Fundamental Information on the Current Patient Status

Please enter date of current visit / / dat_consult quarter

Patient Ethnicity: ethnicity ☐ Caucasian ☐ Indian sub-continent ☐ Far East Asian ☐ Black African ☐ Black Afro-Caribbean ☐ Middle Eastern ☐ North African ☐ Hispanic / Latin American ☐ Mixed Race ☐ Other ☐ Don't Know

Privately funded patient for anti cancer drugs ☐ Fully ☐ Partially ☐ No ☐ Don't know

gender Gender ☐ Male ☐ Female

Menopausal State (if known) ☐ Pre- ☐ Post (for Breast Cancer only) menopause

age Age # age_num Years

Platelet Level (x10^9/l) Nadir _____._____ ☐ Not tested

height Height . m

Haemoglobin/Hgb level (g/dl) Nadir hgbepo._____ ☐ Not tested

surf_area

weight Weight kg

Diagnostic Information on Current Cancer

Patient type pat_status (Please tick one)

☐ Newly diagnosed (diagnosed within the last 3 months) →

Referring Doctor: ☐ GP ☐ Hospital Specitalist ☐ Not applicable

Which Speciality? _____

☐ Relapsed/recurrent → Time to relapse/recurrence _____Months _____Years

☐ Follow up → Prior to seeing the patient this month, how long ago was he/she seen (for any type of visit)? _____Weeks and/or _____Months

Performance Status ECOG ☐0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ecog_stat

Concomitant disease affecting cancer treatment conceffect

☐ Diabetes ☐ Renal Function Disorder ☐ Hypertension
☐ Liver Disorder ☐ History of GI perforation ☐ Other (specify) _____
☐ Pulmonary Disorder ☐ Cardiovascular disease ☐ None
☐ Obesity ☐ Thyroid disorder

Does the patient smoke? smoke ☐ Yes ☐ No ☐ Quit smoke_quit ☐ Don't know

Cancer Site / Type Section

Date diagnosed with primary cancer Month dat_1st_diag Year

Diagnosis: Primary cancer site tumour_site minor_site

Cell type/histology tumour_cell_type

Stage/grade at 1st diagnosis of current cancer (Please include sub-stage where applicable eg. IIIa, IIIb, IIIc, IVa, IVb, IVc) stage_diagnos

Current stage/grade (Please include sub-stage where applicable eg. IIIa, IIIb, IIIc, IVa, IVb, IVc)

Nodal Status ☐0 ☐1-3 ☐4-9 ☐10+ ☐Don't know nodstat

Location of Metastasis met_site

☐ Distant lymph node ☐ Liver ☐ Other
☐ Bone ☐ Lung ☐ None
☐ Brain ☐ Peritoneum

Tumour Specific Section

Key: **NT** = Not Tested **Inc**= Inconclusive **AR** = Awaiting Results **OE** = Over Expression

ER er_status	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
PgR pr_status	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
BRCA brca_stat	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
CD20	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
EGFR OE	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
HPV	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
T315i	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
ALK	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
Her2 her2sta	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR

Mandatory for Breast and Gastric [Stomach & Oesophagus] Which Her2 test was used/test score (please tick) - if tested by 2 types, please provide both test results her2use

IHC ☐0 ☐1+ ☐2+ ☐3+ ☐ NT ☐ Inc ☐ AR

FISH ☐ +ve ☐ -ve ☐ NT ☐ Inc ☐ AR

Other markers _____ ☐ +ve ☐ -ve ☐ NT ☐ Inc ☐ AR

KEY: **Mut** = Mutant; **WT** = Wild Type

K-RAS kras_stat ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR

(Mandatory for Colorectal)

EGFR egfrstat ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR

BRAF ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR

NHL grade nhl_indagg ☐ Indolent ☐ Aggressive

For breast and prostate patients is the patient hormone refractory/castrate resistant? ☐ Yes ☐ No (Mandatory for Prostate) hormone_resist

Gleason Score: _____ (Mandatory for Prostate)

Is there any cancer-related bone involvement? ☐ Symptomatic ☐ Asymptomatic ☐ Unknown (Mandatory for Prostate)

Number of consecutive rising PSA scores _____

For ovarian cancer patients, is the patient:
☐ Platinum sensitive
☐ Platinum refractory/resistant/intolerable
☐ Ineligible for platinum-based therapies
☐ Unknown

