

DOH-CANCER MEDICINE ACCESS PROGRAM
Patient Enrolment Form (CMAP F1)
(Filled-up by Physicians/ Navigator at Enrolment only)

Date of referral: _____ Date of enrolment: _____

Hospital where patient will be treated: _____

Patient:

Name (FMIS): _____

Sex (M/F): _____ Birthdate : _____

Address (City/Town-Province): _____

Height: _____ Weight: _____ BSA: _____ ECOG: _____

CANCER:

Primary Cancer Site (ICD): _____

Indicate if: Newly diagnosed _____/ Old case, not treated _____/ Old case, completed 1st treatment now recurrent _____/ Old case, incomplete treatment, now progressive _____/ Old case, unknown treatment _____

1st symptoms: _____ Date symptom started: _____

Is primary complaint a mass (Y/N): _____ If Y: location _____ . Widest diameter Size (cm) _____

Is there lymphadenopathy (Y/N): _____ If Y: Location _____ , Bulky (Y/N/Unk) _____

Extralymphatic sites (Y/N): _____, If Y: Location _____

Metastasis (Y/N): _____

If yes, what sites (skin/ brain/ bone/ lung/ pleura/ liver/ peritoneum/ other): ____ (can be multiple answers)

Clinical Stage (show reference to stages): _____ T ____ N ____ M ____

Histological Diagnosis: _____ Grade: _____

Biopsy (Y/N) _____ Site: _____ Date: _____ Definitive Surgery (Y/N) _____ Date: _____

Type of Surgery: _____

LVI+ (Y/N/Unk/NA): _____ PNI+ (Y/N/Unk/NA): _____ LNodes+/TotalLN (Y/N/Unk/NA): _____; _____/ _____

Surgical Margins+(Y/N/Unk/NA): _____

Tumor invades (Y/N/Unk/NA): Serosa ____ Subserosa ____ Muscularis propria ____ Mucosa ____ Submucosa ____

Mesentery ____ Mesorectum ____ Pericolic ____ Visceral peritoneum ____ Adherent to other organ ____

With Pleural effusion (Y/N), Ascitis (Y/N), Pericardial effusion (Y/N)

Other: _____

TUMOR MARKERS:

ER+ (Y/N/Unk/NA): _____ PR+ (Y/N/Unk/NA): _____ HER2neu+(Y/N/Unk/NA): ____ If Yes, by IHC/Fish? _____

CEA high (Y/N/Unk/NA): _____ CA-19-9 High (Y/N/Unk/NA): _____ CA125 high (Y/N/Unk/NA): _____

PSA high (Y/N/Unk/NA): _____ AFP high (Y/N/Unk/NA): _____ BHCG high (Y/N/Unk/NA): _____

LDH high (Y/N/Unk/NA): _____ ESR high (Y/N/Unk/NA): _____ CD20+ (Y/N/Unk/NA): _____

CD30+ (Y/N/Unk/NA): _____ BMA+ (Y/N/Unk/NA) _____

EGFRmu+ (Y/N/Unk/NA): _____; If Y, type _____ PDL1 10% or more (Y/N/Unk/NA): _____ MSI-High (Y/N/Unk/NA): _____

EBV/p16+ (Y/N/Unk/NA): _____

Other: _____

Co-morbidities:

Co-morbidities	Y/N	Is yes, on what medication?	Controlled? Y/N
Hypertension			
Diabetes			
Heart Disease			
Allergy, specify			
Others, specify			

Tests Needed at Baseline (inclusive dates done _____):

CBC, platelet count _____

AST _____ ALT _____ ALP _____ Creatinine _____ FBS _____

Chest x-ray PA-L _____

Ultrasound (Indicate site: Neck/Breast/Lung/abdomen/Prostate/ Gyne), findings _____

Endoscope (Indicate site: HN/ UGI/LGI/ Lung/ Gyne), findings _____

CTScan (Indicate site: HN/ Chest/ Abdomenopelvic), findings: _____

MRI (Indicate site: HN/ Chest/ Pelvic/ Vertebral/ Limb), findings: _____

ECG _____ 2D-Echo EF %: _____

Other: _____

Treatment Plan:

Drug (Y/N) _____

If Y, indicate if 1st Line/ 2nd Line / 3rd line _____

Pre-operative _____ Post-operative _____ Both _____

Curative _____ Control _____ Palliative _____

Radiotherapy (Y/N) _____

If Y, check if: Concurrent ChemoRT(Y/N) _____ Sequential (Y/N) _____

Curative _____ Control _____ Palliative _____

Surgery (Y/N) _____

If Y, check if: Definitive _____ Palliative _____

Other: _____

Name of Physician: _____