



**INSTRUCTIONS :** Perform assessment at baseline (if target lesion really measurable), and send it together with the on-study form to the EORTC DATA CENTER ( NDDP ) ♦ Avenue E. Mounier, 83, BP 11 ♦ 1200 - Brussels ♦ Belgium

EORTC SEQUENTIAL IDENT.N° <input type="text"/> GIVEN AT REGISTRATION	PATIENT INITIALS <input type="text"/> CAPITAL LETTERS	DATE OF BIRTH <input type="text"/> DD MM YYYY	HOSPITAL CHART NUMBER OF THE PATIENT <input type="text"/>
INSTITUTION : <input type="text"/>	INST. N°: <input type="text"/>	RESPONSIBLE PHYSICIAN : <input type="text"/>	

Date of first measurement (dd/mm/yyyy)  01

**OVERVIEW TUMOR SITES**

	<u>Method</u> (##)	<u>Site involved</u> (0=no, 1=yes, 9=UNK)	<u>Presence of "non target" lesions</u> (0=no, 1=yes, 9=UNK)	<u>Comments</u>
Site of primary	<input type="text"/> 02	<input type="text"/> 03	<input type="text"/> 04	05
Lymph node	<input type="text"/> 06	<input type="text"/> 07	<input type="text"/> 08	09
Lung	<input type="text"/> 10	<input type="text"/> 11	<input type="text"/> 12	13
Liver	<input type="text"/> 14	<input type="text"/> 15	<input type="text"/> 16	17
Bone	<input type="text"/> 18	<input type="text"/> 19	<input type="text"/> 20	21
Brain	<input type="text"/> 22	<input type="text"/> 23	<input type="text"/> 24	25
Skin	<input type="text"/> 26	<input type="text"/> 27	<input type="text"/> 28	29
Other soft tissue	<input type="text"/> 30	<input type="text"/> 31	<b>Malignancy related</b> <input type="text"/> 32	33
Other site	<input type="text"/> 34	<input type="text"/> 35	(0=no, 1=yes, 9=UNK) <input type="text"/> 36	37
Ascites	<input type="text"/> 38	<input type="text"/> 39	<input type="text"/> 40	
Pleural effusion	<input type="text"/> 41	<input type="text"/> 42	<input type="text"/> 43	

**INITIAL MEASUREMENTS (longest diameters) AND DESCRIPTION OF TARGET LESIONS**

<u>Lesion</u>	<u>Site</u> (*)	<u>Prior irradi.</u> (**)	<u>Date of measurements</u> (dd/mm/yyyy)	<u>Measurements</u> (mm)	<u>Method</u> (##)	<u>Comments</u>
A	<input type="text"/> 44	<input type="text"/> 45	<input type="text"/> 46	<input type="text"/> 47	<input type="text"/> 48	49
B	<input type="text"/> 50	<input type="text"/> 51	<input type="text"/> 52	<input type="text"/> 53	<input type="text"/> 54	55
C	<input type="text"/> 56	<input type="text"/> 57	<input type="text"/> 58	<input type="text"/> 59	<input type="text"/> 60	61
D	<input type="text"/> 62	<input type="text"/> 63	<input type="text"/> 64	<input type="text"/> 65	<input type="text"/> 66	67
E	<input type="text"/> 68	<input type="text"/> 69	<input type="text"/> 70	<input type="text"/> 71	<input type="text"/> 72	73
F	<input type="text"/> 74	<input type="text"/> 75	<input type="text"/> 76	<input type="text"/> 77	<input type="text"/> 78	79
G	<input type="text"/> 80	<input type="text"/> 81	<input type="text"/> 82	<input type="text"/> 83	<input type="text"/> 84	85
H	<input type="text"/> 86	<input type="text"/> 87	<input type="text"/> 88	<input type="text"/> 89	<input type="text"/> 90	91
I	<input type="text"/> 92	<input type="text"/> 93	<input type="text"/> 94	<input type="text"/> 95	<input type="text"/> 96	97
J	<input type="text"/> 98	<input type="text"/> 99	<input type="text"/> 100	<input type="text"/> 101	<input type="text"/> 102	103

**Baseline sum LD** (sum of the longest diameters):  104

(*) Site	(**) Prior radiotherapy	(##) Method (most reliable method used)
1 = primary tumor/recurrence	1 = outside prior irradi. field/no radiotherapy	1 = Clinical examination
2 = lymph node	2 = within prior irradi. field	2 = X-ray
3 = lung metastasis	3 = lesion previously irradiated	3 = Ultrasound
4 = liver metastasis		4 = CT-scan
5 = bone metastasis		5 = Spiral CT-scan
6 = brain metastasis		6 = NMR
7 = skin metastasis		7 = Radionucleides
8 = other soft tissue		8 = Other, specify.....
9 = other metastasis		9 = Not done

Date : ..... / ..... / .....

Investigator's signature :