Belgian Cancer Registry

NTRK-inhibitor
-
Follow-up registration End of treatment

This form contains information until 6 months after the end of the NTRK-inhibitor treatment.

This form should be sent to the Belgian Cancer Registry 6 months after the end of the NTRK-inhibitor treatment.

Version 2.0 (01/10/2021)

All variables are required unless stated otherwise (e.g. denoted by 'if applicable').
❍: Single-select variable: Only one answer can be selected.
❑: Multi-select variable: One or more answers can be selected.

Administrative patient data

National number for social security (INSZ/NISS): .....

Last name: .....

First name: .....

Date of birth: ...../...../..... (dd/mm/yyyy)

Date of death: ...../...../..... (dd/mm/yyyy) (if applicable)

Sex: ❍ Male
❍ Female

Only if no INSZ/NISS number is available, please fill out the following details:

Postal code: .....

City: .....

Country: .....

Administrative treatment data

eHealth notification number: .....

Requesting hospital: .....

Requesting physician: .....

1. NTRK-inhibitor treatment

Start date NTRK-inhibitor treatment: ……/……/…… (dd/mm/yyyy)

End date NTRK-inhibitor treatment: ……/……/…… (dd/mm/yyyy)

- Reason for discontinuation:
  - ❍ Disease progression
  - ❍ Death
  - ❍ Adverse events
  - ❍ Patient decision
  - ❍ Other; Specify: .....

Treatment formulation:

- ❍ Capsule
- ❍ Oral solution

Starting dose: …… mg

- ❍ Once daily
- ❍ Twice daily

Total number of days the patient received a reduced NTRK-inhibitor dose: .....

Total number of days the patient did not receive the NTRK-inhibitor: .....

What was the best overall response to the NTRK-inhibitor according to the Response Evaluation Criteria In Solid Tumours (RECIST) or the Response assessment in neuro-oncology (RANO) criteria (latest version):

- ❍ Complete response
- ❍ Partial response
- ❍ Stable disease
- ❍ Progressive disease
- ❍ Could not be evaluated

Date of this best overall response: ……/……/…… (dd/mm/yyyy)

Adverse events:

Select only CTCAE grades 3 or 4 (severe) adverse events seen during treatment with NTRK-inhibitor. Also indicate if the specific adverse event was a reason to decrease the NTRK-inhibitor dose. If a specific adverse event was a reason to stop NTRK-inhibitor treatment, this should also be indicated.

Adverse event	Grade 3	Grade 4	Resulted in dose reduction	Resulted in discontinuation
General				
Fatigue				
Pyrexia				
↑ bodyweight				
Peripheral oedema				
Gastrointestinal				
Nausea				
Vomiting				
Constipation				
Diarrhoea				
Abdominal pain				
Nervous system				
Dizziness				
Headache				
Respiratory, thoracic, mediastinal				
Cough				
Dyspnoea				
Nasal congestion				
Musculoskeletal and connective tissue				
Arthralgia				
Myalgia				
Muscular weakness				
Back pain				
Pain in extremity				
Metabolism & nutrition				
↓ Appetite				
Vascular				
Hypertension				
Chemistry				
↑ ALT				
↑ AST				
Anaemia				
Neutropenia				
Hypoalbuminemia				
↑ alkaline phosphatase				
Other				

2. Treatments initiated after the start of NTRK-inhibitor

Were other treatments initiated after the start of the NTRK-inhibitor and within 6 months after the end of the NTRK-inhibitor?

❍ Yes *
❍ No

* If other treatments were initiated after the start of the NTRK-inhibitor, indicate in the table below:

- Treatment type:
  1. Chemotherapy
  2. Hormonal therapy
  3. Immunotherapy
  4. Targeted therapy
  5. Surgery
  6. Radical radiotherapy
  7. Radiofrequency ablation (RFA)
  8. Other
- Specify treatment type
- Start date
- End date (if applicable)
- Localisation (only applicable for surgery, radical radiotherapy and RFA)

<u>Note:</u> If the patient received further treatment(s) in another hospital, it is still the responsibility of the registering hospital to complete these data in this registration form.

Treatment type	**Specify treatment type**	**Start date**	**End date (if applicable)**	**Localisation (only applicable for 5, 6 and 7)**

3. Survival status

If the patient died, what was the cause of death: *(please fill out the date of death on p.2 of this form)*

❍ Related to the cancer (treatment); Specify: .....
❍ Not related to the cancer (treatment); Specify: .....
❍ Uncertain, relation to the cancer (treatment) cannot be excluded; Specify: .....
.....
❍ Unknown / not mentioned in the medical report