

Patient's Cancer And Cancer Treatment Update

Please contact CENTRA@asco.org if you have any problems with the data capture instruments

To accurately link this patient update to previous and future records on this patient, please confirm the patient's primary cancer diagnosis.

Do you have access to the ICD-10 code for the patient's primary cancer diagnosis?

 Yes

 No

It is strongly preferred that ICD-10 codes are entered. If you need to look up an ICD-10 code, please refer to this site:
<https://www.icd10data.com/ICD10CM/Codes/C00-D49>

Primary cancer currently being managed:
 Please enter relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.

Primary cancer currently being managed:

- Bladder Cancer
- Breast Cancer
- Colon and Rectal Cancer
- Endometrial Cancer
- Head and Neck Cancer
- Kidney Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Melanoma
- Non-Hodgkin Lymphoma
- Pancreatic Cancer
- Prostate Cancer
- Thyroid Cancer
- Other

Other cancer type:

Does this patient have a new primary cancer?

 Yes

 No

Do you have access to the ICD-10 code for the patient's new primary cancer?

 Yes

 No

It is strongly preferred that ICD-10 codes are entered. If you need to look up and ICD_10 code, please refer to this site:
<https://www.icd10data.com/ICD10CM/Codes/C00-D49>

New (2nd) primary cancer currently being managed:
 Please enter relevant ICD-10 code, or begin typing cancer type to use auto-fill feature.

New (2nd) primary cancer currently being managed:

- Bladder Cancer
- Breast Cancer
- Colon and Rectal Cancer
- Endometrial Cancer
- Head and Neck Cancer
- Kidney Cancer
- Leukemia
- Liver Cancer
- Lung Cancer
- Melanoma
- Non-Hodgkin Lymphoma
- Pancreatic Cancer
- Prostate Cancer
- Thyroid Cancer
- Other

Other cancer type: _____

UPDATES TO CANCER STATUS AND CANCER TREATMENTS SINCE LAST DATA ENTRY

For patients who have solid tumors, what was the last known cancer extent?

- Localized
- Regional
- Metastatic
- Patient has no evidence of disease
- Cancer is not a solid tumor (e.g., myeloma, leukemia)

What was the last known status of the patient's cancer?

- Progressing
- Stable disease
- Responding to treatment
- Other change to cancer status (e.g., patient has a new primary cancer currently being managed)
- Unknown

Is the patient enrolled on a therapeutic cancer clinical trial?

- Yes
- No

Has or was the patient enrolled in hospice?

- Yes
- No

CANCER TREATMENTS

Has the patient had the following ANTI-CANCER TREATMENTS or SURGERIES since the last data update?

	Yes	No	Unknown
Surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Radiation Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drug-Based Therapy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Transplant (e.g., BMT) or Cellular
Therapy (e.g., CAR-T cell
Therapy)

Date of SURGERY:

Was SARS-CoV-2 testing performed to confirm COVID-19
negativity prior to SURGERY?

 Yes No

Date of SARS-CoV-2 test to confirm negative status:

Date of start of RADIATION THERAPY after COVID-19
diagnosis:

[If exact date is not known, please list an
approximate date.]

Date of most recent dose of RADIATION THERAPY:

[If exact date is not known, please list an
approximate date.]

Was SARS-CoV-2 testing performed to confirm COVID-19
negativity prior to RADIATION therapy?

 Yes No

Date of SARS-CoV-2 test to confirm negative status:

Is the patient scheduled to continue receiving
RADIATION THERAPY?

- No, the patient has completed the prescribed
radiation therapy regimen
- No, the patient stopped radiation therapy prior to
completion of prescribed regimen
- Yes, the patient will receive at least one more
dose of radiation therapy
- Unknown if the patient will receive more radiation
therapy.

Why did the patient stop radiation therapy prior to
completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or
shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

How many DRUG-BASED therapies has the patient
received since the last data follow-up (including
those entered at last follow-up)?

- 1
- 2
- 3 or more

Was SARS-CoV-2 testing performed to confirm COVID-19
negativity prior to receipt of DRUG-BASED AGENTS?

 Yes No

Date of SARS-CoV-2 test to confirm negative status:

Please enter the 1st of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [drug_1_fu] since last data update:

Date of most recent dose of [drug_1_fu].

Is the patient scheduled to continue receiving [drug_1_fu]?

- No, the patient has completed the prescribed [drug_1_fu] regimen
- No, the patient stopped [drug_1_fu] prior to completion of prescribed regimen
- Yes, the patient will receive at least one more dose of [drug_1_fu]

Why did the patient stop [drug_1_fu] prior to completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

Has the patient skipped any doses of [drug_1_fu], or had dose modifications, since the last data update?

- Yes
- No

Please enter the 2nd of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [drug_2_fu] since last data update:

Date of most recent dose of [drug_2_fu].

Is the patient scheduled to continue receiving [drug_2_fu]?

- No, the patient has completed the prescribed [drug_2_fu] regimen
- No, the patient stopped [drug_2_fu] prior to completion of prescribed regimen
- Yes, the patient will receive at least one more dose of [drug_2_fu]

Why did the patient stop [drug_2_fu] prior to completion of prescribed regimen?

- Progressive or recurrent disease
- Treatment-related toxicity
- Patient's COVID-19 disease
- Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
- Patient's choice
- Other/Unknown

Has the patient skipped any doses of [drug_2_fu], or had dose modifications, since the last data update?

- Yes
- No

Please enter the 3rd of the ANTI-CANCER DRUGS (generic name) the patient has received since the last data entry for this patient:

(This field is populated by NCI Thesaurus. Begin typing the generic drug name and text box should autofill with options.)

Date of first dose of [drug_3_fu] since last data update:

Date of most recent dose of [drug_3_fu] received after COVID-19 diagnosis.

Has the patient skipped any doses of [drug_3_fu], or had dose modifications, since the last data update?

- Yes
 No

Is the patient scheduled to continue receiving [drug_3_fu]?

- No, the patient has completed the prescribed [drug_3_fu] regimen
 No, the patient stopped [drug_3_fu] prior to completion of prescribed regimen
 Yes, the patient will receive at least one more dose of [drug_3_fu]

Why did the patient stop [drug_3_fu] prior to completion of prescribed regimen?

- Progressive or recurrent disease
 Treatment-related toxicity
 Patient's COVID-19 disease
 Lack of clinical resources (i.e., restrictions or shortages due to COVID-19 pandemic)
 Patient's choice
 Other/Unknown

Date of TRANSPLANT or CELLULAR THERAPY:

Was SARS-CoV-2 testing performed to confirm COVID-19 negativity prior to TRANSPLANT or CELLULAR THERAPY?

- Yes
 No

Date of SARS-CoV-2 test to confirm negative status:

Did the patient receive any WBC growth factors as part of his/her ANTI-CANCER treatment regimens after COVID-19 Infection?

- Yes
 No