Dear

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| --- | --- |
| A/Prof Anthony Joshua  Dr Meg Barnet  E: [patient@exceptionalresponder.com.au](mailto: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.

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| Pathologically confirmed solid cancer of any histologic type | Yes  No |
| Has had an “exceptional response”, by the following criteria:   * CR or PR, where <10% of patients would be expected to respond ***OR*** * CR or PR that lasts >3 times the expected PFS ***OR*** * Best response PD, where >90% patients would be expected to respond. | Yes  No  Cases will also be reviewed by a sub-committee for **qualitative** assessment of response in clinical context. |
| Willing and able to comply with study requirements | Yes  No |
| Sufficient and accessible tissue for analysis | Yes  No **Copy of pathology report is required.** |

# REFERRER DETAILS

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

# PATIENT DETAILS

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | | | | | | |  | | |
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| **Medications** | | | | | | | | | | | | | | |
| **Drug name** | | | | **Indication** | | | | | | | **Date (year) started** | | | |
| Click here to enter text. | | | |  | | | | | | |  | | | |
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| **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. | | | | | | | | | | | | | | |
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