Dear

|  |  |
| --- | --- |
| A/Prof Anthony JoshuaDr Meg BarnetE: patient@exceptionalresponder.com.au F: 1800-PATIENT | Kinghorn Cancer Centre370 Victoria StDarlinghurst 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 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

|  |  |
| --- | --- |
| **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. |
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