Is this patient transplant eligible? ☐ Yes ☐ No

urrent Anti-Cancer Treatment

Cytotoxic, Targeted Bigological & Immunological Drugs Please record brand names. If concurrent surgery or transplant please record these as Treatment 1 in the Previous Anti Cancer Treatment section on next page	Date Treatment Started Month/Year	Total Dose per Day (please specify units)	Dose Change (Please specify No.) 1. Dose delay 2. Dose reduction 3. Dose escalation 4. No change 5. Not Known	Days Administered (For each drug) E.g.: Day1, Day1.8, Day 1.8.15, Day 1-5, Day 1-14, Daily, Other (please specify)	Route of Admin IV, IM, SC, Oral, Continuous Infusion, Other (specify)	Location of Treatment (Please specify No.) 1. Hospital in-patient 2. Hospital out-patient 3. Office/non-hospital Clinic 4. Home
treat_summt	/			admin_days	route_admin	pat_in_out
	/		# milgm			
drg_all_current drg_all_current_pt	/					
	/		auc_curr	daysxd		
drg_cancer_pt drg_cancer_fa_pt	/					

Cycle length (from D1 this cycle to D1 of next cycle - include rest periods) cyc_length

Current cycle number including this completed reported cycle Cyc__currn

Number of additional cycles planned not including this reported cycle Cyc__plann Cyclesplann

Hormonal Drugs Please record brand Names	Date Treatment Started Month/Year	Total Dose per Day (please specify units)	Dose Change (Please specify No.) 1. Dose delay 2. Dose reduction 3. Dose escalation 4. No change 5. Not Known	Days Administered (For each drug) E.g.: Day1, Day1.8, Day 1.8.15, Day 1-5, Day 1-14, Daily, Other (please specify)	Route of Admin IV, IM, SC, Oral, Continuous Infusion, Other (specify)	Location of Treatment (Please specify No.) 1. Hospital in-patient 2. Hospital out-patient 3. Office/non-hospital Clinic 4. Home
	/			admin_days	route_admin	pat_in_out
	/			daysxd		
Months given to date			Months planned			

Trial_cancer

On clinical trial? ☐ Yes ☐ No

Radiation given concurrent with Anti-Cancer drugs? ☐ Yes ☐ No treat_current

Current line of drug therapy: Line_percept
☐ 1st line ☐ 2nd line ☐ 3rd line ☐ 4th line ☐ 5th line ☐ 6th line+

Therapy context: context_curr (please tick ALL that apply)
☐ Early stage drug/no planned surgery or radiotherapy ☐ Neo-adjuvant ☐ Adjuvant ☐ Reduced intensity for transplant ☐ Metastatic ☐ Myeloablative for transplant ☐ None of these

Therapy intent: ☐ Curative ☐ Palliative ☐ Extending life

Can be described as therapy ☐ Induction ☐ Consolidation ☐ Maintenance ☐ Standard Protocol ☐ None/Other

Over the next 6 months do you expect your prescribing of this regimen to:
☐ Increase ☐ Decrease ☐ Stay the same

On a scale of 1-10, what is your overall satisfaction of the current therapy?
Not at all Satisfied ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 *Very Satisfied*

On a scale of 1-10, how involved is the patient in the decision of the current therapy?
Not involved ☐1 ☐2 ☐3 ☐4 ☐5 ☐6 ☐7 ☐8 ☐9 ☐10 *Very involved*

What is your reason for selecting the current therapy? **Please select up to 3**

☐ Approved standard of care ☐ Patient choice
☐ New clinical data ☐ Cost
☐ Hospital guidelines/formulary ☐ Proven efficacy
☐ Refractory to other treatments ☐ Prevent recurrence
☐ Convenience ☐ Proven personal experience
☐ Well tolerated ☐ Other

☐ My preferred drug option was not available(please specify drugs): _____

Is this regimen part of a sequential drug regimen? ☐ Yes ☐ No
☐ Has sequenced **from** ☐ Will sequence **to** (specify agents below):

For office use only: | Doctor Number: | Patient Number: # idnum | Date Received: | country

se_actual_iv se_actual_iii

se_actual_non se_actual_i_ii

What side-effects is the patient experiencing currently (grade)? KEY: 0=None I-II=Mild III=Moderate IV=Severe																				
Nausea/Vomiting	☐0	☐I-II	☐III	☐IV	Oral Mucositis	☐0	☐I-II	☐III	☐IV	Cardiotoxicity	☐0	☐I-II	☐III	☐IV	Rash	☐0	☐I-II	☐III	☐IV
Neutropaenia	☐0	☐I-II	☐III	☐IV	Thrombocytopenia	☐0	☐I-II	☐III	☐IV	Anaemia	☐0	☐I-II	☐III	☐IV	Diarrhoea	☐0	☐I-II	☐III	☐IV
Neuropathy	☐0	☐I-II	☐III	☐IV	Neurotoxicity	☐0	☐I-II	☐III	☐IV	Bone pain	☐0	☐I-II	☐III	☐IV	Hand & Foot Syndrome	☐0	☐I-II	☐III	☐IV

