?** ☐ No □ No Yes Yes If YES, patient has met conditions for radiographic progression by bone scan. If NO, the patient does not have radiographic progression by bone scan. Investigator's

Signature

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Comments

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