## INSTRUCTIONS:
Submit this form at the appropriate follow-up interval. All dates to be reported mm-dd-yyyy unless otherwise indicated.

<table>
<thead>
<tr>
<th>AMENDED DATA</th>
<th>YES</th>
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</table>

### 1. **PATIENT'S VITAL STATUS**
- 1 Alive
- 2 Dead

### 2. **DATE OF LAST CONTACT OR DEATH**

### 3. **PRIMARY CAUSE OF DEATH**
- 0 Not applicable
- 1 Due to this disease
- 2 Due to protocol treatment
- 3 Due to other cause, specify ________________
- 9 Unknown

### 4. **HAS THE PATIENT HAD A DOCUMENTED CLINICAL ASSESSMENT FOR THIS CANCER (SINCE SUBMISSION OF THE PREVIOUS FOLLOW-UP FORM)?**
- 1 No
- 2 Yes, specify ________________
- 9 Unknown

### 5. **PERFORMANCE STATUS (ZUBROD 0-5, 9-UNKNOWN)**

### 6. **HAS THE PATIENT HAD A PROSTATE BIOPSY (SINCE SUBMISSION OF THE LAST FOLLOW-UP FORM)?**
- 1 No
- 2 Yes, negative
- 3 Yes, positive
- 4 Yes, results unknown
- 9 Unknown

### 7. **IS THE TUMOR PALPABLE?**
- 1 No
- 2 Yes
- 3 Equivocal
- 4 Not evaluated
- 9 Unknown

### 8. **A. HAS THE PATIENT BEEN DIAGNOSED WITH BIOCHEMICAL RECURRENCE SINCE SUBMISSION OF THE LAST FOLLOW-UP FORM?**
- 1 No
- 2 Yes
- 9 Unknown

### 9. **HAS THE PATIENT BEEN DIAGNOSED WITH A FIRST LOCAL RECURRENCE (SINCE SUBMISSION OF LAST FOLLOW-UP FORM)?**
- 1 No
- 2 Yes, specify ________________
- 9 Unknown

### 10. **METHODOLOGY OF EVALUATION (LOCAL PROGRESSION)**
- 0 Not applicable
- 1 Physical exam
- 2 Pathologic
- 3 Radiographic
- 4 MRI (NMR)
- 5 Other, specify ________________

### 11. **HAS THE PATIENT BEEN DIAGNOSED WITH FIRST DISTANT PROGRESSION (SINCE SUBMISSION OF THE LAST FOLLOW-UP FORM)?**
- 1 No
- 2 Yes, specify ________________
- 9 Unknown

### 12. **SITE(S) OF PROGRESSION (FIRST DISTANT)**

### 13. **METHODOLOGY OF EVALUATION (DISTANT PROGRESSION)**
- 0 Not applicable
- 1 Physical exam
- 2 Pathologic
- 3 Radiographic
- 4 MRI (NMR)
- 5 Other, specify ________________
9 LAB VALUES (use code table)
- 0 Not done
- 1 Normal
- 2 Abnormal
- 9 Unknown

A TESTOSTERONE (unit of measure code table)
- 1 ng/dL
- 2 ng/mL
- 3 nmol/L
- 4 NOS

[ ] (21) (VALUE) [ ] [ ] [ ]
DATE: [ ] [ ] [ ] (23)
LOWER LIMIT NORMAL [ ] [ ] [ ] [ ]
UPPER LIMIT NORMAL [ ] [ ] [ ] [ ]
UNIT OF MEASURE [ ] [ ] [ ] (26)

B [ ] CBC/diff (27)
WBC (mm$^3$) [ ] [ ] [ ] [ ] (28)
HEMOGLOBIN (g/dL) [ ] [ ] [ ] (29)
PERIPHERAL PLATELET COUNT (mm$^3$) [ ] [ ] [ ] [ ] (30)
ANC (mm$^3$) [ ] [ ] [ ] [ ] (31)
DATE [ ] [ ] [ ] [ ] (32)

C SGPT (ALT) OR SGOT (AST)
[ ] [ ] TEST [ ] [ ] [ ] [ ] [ ] MONTHLY ASSESSMENT 1 (34)
VALUE: [ ] [ ] [ ] (35)
DATE: [ ] [ ] [ ] (36)

[ ] [ ] TEST [ ] [ ] [ ] [ ] [ ] MONTHLY ASSESSMENT 2 (38)
VALUE: [ ] [ ] [ ] (39)
DATE: [ ] [ ] [ ] (40)

[ ] [ ] TEST [ ] [ ] [ ] [ ] [ ] MONTHLY ASSESSMENT 3 (42)
VALUE: [ ] [ ] [ ] (43)
DATE: [ ] [ ] [ ] (44)

D [ ] ALKALINE PHOSPHATASE MONTHLY ASSESSMENT 1 (45)
VALUE: [ ] [ ] [ ] (46)
DATE: [ ] [ ] [ ] (47)

[ ] ALKALINE PHOSPHATASE MONTHLY ASSESSMENT 2 (48)
VALUE: [ ] [ ] [ ] (49)
DATE: [ ] [ ] [ ] (50)

[ ] ALKALINE PHOSPHATASE MONTHLY ASSESSMENT 3 (51)
VALUE: [ ] [ ] [ ] (52)
DATE: [ ] [ ] [ ] (53)
10 PROSTATE: PSA MEASUREMENTS
(obtained since the last follow-up visit; provide date obtained)

<table>
<thead>
<tr>
<th>PSA Date(s)</th>
<th>PSA Value(s)</th>
<th>Units</th>
<th>Method</th>
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11 IS THE PATIENT RECEIVING ANY NON-PROTOCOL (PROSTATE) CANCER THERAPY NOT PREVIOUSLY REPORTED? (If yes, enter therapy type and date for each therapy delivered during the follow-up period.)

<table>
<thead>
<tr>
<th>Non-Protocol Therapy Type</th>
<th>Date of first non-protocol therapy</th>
<th>Specify*</th>
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12 HAS A NEW PRIMARY CANCER OR MDS (MYELODYSPLASTIC SYNDROME) BEEN DIAGNOSED THAT HAS NOT BEEN PREVIOUSLY REPORTED?

† If second primary is AML/MDS, please report via AdEERS

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<tr>
<th>Second Primary Tumor Site</th>
<th>Second Primary Cancer</th>
<th>Other * Specify</th>
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13 NON-PROTOCOL LIPID LOWERING THERAPY (STATIN DRUG)?

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Agent dose: ______________________________

Agent Start date: _____-____-__________

Agent End date (if applicable): _____-____-__________
Adverse Events: Use the CTCAE version 3.0 (MedDRA 10.0) to code all events. Score most severe grade observed during report period (grade 1-5). Adverse Events of grade 3 or higher require start date. Assign attribution to protocol treatment for each AE and indicate if an SAE was reported. All "other" adverse events must be specified.

### A. CTC AE Attribution Code
1. Unrelated
2. Unlikely
3. Possible
4. Probable
5. Definite

### B. SAE Report Submitted
1. No
2. Yes
9. Unknown

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<tr>
<th>MedDRA DISEASE CODE</th>
<th>CTC ADVERSE EVENT (OTHER CTC ADVERSE EVENT NOT LISTED)</th>
<th>CTCAE GRADE</th>
<th>CTCAE BEGIN DATE</th>
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Comments__________________________________________________________
_________________________________________________________________
_________________________________________________________________
(601-602)_________________________________________________________

Signature of person completing this form ____________________________
Date form originally completed ____________________________