

DOH-CANCER MEDICINE ACCESS PROGRAM

Patient Follow-up Form while on Anti-Cancer Drug Treatment (CMAP F3)

**(Fill-up by Physician after each Chemotherapy Cycle;
any lab or imaging results attached by navigator to this form)**

| | | | |
|---|-----------------------------------|--|--|
| DATE | CMAP ID (Year-Pt #): _____ | | |
| PATIENT NAME | _____ | | |
| PRIMARY CANCER SITE | _____ | | |
| DRUG REGIMEN | | CHEMO CYCLE NO | |
| BP | / | TEMP °C | |
| WBC x 10⁹/L | | ANC | |
| HGB g/dL | | PLATELET COUNT x 10⁹/L | |
| AST u/L | | ALT u/L | |
| ALP u/L | | CREATININE mg/dL | |
| ECOG (1,2,3,4) | | Weight (kgs) | |
| Tumor Marker (Chose which tumor marker: CEA, AFP, CA 19-9, CA 125, BHCG, LDH, ESR, Other – then write if High, Normal) | | 2 D Echo (EF%) | |
| Other: _____ | | | |

MEDICAL EVALUATION:

Is the baseline **co-morbidity** worsening? Y/N, specify _____

Does patient have **new symptom / new laboratory abnormality**? (Y/N) _____

If Y, consider **adverse event** and fill-up table (fill up separate SAE form as needed):

| New symptom/ lab abn | Severity/ Grade | Treatment given | Resolved (Y/N/ Ongoing) | Comments (eg, Lab/ Imaging/ others) |
|----------------------|-----------------|-----------------|-------------------------|-------------------------------------|
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What is Treatment Response? (Post-operative Scenario= NED, PD; Pre-operative Scenario=PD, SD, PR, CR) ____

If PD, specify _____

Will patient have the chemo cycle? (Y/N) _____

If N, change regimen (Y/N) _____, reason _____

What new regimen _____

If Y, same dose _____, reduced dose (specify drug) _____,

deferred a drug (specify drug) _____

Are other drugs given? Y/N _____, **If Y, fill-table:**

| Drugs | Pre-Meds (Y/N) | Home Meds (Y/N) | Comments |
|-----------------|----------------|-----------------|----------|
| Metoclopramide | | | |
| Ondansetron | | | |
| Diphenhydramine | | | |
| | | | |
| | | | |

When is next chemo cycle? Date: _____

(Provide Drug Request Form, Home Meds Rx, Lab Requests prior next cycle, Next follow-up date)