Fundamental Information on the Current Patient Status

Please enter date of current visit (Month/Year) _____ / _____

Patient 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

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

Gender ☐ Male ☐ Female | Age Years | Height . m | Weight kg

Diagnostic Information on Current Cancer

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

Concomitant disease affecting cancer treatment

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

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

Cancer Site / Type Section

Date diagnosed with primary cancer (Month/Year) _____ / _____

Diagnosis: Primary cancer site

Cell type/histology

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

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

Referring Specialty | Time since last visit _____ Weeks _____ Months

Has this patient experienced a relapse or recurrence since diagnosis? ☐ Yes ☐ No

If "Yes", Date of last relapse/recurrence (Month/Year) _____ / _____

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

Location of Metastasis

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

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

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

Number of consecutive rising PSA scores _____

Is this patient transplant eligible? ☐ Yes ☐ No

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

Tumour Specific Section

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

ER	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
PgR	☐ +ve	☐ -ve	☐ NT	☐ Inc	☐ AR
BRCA	☐ +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

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

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 ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR (Mandatory for Colorectal)

EGFR ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR

BRAF ☐ WT ☐ Mut ☐ NT ☐ Inc ☐ AR

NHL grade ☐ Indolent ☐ Aggressive

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

Gleason Score: _____ (Mandatory for Prostate)

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

Current 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
	/					
	/					
	/					
	/					
	/					

Cycle length (from D1 this cycle to D1 of next cycle - include rest periods) | Current cycle number including this completed reported cycle | Number of additional cycles planned not including this reported cycle

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
	/					
	/					

Months given to date | Months planned

Emetogenic Potential Of Anticancer Agents In Regimen: ☐ High ☐ Moderate ☐ Mild ☐ None

On clinical trial? ☐ Yes ☐ No | Radiation given concurrent with Anti-Cancer drugs? ☐ Yes ☐ No

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

Therapy context: (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
☐ 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:		Date Received:		ENG MM Diary Form 2013 Q1 © Ipsos 2013

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

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)			
Anti-Emetics Delayed (current cycle)			

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) _____	

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)	Outcome (Please tick ONE option only)
Treatment 1 ☐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
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
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
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