

## 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)	<input type="text"/> / <input type="text"/> / <input type="text"/>
3	Consultant name	

## Treatment (NSCLC) – EGFR Positive

1 *	EGFR M+?	<input type="radio"/> Yes	<input type="radio"/> No			
2 *	Any treatment given?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available / Not Applicable		
a) If no treatment, why?						
i	<input type="checkbox"/>	Patient refused treatment	ii <input type="checkbox"/>	Poor ECOG	iii <input type="checkbox"/>	Financial Constraint
iv	<input type="checkbox"/>	Patient feared of side effects	v <input type="checkbox"/>	Patient passed away before treatment		
vi	<input type="checkbox"/>	Others, specify				

On Clinical Trial, specify : \_\_\_\_\_

2a. First line treatment		<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available / Not Applicable					
1 *	Date Start (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>							
2 *	Date End (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/> Ongoing	<input type="checkbox"/> Not Available					
3	a. Targeted Therapy	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Available / Not Applicable					
i) Targeted Therapy									
		<b>Targeted Therapy</b>	<b>Dosage</b>		<b>Targeted Therapy</b>	<b>Dosage</b>			
i	<input type="checkbox"/>	Gefitinib	mg	<input type="text"/>	ii	<input type="checkbox"/>	Erlotinib	mg	<input type="text"/>
iii	<input type="checkbox"/>	Afatinib	mg	<input type="text"/>	iv	<input type="checkbox"/>	Dacomitinib	mg	<input type="text"/>
v	<input type="checkbox"/>	Osimeetinib	mg	<input type="text"/>	vi	<input type="checkbox"/>	Others, specify	mg	<input type="text"/>
* ii) If dose of TKI below therapeutic dose, what was the reason?									
i	<input type="checkbox"/>	Low BMI							
ii	<input type="checkbox"/>	Financial constraint							
iii	<input type="checkbox"/>	Patient worry of side effects							
iv	<input type="checkbox"/>	Others, please specify							
v	<input type="checkbox"/>	Not applicable							
* iii) Why treatment was stopped?									
<input type="radio"/> Progressive disease <input type="radio"/> Financial constraint <input type="radio"/> Adverse event <input type="radio"/> Patient choice <input type="radio"/> Not Applicable <input type="radio"/> Others, please specify									

		iv) Any dose changed for EGFR TKI?								
		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable								
		If 'Yes', reason for changed								
		<input type="radio"/> Adverse event <input type="radio"/> Financial constraint <input type="radio"/> Others, please specify								
	* b. Brain metastasis at diagnosis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable								
4	Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No								
		<b>Regime</b>								
		i	<input type="checkbox"/>	Cisplatin	ii	<input type="checkbox"/>	Carboplatin	iii	<input type="checkbox"/>	Pemetrexed
		iv	<input type="checkbox"/>	Gemcitabine	v	<input type="checkbox"/>	Paclitaxel	vi	<input type="checkbox"/>	Nab-Paclitaxel
		vii	<input type="checkbox"/>	Vinorelbine	viii	<input type="checkbox"/>	Docetaxel	ix	<input type="checkbox"/>	Bevacizumab
		x	<input type="checkbox"/>	Others, specify						
		<b>Total cycles delivered</b>								
5	Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No								
		<b>Regime</b>								
		i	<input type="checkbox"/>	Pemetrexed	ii	<input type="checkbox"/>	Gemcitabine	iii	<input type="checkbox"/>	Paclitaxel
		iv	<input type="checkbox"/>	Nab-Paclitaxel	v	<input type="checkbox"/>	Vinorelbine	vi	<input type="checkbox"/>	Docetaxel
		vii	<input type="checkbox"/>	Bevacizumab	viii	<input type="checkbox"/>	Others, specify			
		<b>Total cycles delivered</b>								
6	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No								
				<b>Name of drug</b>			<b>Dosage</b>		<b>Total Cycle Delivered</b>	
		i	<input type="checkbox"/>	Pembrolizumab		mg	<input type="text"/>			
		ii	<input type="checkbox"/>	Atezolizumab		mg	<input type="text"/>			
		iii	<input type="checkbox"/>	Nivolumab		mg	<input type="text"/>			
		iv	<input type="checkbox"/>	Durvalumab		mg	<input type="text"/>			
		v	<input type="checkbox"/>	Tremelimumab		mg	<input type="text"/>			
		vi	<input type="checkbox"/>	Ipilimumab		mg	<input type="text"/>			
		vii	<input type="checkbox"/>	Others, specify		mg	<input type="text"/>			
7 *	What is the best response (based on RECIST 1.1)	<input type="radio"/> Complete response <input type="radio"/> Partial response <input type="radio"/> Stable disease <input type="radio"/> Progressive disease <input type="radio"/> Not all evaluated <input type="radio"/> Others, please specify								

