**END OF TREATMENT FORM**

|  |  |
| --- | --- |
| End of treatment [EOT] | |
|  | |
| Did the patient receive at least one dose of the study treatment? *[EOTYN]* | 🌕 0-No 🌕 1-Yes |
| If no, please specify reasons *[EOT\_S]* | …………………………………………………………………………… |
| Date of first administration *[EOTDT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| DD/MM/YYYY |
| Date of last administration *[EOTLDT]* | |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_|\_\_|\_\_| DD/MM/YYYY |
| Number of cycles *[EOTNB]* | |\_\_| |
| Total dose administered *[EOTMG]* | |\_\_|\_\_|\_\_| mg |
| Reason for study treatments discontinuation *[EOT\_R]* | 🌕 1-End of treatment as defined by protocol  🌕 2-Progression  🌕 3-Toxicity  🌕 4- Investigator decision  🌕 5-interccurent diseases  🌕 6-Any medical event requiring administration of unauthorized concomitant treatment  🌕 7-Patient decision  🌕 8-Withdrawal of consent  🌕 9-Protocol violation  🌕 10-Death  🌕 99-Other |
| If other, specify *[EOT\_S2]* | …………………………………………………………………………… |