

**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

**BASELINE Scan** Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Patient Identifier:

Protocol Number:

Protocol Start Date:

**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

# PCCTC Bone Scan Assessment Tool

## 8 Week Scan Date: (\_\_\_\_/\_\_\_\_/\_\_\_\_)

Patient Identifier:

Protocol Number:

Protocol Start Date:

Is tracer uptake related to metastatic disease?

Yes  No

NOTE: If "NO", do not fill out the form below

Draw site(s) of NEW lesion(s) on skeleton

Check Region(s) of  
NEW Disease:

- Skull
- Thorax
- Spine
- Pelvis
- Extremities



If yes, indicate total number of NEW lesions compared to Baseline Scan (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
(select one)

- 0       1       2       3       4       5       >5

\*Presence of new lesions at this time does not confirm progression \*

Clinical Impression (circle one)

- Improved       Stable       Progression

Comments

Investigator's  
Signature

# 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

*NOTE: If "NO", do not fill out the form below*

Draw site(s) of NEW lesion(s) on skeleton

Check Region(s) of  
NEW Disease:

- Skull
- Thorax
- Spine
- Pelvis
- Extremities



If yes, indicate total number of NEW lesions compared to 8 Week Scan (Date: \_\_/\_\_/\_\_)

(select one)

- 0       1       2       3       4       5       >5

Clinical Impression (circle one)

- Improved       Stable       Progression

Comments

Investigator's  
Signature

# 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     No

*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.*

**3A. Were there 2 or more new lesions at the WEEK 8 SCAN compared to the BASELINE SCAN?**

Yes                       No

**3B. Does this scan confirm the presence of 2 or more new lesions seen since the WEEK 8 SCAN?**

Yes                       No

*If YES, patient has met conditions for radiographic progression by bone scan.*

*If NO, the patient does not have radiographic progression by bone scan.*

Comments

Investigator's  
Signature