8 *	If PD, any biopsy done?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable											
		1) If 'Yes', what biopsy											
		(a)	<input type="checkbox"/>	Core tissue	(b)	<input type="checkbox"/>	Cytology	(c)	<input type="checkbox"/>	Liquid Biopsy			
		If 'Core tissue' is ticked :											
		i) HPE											
			i	<input type="checkbox"/>	Small cell lung carcinoma	ii	<input type="checkbox"/>	Adenocarcinoma					
			iii	<input type="checkbox"/>	Squamous cell carcinoma	iv	<input type="checkbox"/>	Molecular test. If positive, please specify					
			v	<input type="checkbox"/>	Others, please specify								
		ii) Biomarkers											
			<input type="checkbox"/> Performed										
	i	<input type="checkbox"/>	Negative	ii	<input type="checkbox"/>	Exon19 Deletion	iii	<input type="checkbox"/>	L858R				
	iv	<input type="checkbox"/>	T790M	v	<input type="checkbox"/>	MET 14 Skipping	vi	<input type="checkbox"/>	MET 14 High amplification				
	vii	<input type="checkbox"/>	MET 14 Other	viii	<input type="checkbox"/>	BRAF	ix	<input type="checkbox"/>	NTRK				
	x	<input type="checkbox"/>	C797S	xi	<input type="checkbox"/>	HER 2	xii	<input type="checkbox"/>	RET fusion				
	xiii	<input type="checkbox"/>	PIK 3 CA	xiv	<input type="checkbox"/>	KRAS	xv	<input type="checkbox"/>	Others, specify				
If 'Cytology' is ticked:													
i) HPE													
	i	<input type="checkbox"/>	Small cell lung carcinoma	ii	<input type="checkbox"/>	Adenocarcinoma							
	iii	<input type="checkbox"/>	Squamous cell carcinoma	iv	<input type="checkbox"/>	Molecular test. If positive, please specify							
	v	<input type="checkbox"/>	Others, please specify										
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	<input type="checkbox"/> Performed												
	i	<input type="checkbox"/>	Negative	ii	<input type="checkbox"/>	Exon19 Deletion	iii	<input type="checkbox"/>	L858R				
	iv	<input type="checkbox"/>	T790M	v	<input type="checkbox"/>	MET 14 Skipping	vi	<input type="checkbox"/>	MET 14 High amplification				
	vii	<input type="checkbox"/>	MET 14 Other	viii	<input type="checkbox"/>	BRAF	ix	<input type="checkbox"/>	NTRK				
	x	<input type="checkbox"/>	C797S	xi	<input type="checkbox"/>	HER 2	xii	<input type="checkbox"/>	RET fusion				
	xiii	<input type="checkbox"/>	PIK 3 CA	xiv	<input type="checkbox"/>	KRAS	xv	<input type="checkbox"/>	Others, specify				

If 'Liquid Biopsy' is ticked:

i) Biomarkers	
<input type="checkbox"/>	Performed
i	<input type="checkbox"/> Negative
ii	<input type="checkbox"/> Exon19 Deletion <input type="radio"/> Positive <input type="radio"/> Negative
iii	<input type="checkbox"/> L858R <input type="radio"/> Positive <input type="radio"/> Negative
iv	<input type="checkbox"/> T790M <input type="radio"/> Positive <input type="radio"/> Negative
v	<input type="checkbox"/> MET 14 Skipping <input type="radio"/> Positive <input type="radio"/> Negative
vi	<input type="checkbox"/> MET 14 High amplification <input type="radio"/> Positive <input type="radio"/> Negative
vii	<input type="checkbox"/> MET 14 Other <input type="radio"/> Positive <input type="radio"/> Negative
viii	<input type="checkbox"/> BRAF <input type="radio"/> Positive <input type="radio"/> Negative
ix	<input type="checkbox"/> NTRK <input type="radio"/> Positive <input type="radio"/> Negative
x	<input type="checkbox"/> C797S <input type="radio"/> Positive <input type="radio"/> Negative
xi	<input type="checkbox"/> HER 2 <input type="radio"/> Positive <input type="radio"/> Negative
xii	<input type="checkbox"/> RET fusion <input type="radio"/> Positive <input type="radio"/> Negative
xiii	<input type="checkbox"/> PIK 3 CA <input type="radio"/> Positive <input type="radio"/> Negative
xiv	<input type="checkbox"/> KRAS <input type="radio"/> Positive <input type="radio"/> Negative
xv	<input type="checkbox"/> Others, specify <input type="radio"/> Positive <input type="radio"/> Negative

On Clinical Trial , specify : \_\_\_\_\_

<b>2b. Second line treatment</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																			
1 *	Date Start (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/>																																																			
2 *	Date End (dd/mm/yyyy) <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Available																																																			
3	<b>a. Targeted Therapy</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																			
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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Targeted Therapy</th> <th>Dosage</th> <th></th> <th>Targeted Therapy</th> <th>Dosage</th> </tr> </thead> <tbody> <tr> <td>i</td> <td><input type="checkbox"/> Gefitinib</td> <td>mg <input type="text"/></td> <td>ii</td> <td><input type="checkbox"/> Erlotinib</td> <td>mg <input type="text"/></td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Afatinib</td> <td>mg <input type="text"/></td> <td>iv</td> <td><input type="checkbox"/> Dacomitinib</td> <td>mg <input type="text"/></td> </tr> <tr> <td>v</td> <td><input type="checkbox"/> Osimetinib</td> <td>mg <input type="text"/></td> <td>vi</td> <td><input type="checkbox"/> Others, specify</td> <td>mg <input type="text"/></td> </tr> </tbody> </table>		Targeted Therapy	Dosage		Targeted Therapy	Dosage	i	<input type="checkbox"/> Gefitinib	mg <input type="text"/>	ii	<input type="checkbox"/> Erlotinib	mg <input type="text"/>	iii	<input type="checkbox"/> Afatinib	mg <input type="text"/>	iv	<input type="checkbox"/> Dacomitinib	mg <input type="text"/>	v	<input type="checkbox"/> Osimetinib	mg <input type="text"/>	vi	<input type="checkbox"/> Others, specify	mg <input type="text"/>																											
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x	<input type="checkbox"/>	Others, specify <input type="text"/>																																																		
<b>Total cycles delivered</b>						<input type="text"/>																																														

