

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

<b>1. *</b>	<b>Reporting Centre</b>	
<b>2.</b>	<b>Report Date</b> <small>(dd/mm/yyyy)</small>	<input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
<b>3</b>	<b>Consultant name</b>	

<b>Treatment (NSCLC) – ROS-1 Positive</b>																			
<b>1. *</b>	<b>ROS-1 Positive?</b> <input type="radio"/> Yes <input type="radio"/> No																		
<b>2. *</b>	<b>Any treatment given?</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable <b>a) If 'No' treatment, why?</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%;">i <input type="checkbox"/></td> <td style="width: 25%;">Patient refused treatment</td> <td style="width: 25%;">ii <input type="checkbox"/></td> <td style="width: 25%;">Poor ECOG</td> <td style="width: 25%;">iii <input type="checkbox"/></td> <td style="width: 25%;">Financial Constraint</td> </tr> <tr> <td>iv <input type="checkbox"/></td> <td>Patient feared of side effects</td> <td>v <input type="checkbox"/></td> <td>Patient passed away before treatment</td> <td colspan="2"></td> </tr> <tr> <td>vi <input type="checkbox"/></td> <td>Others, specify</td> <td colspan="4"></td> </tr> </table>	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				
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vi <input type="checkbox"/>	Others, specify																		

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

<b>2a. First line treatment</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																			
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<b>3</b>	<b>a. Targeted Therapy</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable <b>i) Targeted Therapy</b> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <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 <input type="checkbox"/></td> <td>Crizotinib</td> <td>mg <input style="width: 40px;" type="text"/></td> <td>ii <input type="checkbox"/></td> <td>Ceritinib</td> <td>mg <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>iii <input type="checkbox"/></td> <td>Alectinib</td> <td>mg <input style="width: 40px;" type="text"/></td> <td>iv <input type="checkbox"/></td> <td>Lorlatinib</td> <td>mg <input style="width: 40px;" type="text"/></td> </tr> <tr> <td>v <input type="checkbox"/></td> <td>Brigatinib</td> <td>mg <input style="width: 40px;" type="text"/></td> <td>vi <input type="checkbox"/></td> <td>Others, specify</td> <td>mg <input style="width: 40px;" type="text"/></td> </tr> </tbody> </table> <p><b>* ii) If dose of ROS-1 TKI below therapeutic dose, what was the reason?</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 25%;">i <input type="checkbox"/></td> <td style="width: 75%;">Low BMI</td> </tr> <tr> <td>ii <input type="checkbox"/></td> <td>Financial constraint</td> </tr> <tr> <td>iii <input type="checkbox"/></td> <td>Patient worry of side effects</td> </tr> <tr> <td>iv <input type="checkbox"/></td> <td>Others, please specify</td> </tr> <tr> <td>v <input type="checkbox"/></td> <td>Not applicable</td> </tr> </table> <p><b>* iii) Why treatment was stopped?</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Progressive disease</li> <li><input type="radio"/> Financial constraint</li> <li><input type="radio"/> Adverse event</li> <li><input type="radio"/> Patient choice</li> <li><input type="radio"/> Not Applicable</li> <li><input type="radio"/> Others, please specify</li> </ul>		Targeted Therapy	Dosage		Targeted Therapy	Dosage	i <input type="checkbox"/>	Crizotinib	mg <input style="width: 40px;" type="text"/>	ii <input type="checkbox"/>	Ceritinib	mg <input style="width: 40px;" type="text"/>	iii <input type="checkbox"/>	Alectinib	mg <input style="width: 40px;" type="text"/>	iv <input type="checkbox"/>	Lorlatinib	mg <input style="width: 40px;" type="text"/>	v <input type="checkbox"/>	Brigatinib	mg <input style="width: 40px;" type="text"/>	vi <input type="checkbox"/>	Others, specify	mg <input style="width: 40px;" type="text"/>	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
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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 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>																																								

<b>8 *</b>	If PD, any biopsy done?	<input type="radio"/> <b>Yes</b> <input type="radio"/> <b>No</b> <input type="radio"/> <b>Not Available / Not Applicable</b>					
		<b>1) If 'Yes' , what biopsy</b>					
		<b>(a)</b>	<input type="checkbox"/>	<b>Core tissue</b>	<b>(b)</b>	<input type="checkbox"/>	<b>Cytology</b>
		<i>If 'Core tissue' is ticked :</i>					
		i)	<b>HPE</b>				
			i	<input type="checkbox"/>	Small cell lung carcinoma	ii	<input type="checkbox"/>
	iii	<input type="checkbox"/>	Squamous cell carcinoma	iv	<input type="checkbox"/>	Molecular test. If positive, please specify	
	v	<input type="checkbox"/>	Others, please specify				
<i>If 'Cytology' is ticked :</i>							
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				

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																																				
<b>1 *</b> Date Start (dd/mm/yyyy)	<input type="text"/> / <input type="text"/> / <input type="text"/>																																				
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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)	<input type="text"/>	<input type="text"/>																								
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<b>4</b>	Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																									
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<b>5</b>	Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No																																										
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<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)	<input type="text"/> / <input type="text"/> / <input type="text"/>																																				
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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 <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
		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>		<input type="text"/>
<b>6</b>	Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No		
			<b>Name of drug</b>	<b>Dosage</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"/>
		<b>Total Cycle Delivered</b>		
<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		
		1) If 'Yes', what biopsy		
		(a) <input type="checkbox"/> Core tissue	(b) <input type="checkbox"/> Cytology	
		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		
		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		

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																								
<b>3</b>	<b>a. Targeted Therapy</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																									
	i) Targeted Therapy																										
		<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"/> Crizotinib</td> <td>mg <input type="text"/></td> <td>ii</td> <td><input type="checkbox"/> Ceritinib</td> <td>mg <input type="text"/></td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Alectinib</td> <td>mg <input type="text"/></td> <td>iv</td> <td><input type="checkbox"/> Lorlatinib</td> <td>mg <input type="text"/></td> </tr> <tr> <td>v</td> <td><input type="checkbox"/> Brigatinib</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"/> Crizotinib	mg <input type="text"/>	ii	<input type="checkbox"/> Ceritinib	mg <input type="text"/>	iii	<input type="checkbox"/> Alectinib	mg <input type="text"/>	iv	<input type="checkbox"/> Lorlatinib	mg <input type="text"/>	v	<input type="checkbox"/> Brigatinib	mg <input type="text"/>	vi	<input type="checkbox"/> Others, specify	mg <input type="text"/>	
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	* ii) If dose of ROS-1 TKI below therapeutic dose, what was the reason?																										
		<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>i</td> <td><input type="checkbox"/> Low BMI</td> </tr> <tr> <td>ii</td> <td><input type="checkbox"/> Financial constraint</td> </tr> <tr> <td>iii</td> <td><input type="checkbox"/> Patient worry of side effects</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/> Others, please specify <input type="text"/></td> </tr> <tr> <td>v</td> <td><input type="checkbox"/> Not applicable</td> </tr> </tbody> </table>		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 <input type="text"/>	v	<input type="checkbox"/> Not applicable														
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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 <input type="text"/>																										
iv) Any dose changed for ROS-1 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 <input type="text"/>																										
	<b>* b. Brain metastasis at diagnosis?</b>	<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																									
		<b>Regime</b>																									
		i	<input type="checkbox"/> Cisplatin	ii	<input type="checkbox"/> Carboplatin	iii	<input type="checkbox"/> Pemetrexed																				
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<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) :	

<b>Remarks / Comments :</b>  
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