

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) – ALK Positive		
1. *	ALK Positive?	☐ Yes ☐ No
2. *	Any treatment given?	☐ Yes ☐ No ☐ Not Available / Not Applicable
a) If 'No' treatment, why?		
i	☐ Patient refused treatment	ii
iv	☐ Patient feared of side effects	v
vi	☐ Others, specify	iii
		Financial Constraint
		Poor ECOG
		Patient passed away before treatment

☐ On Clinical Trial , specify : _____

2a. First line treatment		☐ Yes ☐ No ☐ Not Available / Not Applicable	
1 *	Date Start (dd/mm/yyyy)	/	
2 *	Date End (dd/mm/yyyy)	/	
3	a. Targeted Therapy	☐ Yes ☐ No ☐ Not Available / Not Applicable	
i) Targeted Therapy			
		Targeted Therapy	Dosage
i	☐	Crizotinib	mg ▼
iii	☐	Alectinib	mg ▼
v	☐	Brigatinib	mg ▼
ii	☐	Ceritinib	mg ▼
iv	☐	Lorlatinib	mg ▼
vi	☐	Others, specify	mg ▼
* ii) If dose of ALK TKI below therapeutic dose, what was the reason?			
i	☐	Low BMI	
ii	☐	Financial constraint	
iii	☐	Patient worry of side effects	
iv	☐	Others, please specify	
v	☐	Not applicable	
* iii) Why treatment was stopped?			
☐ Progressive disease ☐ Financial constraint ☐ Adverse event ☐ Patient choice ☐ Not Applicable ☐ Others, please specify			

		iv) Any dose changed for ALK TKI?																																																						
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2b. Second line treatment		☐ Yes ☐ No ☐ Not Available / Not Applicable																																			
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☐ On Clinical Trial , specify : _____

2e. Fifth line treatment		☐ Yes ☐ No ☐ Not Available / Not Applicable																																									
1 *	Date Start (dd/mm/yyyy)	/ /																																									
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B3B	<i>Treatment (NSCLC) – ALK Positive</i>	Lung Cancer Registry
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<i>Additional lines of treatment</i>				
1. How many additional lines of treatment given?	☐ 6 th	☐ 7 th	☐ 8 th	☐ 9 th
2. Comments (if any) :				

Remarks / Comments :