<b>5</b>	Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																																		
		<b>Regime</b>																																		
		i <input type="checkbox"/> Pemetrexed	ii <input type="checkbox"/> Gemcitabine	iii <input type="checkbox"/> Paclitaxel																																
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<b>6</b>	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No																																		
		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Name of drug</th> <th>Dosage</th> <th>Total Cycle Delivered</th> </tr> </thead> <tbody> <tr> <td>i <input type="checkbox"/></td> <td>Pembrolizumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>ii <input type="checkbox"/></td> <td>Atezolizumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>iii <input type="checkbox"/></td> <td>Nivolumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>iv <input type="checkbox"/></td> <td>Durvalumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>v <input type="checkbox"/></td> <td>Tremelimumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>vi <input type="checkbox"/></td> <td>Ipilimumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>vii <input type="checkbox"/></td> <td>Others, specify</td> <td>mg <input type="text"/></td> <td></td> </tr> </tbody> </table>				Name of drug	Dosage	Total Cycle Delivered	i <input type="checkbox"/>	Pembrolizumab	mg <input type="text"/>		ii <input type="checkbox"/>	Atezolizumab	mg <input type="text"/>		iii <input type="checkbox"/>	Nivolumab	mg <input type="text"/>		iv <input type="checkbox"/>	Durvalumab	mg <input type="text"/>		v <input type="checkbox"/>	Tremelimumab	mg <input type="text"/>		vi <input type="checkbox"/>	Ipilimumab	mg <input type="text"/>		vii <input type="checkbox"/>	Others, specify	mg <input type="text"/>	
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<b>7 *</b>	What is the best response (based on RECIST 1.1)	<input type="radio"/> Complete response <input type="radio"/> Partial response <input type="radio"/> Stable disease <input type="radio"/> Progressive disease <input type="radio"/> Not all evaluated <input type="radio"/> Others, please specify																																		
<b>8 *</b>	If PD, any biopsy done?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																		
		<b>1) If 'Yes', what biopsy</b>																																		
		(a) <input type="checkbox"/> Core tissue	(b) <input type="checkbox"/> Cytology	(c) <input type="checkbox"/> Liquid Biopsy																																
		<i>If 'Core tissue' is ticked :</i>																																		
		<b>i) HPE</b>																																		
		i <input type="checkbox"/> Small cell lung carcinoma	ii <input type="checkbox"/> Adenocarcinoma																																	
		iii <input type="checkbox"/> Squamous cell carcinoma	iv <input type="checkbox"/> Molecular test. If positive, please specify																																	
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		i <input type="checkbox"/> Negative	ii <input type="checkbox"/> Exon19 Deletion	iii <input type="checkbox"/> L858R																																
		iv <input type="checkbox"/> T790M	v <input type="checkbox"/> MET 14 Skipping	vi <input type="checkbox"/> MET 14 High amplification																																
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		x <input type="checkbox"/> C797S	xi <input type="checkbox"/> HER 2	xii <input type="checkbox"/> RET fusion																																
		xiii <input type="checkbox"/> PIK 3 CA	xiv <input type="checkbox"/> KRAS	xv <input type="checkbox"/> Others, specify																																

Second line treatment (continue...)

If 'Cytology' is ticked:

i) HPE	
i	<input type="checkbox"/> Small cell lung carcinoma
ii	<input type="checkbox"/> Adenocarcinoma
iii	<input type="checkbox"/> Squamous cell carcinoma
iv	<input type="checkbox"/> Molecular test. If positive, please specify
v	<input type="checkbox"/> Others, please specify

ii) Biomarkers					
<input type="checkbox"/> Performed					
i	<input type="checkbox"/> Negative	ii	<input type="checkbox"/> Exon19 Deletion	iii	<input type="checkbox"/> L858R
iv	<input type="checkbox"/> T790M	v	<input type="checkbox"/> MET 14 Skipping	vi	<input type="checkbox"/> MET 14 High amplification
vii	<input type="checkbox"/> MET 14 Other	viii	<input type="checkbox"/> BRAF	ix	<input type="checkbox"/> NTRK
x	<input type="checkbox"/> C797S	xi	<input type="checkbox"/> HER 2	xii	<input type="checkbox"/> RET fusion
xiii	<input type="checkbox"/> PIK 3 CA	xiv	<input type="checkbox"/> KRAS	xv	<input type="checkbox"/> Others, specify

If 'Liquid Biopsy' is ticked:

i) Biomarkers			
<input type="checkbox"/> Performed			
i	<input type="checkbox"/> Negative		
ii	<input type="checkbox"/> Exon19 Deletion	<input type="radio"/> Positive	<input type="radio"/> Negative
iii	<input type="checkbox"/> L858R	<input type="radio"/> Positive	<input type="radio"/> Negative
iv	<input type="checkbox"/> T790M	<input type="radio"/> Positive	<input type="radio"/> Negative
v	<input type="checkbox"/> MET 14 Skipping	<input type="radio"/> Positive	<input type="radio"/> Negative
vi	<input type="checkbox"/> MET 14 High amplification	<input type="radio"/> Positive	<input type="radio"/> Negative
vii	<input type="checkbox"/> MET 14 Other	<input type="radio"/> Positive	<input type="radio"/> Negative
viii	<input type="checkbox"/> BRAF	<input type="radio"/> Positive	<input type="radio"/> Negative
ix	<input type="checkbox"/> NTRK	<input type="radio"/> Positive	<input type="radio"/> Negative
x	<input type="checkbox"/> C797S	<input type="radio"/> Positive	<input type="radio"/> Negative
xi	<input type="checkbox"/> HER 2	<input type="radio"/> Positive	<input type="radio"/> Negative
xii	<input type="checkbox"/> RET fusion	<input type="radio"/> Positive	<input type="radio"/> Negative
xiii	<input type="checkbox"/> PIK 3 CA	<input type="radio"/> Positive	<input type="radio"/> Negative
xiv	<input type="checkbox"/> KRAS	<input type="radio"/> Positive	<input type="radio"/> Negative
xv	<input type="checkbox"/> Others, specify	<input type="radio"/> Positive	<input type="radio"/> Negative

