|  |  |
| --- | --- |
| Follow-Up [FU] | |
| *[FU]* |  |
| During this follow-up visit, did you have any information on the patient? *[FUYN]* | 🌕 1-Yes 🌕 0-No |
| If no, reason *[FUNO\_R]* | 🌕 1-Consent withdrawn  🌕 2-Lost to follow-up  🌕 99-Other |
| If other, specify *[FUNO\_S]* | ……………………………………………………………… |
| Date of last news *[FUDT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| DD/MM/YYYY |
| Status of the patient *[FUCS]* | 🌕 0-Alive 🌕 1-Dead |
| *If alive [FUCOM]* |  |
| Disease state? *[FUDISCS]* | 🌕 1-Complete response  🌕 2-Partial response  🌕 3-Stable disease  🌕 4-Progressive disease  🌕 5-Not evaluable  🌕 6-Unknown |
| Occurrence of a second cancer? *[FU2NDK]* | 🌕 1-Yes 🌕 0-No |
| New anticancer treatment ongoing? *[FUTRTGO]* | 🌕 1-Yes 🌕 0-No |
| If yes, treatment name *[FUTRT\_S]* | …………………………………………………………………… |
| SAE since the last visit? *[FUSAEYN]* | 🌕 1-Yes 🌕 0-No |
| If yes, term(s) *[FUSAE\_S]* | …………………………………………………………………… |