Dear

A/Prof Anthony Joshua Dr Meg Barnet

E: patient@exceptionalresponder.com.au F: 1800-PATIENT

Kinghorn Cancer Centre 370 Victoria St

Darlinghurst NSW 2010



Thank you for considering my patient for the Exceptional Responders Program.

 **INCLUSION CRITERIA**

Patients must fulfil **all of the following** criteria to be eligible for this study.

|  |  |
| --- | --- |
| Pathologically confirmed Hodgkin lymphoma or germ cell tumour | * Yes ☐ No
 |
| Has had an “exceptional response” to bleomycin, by the following criteria:* Clinically significant’ BIP, defined as symptomatic cases (shortness of breath or cough) with radiographic change or asymptomatic decline in DLCO by > 25% during treatment, or a tissue/biopsy proven bleomycin induced lung injury and exclusion of infection or malignant cause
* Age < 70
* eGFR > 80ml/min
* Cumulative bleomycin dose < 300,000 IU
 | * Yes ☐ No

Cases will also be reviewed by a sub-committee for**qualitative** assessment of response in clinical context. |
| Sufficient and accessible tissue for analysis | * Yes ☐ No **Copy of pathology report is required.**
 |

 **REFERRER DETAILS**

|  |  |
| --- | --- |
| **Name:** Click here to enter text. | **Institution:** |
| **Ph:** | **Email:** |

 **PATIENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **Name:** | **DOB:** | **Gender:** ☐ M ☐ F |
| **MRN:** | **Ph:** | **E:** |
| **Diagnosis details** |
| **Date** | **Primary site** | **Morphology** | **Pathology centre** |
| Click here to enter a date. |  |  |  |
| **Stage at diagnosis** |
| * Early disease ☐ Locally advanced ☐ Distant Metastases
 |
| **Staging Method** | **Imaging Centre** |
| * CT ☐ MRI ☐ PET ☐ Bone Scan ☐ Clinical ☐ Other
 |  |
| **Medical background** |



|  |  |
| --- | --- |
| **Condition** | **Date (year) of diagnosis** |
| Click here to enter text. |  |
|  |  |
|  |  |
| **Medications** |
| **Drug name** | **Indication** | **Date (year) started** |
| Click here to enter text. |  |  |
|  |  |  |
|  |  |  |
| **Social history** |
| Occupation |  |
| Smoking history/pack yrs |  | ECOG | ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 |
| Ethnicity (self defined) | * European ☐ East Asian (inc China, Japan, Korea) ☐ Latino
* South Asian (inc Malaysia, Indonesia, Philippines) ☐ African ☐ Other
 |
| **Family history** |
| **Relation** | **Condition** |
| Click here to enter text. |  |
|  |  |
| **Treatment history** |
| **Surgery** ☐ No ☐ Yes |
| Date | Institution | Primary Procedure |
| Click here to enter a date. |  |  |
| Date | Institution | Primary Procedure |
| Click here to enter a date. |  |  |
| **Radiotherapy** ☐ No ☐ Yes |
| Start Date | Target Site(s) | Dose (Gy) | Best Response | Comments |
| Click here to enter a date. |  |  | * CR ☐ PR
* SD ☐ PD
 |  |
| Start Date | Target Site(s) | Dose (Gy) | Best Response | Comments |
| Click here to enter a date. |  |  | * CR ☐ PR
* SD ☐ PD
 |  |
| **Systemic Therapy** ☐ No ☐ Yes |
| Start Date | Drug(s) | Stop Date | Best Response | Comments |
| Click here to enter a date. |  | Click here to enter a date. | * CR ☐ PR
* SD ☐ PD
 |  |
| Start Date | Drug(s) | Stop Date | Best Response | Comments |
| Click here to enter a date. |  | Click here to enter a date. | * CR ☐ PR
* SD ☐ PD
 |  |
| Start Date | Drug(s) | Stop Date | Best Response | Comments |
| Click here to enter a date. |  | Click here to enter a date. | * CR ☐ PR
* SD ☐ PD
 |  |

**Has the patient had previous genetic testing (germline or tumour), or have a known familial syndrome?**

* No ☐ Yes If yes, please provide details below.