On Clinical Trial , specify : \_\_\_\_\_

<b>2c. Third line treatment</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																												
<b>1 *</b> Date Start (dd/mm/yyyy)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; text-align: center;"> <input style="width:100%; height: 20px;" type="text"/> /            <input style="width:100%; height: 20px;" type="text"/> /            <input style="width:100%; height: 20px;" type="text"/> </td> </tr> </table>	<input style="width:100%; height: 20px;" type="text"/> / <input style="width:100%; height: 20px;" type="text"/> / <input style="width:100%; height: 20px;" type="text"/>																																											
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ii) If dose of TKI below therapeutic dose, what was the reason?																																													
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iv	<input type="checkbox"/>	Others, please specify																																											
v	<input type="checkbox"/>	Not applicable																																											
iii) Why treatment was stopped?																																													
<input type="radio"/> Progressive disease <input type="radio"/> Financial constraint <input type="radio"/> Adverse event <input type="radio"/> Patient choice <input type="radio"/> Not Applicable <input type="radio"/> Others, please specify																																													
iv) Any dose changed for EGFR TKI?																																													
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																													
If 'Yes' , reason for changed																																													
<input type="radio"/> Adverse event <input type="radio"/> Financial constraint <input type="radio"/> Others, please specify																																													
<b>* b.</b> Brain metastasis at diagnosis?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																												
<b>4</b> Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="8">Regime</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">i</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Cisplatin</td> <td style="text-align: center;">ii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Carboplatin</td> <td style="text-align: center;">iii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Pemetrexed</td> </tr> <tr> <td style="text-align: center;">iv</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Gemcitabine</td> <td style="text-align: center;">v</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Paclitaxel</td> <td style="text-align: center;">vi</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Nab-Paclitaxel</td> </tr> <tr> <td style="text-align: center;">vii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Vinorelbine</td> <td style="text-align: center;">viii</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Docetaxel</td> <td style="text-align: center;">ix</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Bevacizumab</td> </tr> <tr> <td style="text-align: center;">x</td> <td style="text-align: center;"><input type="checkbox"/></td> <td colspan="7">Others, specify</td> </tr> </tbody> </table>		Regime								i	<input type="checkbox"/>	Cisplatin	ii	<input type="checkbox"/>	Carboplatin	iii	<input type="checkbox"/>	Pemetrexed	iv	<input type="checkbox"/>	Gemcitabine	v	<input type="checkbox"/>	Paclitaxel	vi	<input type="checkbox"/>	Nab-Paclitaxel	vii	<input type="checkbox"/>	Vinorelbine	viii	<input type="checkbox"/>	Docetaxel	ix	<input type="checkbox"/>	Bevacizumab	x	<input type="checkbox"/>	Others, specify						
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x	<input type="checkbox"/>	Others, specify																																											
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>Total cycles delivered</b></td> <td style="width:30%; border: 1px solid black; text-align: center;"> <input style="width: 100%; height: 20px;" type="text"/> </td> </tr> </table>		<b>Total cycles delivered</b>	<input style="width: 100%; height: 20px;" type="text"/>																																										
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5	Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																																																																																																																									
