B1	***Treatment (NSCLC) – Early Stage (Stage 1 & 2)***	**Lung Cancer Registry**

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**	

☐ On Clinical Trial , specify :_____

Treatment NSCLC – Early Stage

1 *	Early Stage?	○ Yes ○ No		
2 *	Surgery	○ Yes ○ No ○ Not Available / Not Applicable		
3 *	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				

4 *	Neoadjuvant (Chemotherapy)	○ Yes ○ No ○ Not Available / Not Applicable

Regime

i	☐ Cisplatin	ii	☐ Carboplatin	iii	☐ Pemetrexed
iv	☐ Gemcitabine	v	☐ Paclitaxel	vi	☐ Nab-Paclitaxel
vi	☐ Vinorelbine	viii	☐ Docetaxel	ix	☐ Others, specify

Total cycles delivered ☐

5 *	Neoadjuvant (Targeted therapy)	○ Yes ○ No ○ Not Available / Not Applicable

a) EGFR-TKI

	Drugs	Duration		Drugs	Duration
i	☐ Gefitinib	☐ *Months*	ii	☐ Erlotinib	☐ *Months*
iii	☐ Dacomitinib	☐ *Months*	iv	☐ Osimertinib	☐ *Months*
v	☐ Others, specify	☐ *Months*			

b) ALK-TKI

	Drugs	Duration		Drugs	Duration
i	☐ Crizotinib	☐ *Months*	ii	☐ Ceritinib	☐ *Months*
iii	☐ Alectinib	☐ *Months*	iv	☐ Brigatinib	☐ *Months*
v	☐ Lorlatinib	☐ *Months*	vi	☐ Others, specify	☐ *Months*

c) ROS1-TKI

	Drugs	Duration		Drugs	Duration
i	☐ Crizotinib	☐ *Months*	ii	☐ Ceritinib	☐ *Months*
iii	☐ Brigatinib	☐ *Months*	iv	☐ Lorlatinib	☐ *Months*
v	☐ Entretinib	☐ *Months*	vi	☐ Others, specify	☐ *Months*

B1	*Treatment (NSCLC) – Early Stage (Stage 1 & 2)*	**Lung Cancer Registry**

6 * Adjuvant (Chemotherapy)

○ Yes ○ No ○ Not Available / Not Applicable

Regime

i	☐	Cisplatin	ii	☐	Carboplatin	iii	☐	Pemetrexed	
iv	☐	Gemcitabine	v	☐	Paclitaxel	vi	☐	Nab-Paclitaxel	
vi	☐	Vinorelbine	viii	☐	Docetaxel	ix	☐	Others, specify	

Total cycles delivered [ ]

7 * Adjuvant (Targeted therapy)

○ Yes ○ No ○ Not Available / Not Applicable

a) EGFR-TKI

		Drugs	Duration				Drugs	Duration	
i	☐	Gefitinib	[ ] *Months*		ii	☐	Erlotinib	[ ] *Months*	
iii	☐	Dacomitinib	[ ] *Months*		iv	☐	Osimertinib	[ ] *Months*	
v	☐	Others, specify	[ ] *Months*						

b) ALK-TKI

		Drugs	Duration				Drugs	Duration	
i	☐	Crizotinib	[ ] *Months*		ii	☐	Ceritinib	[ ] *Months*	
iii	☐	Alectinib	[ ] *Months*		iv	☐	Brigatinib	[ ] *Months*	
v	☐	Lorlatinib	[ ] *Months*		vi	☐	Others, specify	[ ] *Months*	

c) ROS1-TKI

		Drugs	Duration				Drugs	Duration	
i	☐	Crizotinib	[ ] *Months*		ii	☐	Ceritinib	[ ] *Months*	
iii	☐	Brigatinib	[ ] *Months*		iv	☐	Lorlatinib	[ ] *Months*	
v	☐	Entretinib	[ ] *Months*		vi	☐	Others, specify	[ ] *Months*	

8 Any recurrent?

○ Yes ○ No ○ Not Available / Not Applicable

a) If 'Yes', what is the treatment?

i	☐	Surgery	ii	☐	Chemotherapy	iii	☐	Targeted Therapy

b) Tumor Stage when recurrent

T	[▾]	N	[▾]	M	[▾]

Overall Stage [ ] ** Refer appendix I*

c) Please fill in details of the treatment form(s)

i	☐	EGFR Positive	ii	☐	ALK Positive	iii	☐	ROS-1 Positive

Remarks / Comments :