Supportive Drugs for Current Anti–Cancer Treatment

	Brand Name	Duration of treatment (days)	Days administered (during treatment)	Reason for prescribing
CSFs	_____ Drug given was Bio-Similar? ☐Yes ☐No ☐Don't know			☐Primary Prophylaxis ☐Rescue ☐Secondary Prophylaxis ☐Mobilization for a Transplant
Bisphosphonates / Bone Protectants	☐Clodronate ☐Ibandronate ☐Pamidronate ☐Zoledronate ☐Denosumab ☐Other _____	Dosing Schedule: ☐Q7 ☐Q14 ☐Q21 ☐Q28-30 ☐Q56 ☐Other_____		☐Treat/prevent of bone metastases ☐Treat/prevent current bone pain ☐Prevention of Skeletal-Related Events ☐Anti-cancer bisphos_presc

Anti-Emetics given? Yes No (If Yes, this table must be completed)	Total dose per day (please specify units)	Days Administered (Please specify which days e.g. 1,8/PRN)	Route of admin IV/ IM/ SC/ oral/other (specify)
Anti-Emetics Acute (current cycle) Has the regimen changed from what was given during the 1st cycle of the current anti-cancer regimen? emet_ac1_stat ☐Same ☐Don't know ☐Different (specify) _____			
emet_ac1_oth		admin_days	route_admin
Anti-Emetics Delayed (current cycle) Has the regimen changed from what was given during the 1st cycle of the current anti-cancer regimen? Emet_del1_stat ☐Same ☐Don't know ☐Different (specify) _____			
emet_del1_oth		admin_days	route_admin

Anti-Anaemia	☐Darbepoetin alpha ☐Erythropoietin (specify brand) _____ ☐Iron	Drug given was Bio-Similar? ☐Yes ☐No ☐Don't know
Cytoprotectives	☐Folinic Acid ☐Polysaccharide K ☐Other (specify) _____	

treat_past preline

Previous Anti-Cancer Treatment

Please note: **Treatment 1** refers to the treatment given **immediately before the current therapy** **Treatment 2** refers to the treatment given **before** Treatment 1 **Treatment 3** refers to the treatment given **before** Treatment 2 **Treatment 4** refers to the treatment given **before** Treatment 3	End date (mm/yy)	Clinical Stage I II III(a,b,c) IV(a,b,c) Other	Cycle repeats every (Total cycle length in days - include rest periods)	No. of cycles Completed (if more appropriate please specify: days/ months etc)	Context of therapy (Please tick ONE option only) context_prev	Outcome (Please tick ONE option only)	Reason therapy was changed (Please tick ALL that apply) prereason
Treatment 1 ☐Drugs ☐Radiotherapy ☐1°Surgery ☐Transplant drg_prev				nprcycg	☐Early stage — drug only ☐Neo-adjuvant / pre-op ☐Adjuvant ☐Metastatic ☐None of the above	☐Complete response ☐Partial response ☐Stable ☐Local Recurrence ☐Distant Progression	☐Progressive disease ☐Refractory/relapsed disease ☐Sequential/planned treatment ☐Toxic/side effects ☐Maintenance ☐Reimbursement/cost ☐Patient choice ☐Course completed ☐New clinical data ☐Other specify _____
Treatment 2 ☐Drugs ☐Radiotherapy ☐1°Surgery ☐Transplant					☐Early stage — drug only ☐Neo-adjuvant / pre-op ☐Adjuvant ☐Metastatic ☐None of the above	☐Complete response ☐Partial response ☐Stable ☐Local Recurrence ☐Distant Progression	☐Progressive disease ☐Refractory/relapsed disease ☐Sequential/planned treatment ☐Toxic/side effects ☐Maintenance ☐Reimbursement/cost ☐Patient choice ☐Course completed ☐New clinical data ☐Other specify _____
Treatment 3 ☐Drugs ☐Radiotherapy ☐1°Surgery ☐Transplant					☐Early stage — drug only ☐Neo-adjuvant / pre-op ☐Adjuvant ☐Metastatic ☐None of the above	☐Complete response ☐Partial response ☐Stable ☐Local Recurrence ☐Distant Progression	☐Progressive disease ☐Refractory/relapsed disease ☐Sequential/planned treatment ☐Toxic/side effects ☐Maintenance ☐Reimbursement/cost ☐Patient choice ☐Course completed ☐New clinical data ☐Other specify _____
Treatment 4 ☐Drugs ☐Radiotherapy ☐1°Surgery ☐Transplant					☐Early stage — drug only ☐Neo-adjuvant / pre-op ☐Adjuvant ☐Metastatic ☐None of the above	☐Complete response ☐Partial response ☐Stable ☐Local Recurrence ☐Distant Progression	☐Progressive disease ☐Refractory/relapsed disease ☐Sequential/planned treatment ☐Toxic/side effects ☐Maintenance ☐Reimbursement/cost ☐Patient choice ☐Course completed ☐New clinical data ☐Other specify _____