		<table border="1"> <thead> <tr> <th colspan="4">Regime</th> </tr> </thead> <tbody> <tr> <td>i</td> <td><input type="checkbox"/></td> <td>Pemetrexed</td> <td>ii</td> <td><input type="checkbox"/></td> <td>Gemcitabine</td> <td>iii</td> <td><input type="checkbox"/></td> <td>Paclitaxel</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>Nab-Paclitaxel</td> <td>v</td> <td><input type="checkbox"/></td> <td>Vinorelbine</td> <td>vi</td> <td><input type="checkbox"/></td> <td>Docetaxel</td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/></td> <td>Bevacizumab</td> <td>viii</td> <td><input type="checkbox"/></td> <td>Others, specify</td> <td colspan="3"></td> </tr> <tr> <td colspan="4">Total cycles delivered</td> <td><input type="text"/></td> </tr> </tbody> </table>		Regime				i	<input type="checkbox"/>	Pemetrexed	ii	<input type="checkbox"/>	Gemcitabine	iii	<input type="checkbox"/>	Paclitaxel	iv	<input type="checkbox"/>	Nab-Paclitaxel	v	<input type="checkbox"/>	Vinorelbine	vi	<input type="checkbox"/>	Docetaxel	vii	<input type="checkbox"/>	Bevacizumab	viii	<input type="checkbox"/>	Others, specify				Total cycles delivered				<input type="text"/>																																																																																				
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6	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No																																																																																																																									
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vii	<input type="checkbox"/> Others, specify	mg <input type="text"/>																																																																																																																									
7 *	What is the best response (based on RECIST 1.1)	<input type="radio"/> Complete response <input type="radio"/> Partial response <input type="radio"/> Stable disease <input type="radio"/> Progressive disease <input type="radio"/> Not all evaluated <input type="radio"/> Others, please specify																																																																																																																									
8 *	If PD, any biopsy done?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																																																																																									
		1) If 'Yes', what biopsy <table border="1"> <thead> <tr> <th>(a)</th> <th><input type="checkbox"/></th> <th>Core tissue</th> <th>(b)</th> <th><input type="checkbox"/></th> <th>Cytology</th> <th>(c)</th> <th><input type="checkbox"/></th> <th>Liquid Biopsy</th> </tr> </thead> <tbody> <tr> <td colspan="9">If 'Core tissue' is ticked :</td> </tr> <tr> <td colspan="9">i) HPE</td> </tr> <tr> <td></td> <td>i</td> <td><input type="checkbox"/></td> <td>Small cell lung carcinoma</td> <td>ii</td> <td><input type="checkbox"/></td> <td colspan="3">Adenocarcinoma</td> </tr> <tr> <td></td> <td>iii</td> <td><input type="checkbox"/></td> <td>Squamous cell carcinoma</td> <td>iv</td> <td><input type="checkbox"/></td> <td colspan="3">Molecular test. If positive, please specify</td> </tr> <tr> <td></td> <td>v</td> <td><input type="checkbox"/></td> <td colspan="6">Others, please specify</td> </tr> <tr> <td colspan="9">ii) Biomarkers</td> </tr> <tr> <td></td> <td colspan="8"><input type="checkbox"/> Performed</td> </tr> <tr> <td></td> <td>i</td> <td><input type="checkbox"/></td> <td>Negative</td> <td>ii</td> <td><input type="checkbox"/></td> <td>Exon19 Deletion</td> <td>iii</td> <td><input type="checkbox"/></td> <td>L858R</td> </tr> <tr> <td></td> <td>iv</td> <td><input type="checkbox"/></td> <td>T790M</td> <td>v</td> <td><input type="checkbox"/></td> <td>MET 14 Skipping</td> <td>vi</td> <td><input type="checkbox"/></td> <td>MET 14 High amplification</td> </tr> <tr> <td></td> <td>vii</td> <td><input type="checkbox"/></td> <td>MET 14 Other</td> <td>viii</td> <td><input type="checkbox"/></td> <td>BRAF</td> <td>ix</td> <td><input type="checkbox"/></td> <td>NTRK</td> </tr> <tr> <td></td> <td>x</td> <td><input type="checkbox"/></td> <td>C797S</td> <td>xi</td> <td><input type="checkbox"/></td> <td>HER 2</td> <td>xii</td> <td><input type="checkbox"/></td> <td>RET fusion</td> </tr> <tr> <td></td> <td>xiii</td> <td><input type="checkbox"/></td> <td>PIK 3 CA</td> <td>xiv</td> <td><input type="checkbox"/></td> <td>KRAS</td> <td>xv</td> <td><input type="checkbox"/></td> <td>Others, specify</td> </tr> </tbody> </table>		(a)	<input type="checkbox"/>	Core tissue	(b)	<input type="checkbox"/>	Cytology	(c)	<input type="checkbox"/>	Liquid Biopsy	If 'Core tissue' is ticked :									i) HPE										i	<input type="checkbox"/>	Small cell lung carcinoma	ii	<input type="checkbox"/>	Adenocarcinoma				iii	<input type="checkbox"/>	Squamous cell carcinoma	iv	<input type="checkbox"/>	Molecular test. If positive, please specify				v	<input type="checkbox"/>	Others, please specify						ii) Biomarkers										<input type="checkbox"/> Performed									i	<input type="checkbox"/>	Negative	ii	<input type="checkbox"/>	Exon19 Deletion	iii	<input type="checkbox"/>	L858R		iv	<input type="checkbox"/>	T790M	v	<input type="checkbox"/>	MET 14 Skipping	vi	<input type="checkbox"/>	MET 14 High amplification		vii	<input type="checkbox"/>	MET 14 Other	viii	<input type="checkbox"/>	BRAF	ix	<input type="checkbox"/>	NTRK		x	<input type="checkbox"/>	C797S	xi	<input type="checkbox"/>	HER 2	xii	<input type="checkbox"/>	RET fusion		xiii	<input type="checkbox"/>	PIK 3 CA	xiv	<input type="checkbox"/>	KRAS	xv
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Third line treatment (continue...)

