

A	Treatment (SCLC)	Lung Cancer Registry
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Instruction:

- i) Where check boxes ☐ are provided, check (✓) one or more boxes. Where radio buttons ☐ are provided, check (✓) one box only.
ii) Red asterisk (*) indicates the field is mandatory and must be filled

1 *	Reporting Centre	
2	Report Date (dd/mm/yyyy)	/ /
3	Consultant name	

Treatment – Small Cell Lung Carcinoma (SCLC)

1 *	Stage of disease:	☐ Limited Stage	☐ Extensive Stage	☐ Uncertain, incomplete staging
2 *	Any treatment given?	☐ Yes	☐ No	☐ Not Available / Not Applicable
	a) If no treatment, why?			
	i ☐ Patient refused treatment	ii ☐ Poor ECOG	iii ☐ Financial Constraint	
	iv ☐ Patient feared of side effects	v ☐ Patient passed away before treatment		
	vi ☐ Others, specify			

☐ On Clinical Trial, specify: _____

2a. First line treatment	☐ Yes	☐ No	☐ Not Available / Not Applicable																																
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		vi	☐ Adriamycin (Doxorubicin)	viii	☐ Vincristine	ix	☐ Pemetrexed
		x	☐ Gemcitabine	xi	☐ Paclitaxel	xii	☐ Nab-Paclitaxel
		xiii	☐ Vinorelbine	xiv	☐ Docetaxel	xv	☐ Others, specify
		Total cycles delivered					
		Radiotherapy (RT)					
		<table border="1"> <thead> <tr> <th>No#</th> <th>Total Gy</th> </tr> </thead> <tbody> <tr> <td>i</td> <td></td> </tr> </tbody> </table>		No#	Total Gy	i	
No#	Total Gy						
i							
b. Sequential Chemo-radiotherapy		☐ Yes ☐ No ☐ Not Available / Not Applicable					
		Regime					
		i	☐ Cisplatin	ii	☐ Carboplatin	iii	☐ Etoposide
		iv	☐ Topotecan	v	☐ Irinotecan	vi	☐ Cyclophosphamide
		vi	☐ Adriamycin (Doxorubicin)	viii	☐ Vincristine	ix	☐ Pemetrexed
		x	☐ Gemcitabine	xi	☐ Paclitaxel	xii	☐ Nab-Paclitaxel
		xiii	☐ Vinorelbine	xiv	☐ Docetaxel	xv	☐ Others, specify
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No#	Total Gy						
i							
c. Chemotherapy		☐ Yes ☐ No ☐ Not Available / Not Applicable					
		Regime					
		i	☐ Cisplatin	ii	☐ Carboplatin	iii	☐ Etoposide
		iv	☐ Topotecan	v	☐ Irinotecan	vi	☐ Cyclophosphamide
		vi	☐ Adriamycin (Doxorubicin)	viii	☐ Vincristine	ix	☐ Pemetrexed
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		xiii	☐ Vinorelbine	xiv	☐ Docetaxel	xv	☐ Others, specify
		Total cycles delivered					

A	Treatment (SCLC)	Lung Cancer Registry
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Third line treatment (continue...)																								
	d. Immune Checkpoint Inhibitor	☐ Yes ☐ No ☐ Not Available / Not Applicable																						
			Name of drug	Dosage	Total Cycle Delivered																			
		i	☐ Pembrolizumab	mg																				
		ii	☐ Atezolizumab	mg																				
		iii	☐ Nivolumab	mg																				
		iv	☐ Durvalumab	mg																				
		v	☐ Tremelimumab	mg																				
	vi	☐ Ipilimumab	mg																					
	vii	☐ Others, specify	mg																					
	* e. What is the best response (based on RECIST 1.1)	☐ Complete response ☐ Partial response ☐ Stable disease ☐ Progressive disease ☐ Not all evaluated ☐ Others, please specify																						
3	Prophylactic cranial irradiation	☐ Yes ☐ No ☐ Not Available / Not Applicable																						
		<table border="1"> <thead> <tr> <th colspan="2">Radiotherapy (RT)</th> </tr> <tr> <th>No#</th> <th>Total Gy</th> </tr> </thead> <tbody> <tr> <td>i</td> <td></td> </tr> </tbody> </table>			Radiotherapy (RT)		No#	Total Gy	i															
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4	Palliative radiotherapy	<table border="1"> <thead> <tr> <th></th> <th>Radiotherapy Site / Region</th> <th>No#</th> <th>Total Gy</th> </tr> </thead> <tbody> <tr> <td>i</td> <td>Lung</td> <td></td> <td></td> </tr> <tr> <td>ii</td> <td>Brain</td> <td></td> <td></td> </tr> <tr> <td>iii</td> <td>Bone</td> <td></td> <td></td> </tr> <tr> <td>iv</td> <td>Others, specify</td> <td></td> <td></td> </tr> </tbody> </table>				Radiotherapy Site / Region	No#	Total Gy	i	Lung			ii	Brain			iii	Bone			iv	Others, specify		
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Remarks / Comments :
