

B2	Treatment (NSCLC) – Locally Advanced (Stage 3)	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 NSCLC – Locally Advanced			
1 *	Locally Advanced stage?	☐ Yes ☐ No	
2 *	Surgery	☐ Yes ☐ No ☐ Not Available / Not Applicable	
* If Yes, please fill in the 'Surgical form'.			
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	

☐ On Clinical Trial, specify : _____

3a. First line treatment	☐ Yes ☐ No ☐ Not Available / Not Applicable																																						
1 *	Date Start (dd/mm/yyyy)	/ /																																					
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3b. Second line treatment		☐ Yes ☐ No ☐ Not Available / Not Applicable																																
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3c. Third line treatment		☐ Yes ☐ No ☐ Not Available / Not Applicable																																																						
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3d. Fourth line treatment	☐ Yes ☐ No ☐ Not Available / Not Applicable																																																						
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2. Comments (if any) :	

Remarks / Comments :