*If 'Cytology' is ticked:*

i) <b>HPE</b>	
i	<input type="checkbox"/> Small cell lung carcinoma
ii	<input type="checkbox"/> Adenocarcinoma
iii	<input type="checkbox"/> Squamous cell carcinoma
iv	<input type="checkbox"/> Molecular test. If positive, please specify
v	<input type="checkbox"/> Others, please specify
ii) <b>Biomarkers</b>	
<input type="checkbox"/> Performed	
i	<input type="checkbox"/> Negative
ii	<input type="checkbox"/> Exon19 Deletion
iii	<input type="checkbox"/> L858R
iv	<input type="checkbox"/> T790M
v	<input type="checkbox"/> MET 14 Skipping
vi	<input type="checkbox"/> MET 14 High amplification
vii	<input type="checkbox"/> MET 14 Other
viii	<input type="checkbox"/> BRAF
ix	<input type="checkbox"/> NTRK
x	<input type="checkbox"/> C797S
xi	<input type="checkbox"/> HER 2
xii	<input type="checkbox"/> RET fusion
xiii	<input type="checkbox"/> PIK 3 CA
xiv	<input type="checkbox"/> KRAS
xv	<input type="checkbox"/> Others, specify

*If 'Liquid Biopsy' is ticked:*

i) <b>Biomarkers</b>			
<input type="checkbox"/> Performed			
i	<input type="checkbox"/> Negative		
ii	<input type="checkbox"/> Exon19 Deletion	<input type="radio"/> Positive	<input type="radio"/> Negative
iii	<input type="checkbox"/> L858R	<input type="radio"/> Positive	<input type="radio"/> Negative
iv	<input type="checkbox"/> T790M	<input type="radio"/> Positive	<input type="radio"/> Negative
v	<input type="checkbox"/> MET 14 Skipping	<input type="radio"/> Positive	<input type="radio"/> Negative
vi	<input type="checkbox"/> MET 14 High amplification	<input type="radio"/> Positive	<input type="radio"/> Negative
vii	<input type="checkbox"/> MET 14 Other	<input type="radio"/> Positive	<input type="radio"/> Negative
viii	<input type="checkbox"/> BRAF	<input type="radio"/> Positive	<input type="radio"/> Negative
ix	<input type="checkbox"/> NTRK	<input type="radio"/> Positive	<input type="radio"/> Negative
x	<input type="checkbox"/> C797S	<input type="radio"/> Positive	<input type="radio"/> Negative
xi	<input type="checkbox"/> HER 2	<input type="radio"/> Positive	<input type="radio"/> Negative
xii	<input type="checkbox"/> RET fusion	<input type="radio"/> Positive	<input type="radio"/> Negative
xiii	<input type="checkbox"/> PIK 3 CA	<input type="radio"/> Positive	<input type="radio"/> Negative
xiv	<input type="checkbox"/> KRAS	<input type="radio"/> Positive	<input type="radio"/> Negative
xv	<input type="checkbox"/> Others, specify	<input type="radio"/> Positive	<input type="radio"/> Negative

On Clinical Trial , specify : \_\_\_\_\_

<b>2d. Fourth line treatment</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																														
<b>1 *</b> Date Start (dd/mm/yyyy)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> <input style="width: 100%;" type="text"/> /            <input style="width: 100%;" type="text"/> /            <input style="width: 100%;" type="text"/> </td> </tr> </table>	<input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/> / <input style="width: 100%;" type="text"/>																													
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6	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No																																																																																																																									
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7 *	What is the best response (based on RECIST 1.1)	<input type="radio"/> Complete response <input type="radio"/> Partial response <input type="radio"/> Stable disease <input type="radio"/> Progressive disease <input type="radio"/> Not all evaluated <input type="radio"/> Others, please specify																																																																																																																									
8 *	If PD, any biopsy done?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																																																																																									
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Fourth line treatment (continue...)

If 'Cytology' is ticked:

i) HPE	
i	<input type="checkbox"/> Small cell lung carcinoma
ii	<input type="checkbox"/> Adenocarcinoma
iii	<input type="checkbox"/> Squamous cell carcinoma
iv	<input type="checkbox"/> Molecular test. If positive, please specify
v	<input type="checkbox"/> Others, please specify

ii) Biomarkers	
<input type="checkbox"/> Performed	
i	<input type="checkbox"/> Negative
ii	<input type="checkbox"/> Exon19 Deletion
iii	<input type="checkbox"/> L858R
iv	<input type="checkbox"/> T790M
v	<input type="checkbox"/> MET 14 Skipping
vi	<input type="checkbox"/> MET 14 High amplification
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viii	<input type="checkbox"/> BRAF
ix	<input type="checkbox"/> NTRK
x	<input type="checkbox"/> C797S
xi	<input type="checkbox"/> HER 2
xii	<input type="checkbox"/> RET fusion
xiii	<input type="checkbox"/> PIK 3 CA
xiv	<input type="checkbox"/> KRAS
xv	<input type="checkbox"/> Others, specify

If 'Liquid Biopsy' is ticked:

i) Biomarkers			
<input type="checkbox"/> Performed			
i	<input type="checkbox"/> Negative		
ii	<input type="checkbox"/> Exon19 Deletion	<input type="radio"/> Positive	<input type="radio"/> Negative
iii	<input type="checkbox"/> L858R	<input type="radio"/> Positive	<input type="radio"/> Negative
iv	<input type="checkbox"/> T790M	<input type="radio"/> Positive	<input type="radio"/> Negative
v	<input type="checkbox"/> MET 14 Skipping	<input type="radio"/> Positive	<input type="radio"/> Negative
vi	<input type="checkbox"/> MET 14 High amplification	<input type="radio"/> Positive	<input type="radio"/> Negative
vii	<input type="checkbox"/> MET 14 Other	<input type="radio"/> Positive	<input type="radio"/> Negative
viii	<input type="checkbox"/> BRAF	<input type="radio"/> Positive	<input type="radio"/> Negative
ix	<input type="checkbox"/> NTRK	<input type="radio"/> Positive	<input type="radio"/> Negative
x	<input type="checkbox"/> C797S	<input type="radio"/> Positive	<input type="radio"/> Negative
xi	<input type="checkbox"/> HER 2	<input type="radio"/> Positive	<input type="radio"/> Negative
xii	<input type="checkbox"/> RET fusion	<input type="radio"/> Positive	<input type="radio"/> Negative
xiii	<input type="checkbox"/> PIK 3 CA	<input type="radio"/> Positive	<input type="radio"/> Negative
xiv	<input type="checkbox"/> KRAS	<input type="radio"/> Positive	<input type="radio"/> Negative
xv	<input type="checkbox"/> Others, specify	<input type="radio"/> Positive	<input type="radio"/> Negative

