Dear

A/Prof Anthony Joshua Dr Meg Barnet

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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.