

Cardiac Sparing Whole Lung IMRT Study Response Form

2/13/2012

Patient Initials (F L): _____

Registration#: _____

Evaluation time point:

- 6 months after completion of Radiation Therapy
- 12 months after completion of Radiation Therapy
- 18 months after completion of Radiation Therapy
- 24 months after completion of Radiation Therapy
- Recurrence/Progression
- Other (please specify below)

Reference time point:

- Baseline/pre-chemotherapy
- 6 months after completion of Radiation Therapy
- 12 months after completion of Radiation Therapy
- 18 months after completion of Radiation Therapy
- 24 months after completion of Radiation Therapy
- Other (please specify below)

Other:

Measurements (using RECIST 1.0 criteria – longest dimension only in cm):

	Site:	Evaluation Time Point	Reference Time Point
Target Lesion 1	_____	_____	_____
Target Lesion 2	_____	_____	_____
Target Lesion 3	_____	_____	_____
Target Lesion 4	_____	_____	_____
Target Lesion 5	_____	_____	_____
Target Lesion 6	_____	_____	_____
Target Lesion 7	_____	_____	_____
Target Lesion 8	_____	_____	_____
Target Lesion 9	_____	_____	_____
Target Lesion 10	_____	_____	_____
Sum of the Target Lesions		_____	_____

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Patient Initials (F L): _____

Registration#: _____

Response at Selected Evaluation Time Point:

_____ CR (disappearance of all target lesions).

_____ PR (at least a 30% decrease of disease measurement done to confirm measurable disease at study entry).

_____ PD (at least a 20% increase in the disease measurement, taking as reference the smallest disease measurement recorded since the start of treatment, or the appearance of one or more new lesions).

_____ SD (neither sufficient shrinkage to qualify as PR nor sufficient increase to qualify as PD taking as reference the smallest disease measurement since the treatment started).

Date of scan for Evaluation Time Point: _____

Date of scan for Reference Time Point: _____

Name and email address of the person completing this form: _____

Date the response assessment was completed: _____

Copies of radiology reports should be included with each Study Response Form (the report for the reference time point does not need to be included if previously submitted).

All forms and reports should be submitted to: CardiacSparingIMRT@QARC.org.

Questions about the form or the data to be submitted can be submitted to the same email.