On Clinical Trial , specify : \_\_\_\_\_

<b>2e. Fifth line treatment</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																									
<b>1 *</b> Date Start (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>																									
<b>2 *</b> Date End (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Ongoing <input type="checkbox"/> Not Available																									
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	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">Regime</th> </tr> </thead> <tbody> <tr> <td>i</td> <td><input type="checkbox"/> Cisplatin</td> <td>ii</td> <td><input type="checkbox"/> Carboplatin</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Pemetrexed</td> <td>vi</td> <td><input type="checkbox"/> Nab-Paclitaxel</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/> Gemcitabine</td> <td>v</td> <td><input type="checkbox"/> Paclitaxel</td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/> Vinorelbine</td> <td>viii</td> <td><input type="checkbox"/> Docetaxel</td> </tr> <tr> <td>ix</td> <td><input type="checkbox"/> Bevacizumab</td> <td colspan="2">x <input type="checkbox"/> Others, specify <input type="text"/></td> </tr> </tbody> </table>		Regime				i	<input type="checkbox"/> Cisplatin	ii	<input type="checkbox"/> Carboplatin	iii	<input type="checkbox"/> Pemetrexed	vi	<input type="checkbox"/> Nab-Paclitaxel	iv	<input type="checkbox"/> Gemcitabine	v	<input type="checkbox"/> Paclitaxel	vii	<input type="checkbox"/> Vinorelbine	viii	<input type="checkbox"/> Docetaxel	ix	<input type="checkbox"/> Bevacizumab	x <input type="checkbox"/> Others, specify <input type="text"/>	
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<b>Total cycles delivered</b> <input type="text"/>																										

5	Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																																																																																																																									
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6	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No																																																																																																																									
		<table border="1"> <thead> <tr> <th></th> <th>Name of drug</th> <th>Dosage</th> <th>Total Cycle Delivered</th> </tr> </thead> <tbody> <tr> <td>i</td> <td><input type="checkbox"/> Pembrolizumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/> Atezolizumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Nivolumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/> Durvalumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>v</td> <td><input type="checkbox"/> Tremelimumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>vi</td> <td><input type="checkbox"/> Ipilimumab</td> <td>mg <input type="text"/></td> <td></td> </tr> <tr> <td>vii</td> <td><input type="checkbox"/> Others, specify</td> <td>mg <input type="text"/></td> <td></td> </tr> </tbody> </table>			Name of drug	Dosage	Total Cycle Delivered	i	<input type="checkbox"/> Pembrolizumab	mg <input type="text"/>		ii	<input type="checkbox"/> Atezolizumab	mg <input type="text"/>		iii	<input type="checkbox"/> Nivolumab	mg <input type="text"/>		iv	<input type="checkbox"/> Durvalumab	mg <input type="text"/>		v	<input type="checkbox"/> Tremelimumab	mg <input type="text"/>		vi	<input type="checkbox"/> Ipilimumab	mg <input type="text"/>		vii	<input type="checkbox"/> Others, specify	mg <input type="text"/>																																																																																									
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vii	<input type="checkbox"/> Others, specify	mg <input type="text"/>																																																																																																																									
7 *	What is the best response (based on RECIST 1.1)	<input type="radio"/> Complete response <input type="radio"/> Partial response <input type="radio"/> Stable disease <input type="radio"/> Progressive disease <input type="radio"/> Not all evaluated <input type="radio"/> Others, please specify																																																																																																																									
8 *	If PD, any biopsy done?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																																																																																									
		1) If 'Yes', what biopsy <table border="1"> <thead> <tr> <th>(a)</th> <th><input type="checkbox"/></th> <th>Core tissue</th> <th>(b)</th> <th><input type="checkbox"/></th> <th>Cytology</th> <th>(c)</th> <th><input type="checkbox"/></th> <th>Liquid Biopsy</th> </tr> </thead> <tbody> <tr> <td colspan="9">If 'Core tissue' is ticked :</td> </tr> <tr> <td colspan="9">i) HPE</td> </tr> <tr> <td></td> <td>i</td> <td><input type="checkbox"/></td> <td>Small cell lung carcinoma</td> <td>ii</td> <td><input type="checkbox"/></td> <td colspan="3">Adenocarcinoma</td> </tr> <tr> <td></td> <td>iii</td> <td><input type="checkbox"/></td> <td>Squamous cell carcinoma</td> <td>iv</td> <td><input type="checkbox"/></td> <td colspan="3">Molecular test. If positive, please specify</td> </tr> <tr> <td></td> <td>v</td> <td><input type="checkbox"/></td> <td colspan="6">Others, please specify</td> </tr> <tr> <td colspan="9">ii) Biomarkers</td> </tr> <tr> <td></td> <td colspan="8"><input type="checkbox"/> Performed</td> </tr> <tr> <td></td> <td>i</td> <td><input type="checkbox"/></td> <td>Negative</td> <td>ii</td> <td><input type="checkbox"/></td> <td>Exon19 Deletion</td> <td>iii</td> <td><input type="checkbox"/></td> <td>L858R</td> </tr> <tr> <td></td> <td>iv</td> <td><input type="checkbox"/></td> <td>T790M</td> <td>v</td> <td><input type="checkbox"/></td> <td>MET 14 Skipping</td> <td>vi</td> <td><input type="checkbox"/></td> <td>MET 14 High amplification</td> </tr> <tr> <td></td> <td>vii</td> <td><input type="checkbox"/></td> <td>MET 14 Other</td> <td>viii</td> <td><input type="checkbox"/></td> <td>BRAF</td> <td>ix</td> <td><input type="checkbox"/></td> <td>NTRK</td> </tr> <tr> <td></td> <td>x</td> <td><input type="checkbox"/></td> <td>C797S</td> <td>xi</td> <td><input type="checkbox"/></td> <td>HER 2</td> <td>xii</td> <td><input type="checkbox"/></td> <td>RET fusion</td> </tr> <tr> <td></td> <td>xiii</td> <td><input type="checkbox"/></td> <td>PIK 3 CA</td> <td>xiv</td> <td><input type="checkbox"/></td> <td>KRAS</td> <td>xv</td> <td><input type="checkbox"/></td> <td>Others, specify</td> </tr> </tbody> </table>		(a)	<input type="checkbox"/>	Core tissue	(b)	<input type="checkbox"/>	Cytology	(c)	<input type="checkbox"/>	Liquid Biopsy	If 'Core tissue' is ticked :									i) HPE										i	<input type="checkbox"/>	Small cell lung carcinoma	ii	<input type="checkbox"/>	Adenocarcinoma				iii	<input type="checkbox"/>	Squamous cell carcinoma	iv	<input type="checkbox"/>	Molecular test. If positive, please specify				v	<input type="checkbox"/>	Others, please specify						ii) Biomarkers										<input type="checkbox"/> Performed									i	<input type="checkbox"/>	Negative	ii	<input type="checkbox"/>	Exon19 Deletion	iii	<input type="checkbox"/>	L858R		iv	<input type="checkbox"/>	T790M	v	<input type="checkbox"/>	MET 14 Skipping	vi	<input type="checkbox"/>	MET 14 High amplification		vii	<input type="checkbox"/>	MET 14 Other	viii	<input type="checkbox"/>	BRAF	ix	<input type="checkbox"/>	NTRK		x	<input type="checkbox"/>	C797S	xi	<input type="checkbox"/>	HER 2	xii	<input type="checkbox"/>	RET fusion		xiii	<input type="checkbox"/>	PIK 3 CA	xiv	<input type="checkbox"/>	KRAS	xv
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**Fifth line treatment (continue...)**

