**General comments**

1. **Some (maybe a lot?) of studies may report AEs in a general way; e.g., “X% of our subjects reported cardiac toxicity” and you’ll find in their methods section that they defined cardiac toxicity as “CHF or MI”. They might not report CHF separate from MI. We’ll want our abstraction tool to be flexible enough to unambiguously deal with this. E.g, allow for top-level recording, and allow for detailed recording.**
2. **Can add another level of detail when there are multiple instruments (e.g., scores of cognitive tests)**

**Cardiac Toxicity**

* Congestive heart failure (include NY classification, ejection fraction)
* Myocardial infarction
* Cardiac mortality

**Ovarian Failure**

* Amenorrhea (onset and duration)
* Hot flashes
* Sexual function
* Osteoporosis
* Fractures

**Secondary Malignancies**

* Cancer mortality
* Types to include: leukemia, myelodysplasia, lymphoma

**Neuropathy**

* Symptoms, such as tingling, numbness, sensory loss
* Motor neuropathy (weakness, falls)
* Scales or functional classes to include?

**Cognitive Impairment**

* Scores on depression tests (PHQ9, etc)
* Use of anti-depressants
* Scores of cognitive tests (SA-36, FACT-B subscale, etc)

**Quality of Life**