

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)

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)