*If 'Cytology' is ticked:*

<b>i) HPE</b>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">i <input type="checkbox"/> Small cell lung carcinoma</td> <td style="width: 50%; padding: 5px;">ii <input type="checkbox"/> Adenocarcinoma</td> </tr> <tr> <td style="padding: 5px;">iii <input type="checkbox"/> Squamous cell carcinoma</td> <td style="padding: 5px;">iv <input type="checkbox"/> Molecular test. If positive, please specify</td> </tr> <tr> <td style="padding: 5px;">v <input type="checkbox"/> Others, please specify</td> <td></td> </tr> </table>	i <input type="checkbox"/> Small cell lung carcinoma	ii <input type="checkbox"/> Adenocarcinoma	iii <input type="checkbox"/> Squamous cell carcinoma	iv <input type="checkbox"/> Molecular test. If positive, please specify	v <input type="checkbox"/> Others, please specify		
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iii <input type="checkbox"/> Squamous cell carcinoma	iv <input type="checkbox"/> Molecular test. If positive, please specify						
v <input type="checkbox"/> Others, please specify							
<b>ii) Biomarkers</b>							
<input type="checkbox"/> Performed							
i <input type="checkbox"/> Negative	ii <input type="checkbox"/> Exon19 Deletion						
iii <input type="checkbox"/> L858R	iv <input type="checkbox"/> T790M						
v <input type="checkbox"/> MET 14 Skipping	vi <input type="checkbox"/> MET 14 High amplification						
vii <input type="checkbox"/> MET 14 Other	viii <input type="checkbox"/> BRAF						
ix <input type="checkbox"/> NTRK	x <input type="checkbox"/> C797S						
xi <input type="checkbox"/> HER 2	xii <input type="checkbox"/> RET fusion						
xiii <input type="checkbox"/> PIK 3 CA	xiv <input type="checkbox"/> KRAS						
xv <input type="checkbox"/> Others, specify							

*If 'Liquid Biopsy' is ticked:*

<b>i) Biomarkers</b>	
<input type="checkbox"/> Performed	
i <input type="checkbox"/> Negative	
ii <input type="checkbox"/> Exon19 Deletion	<input type="radio"/> Positive <input type="radio"/> Negative
iii <input type="checkbox"/> L858R	<input type="radio"/> Positive <input type="radio"/> Negative
iv <input type="checkbox"/> T790M	<input type="radio"/> Positive <input type="radio"/> Negative
v <input type="checkbox"/> MET 14 Skipping	<input type="radio"/> Positive <input type="radio"/> Negative
vi <input type="checkbox"/> MET 14 High amplification	<input type="radio"/> Positive <input type="radio"/> Negative
vii <input type="checkbox"/> MET 14 Other	<input type="radio"/> Positive <input type="radio"/> Negative
viii <input type="checkbox"/> BRAF	<input type="radio"/> Positive <input type="radio"/> Negative
ix <input type="checkbox"/> NTRK	<input type="radio"/> Positive <input type="radio"/> Negative
x <input type="checkbox"/> C797S	<input type="radio"/> Positive <input type="radio"/> Negative
xi <input type="checkbox"/> HER 2	<input type="radio"/> Positive <input type="radio"/> Negative
xii <input type="checkbox"/> RET fusion	<input type="radio"/> Positive <input type="radio"/> Negative
xiii <input type="checkbox"/> PIK 3 CA	<input type="radio"/> Positive <input type="radio"/> Negative
xiv <input type="checkbox"/> KRAS	<input type="radio"/> Positive <input type="radio"/> Negative
xv <input type="checkbox"/> Others, specify	<input type="radio"/> Positive <input type="radio"/> Negative

<b>Additional lines of treatment</b>	
1. How many additional lines of treatment given?	<input type="radio"/> 6 <sup>th</sup> <input type="radio"/> 7 <sup>th</sup> <input type="radio"/> 8 <sup>th</sup> <input type="radio"/> 9 <sup>th</sup>
2. Comments (if any) :	

Remarks / Comments :