

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 <small>(dd/mm/yyyy)</small>	<input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3	Consultant name	

Treatment (NSCLC) – Metastatic (No Driver Mutation)																												
1. *	No Driver Mutation? <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? <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width:5%;">i</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:40%;">Patient refused treatment</td> <td style="width:5%;">ii</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:20%;">Poor ECOG</td> <td style="width:5%;">iii</td> <td style="width:5%;"><input type="checkbox"/></td> <td style="width:20%;">Financial Constraint</td> </tr> <tr> <td>iv</td> <td><input type="checkbox"/></td> <td>Patient feared of side effects</td> <td>v</td> <td><input type="checkbox"/></td> <td>Patient passed away before treatment</td> <td colspan="3"></td> </tr> <tr> <td>vi</td> <td><input type="checkbox"/></td> <td>Others, specify</td> <td colspan="6"></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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On Clinical Trial , specify : _____

2a. First line treatment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																																															
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4 *	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
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On Clinical Trial , specify : _____

2b. Second 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. Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No		
		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			
	Total cycles delivered		<input type="text"/>	
	b. Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No		
		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"/>		
c. Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No			
		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"/>		
4 *	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		

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2c. Third line treatment		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																																	
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2d. Fourth line treatment		<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not Available / Not Applicable																																								
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On Clinical Trial , specify : _____

2e. Fifth 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"/>
2 * Date End (dd/mm/yyyy)	<input type="text"/>	/	<input type="text"/> <input type="checkbox"/> Ongoing
3	a. Chemotherapy <input type="radio"/> Yes <input type="radio"/> No		
	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	
Total cycles delivered		<input type="text"/>	
b. Maintenance Chemotherapy	<input type="radio"/> Yes <input type="radio"/> No		
	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"/>	
c. Immune Checkpoint Inhibitor	<input type="radio"/> Yes <input type="radio"/> No		
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	ii	<input type="checkbox"/>	Atezolizumab
	iii	<input type="checkbox"/>	Nivolumab
	iv	<input type="checkbox"/>	Durvalumab
	v	<input type="checkbox"/>	Tremelimumab
	vi	<input type="checkbox"/>	Ipilimumab
vii	<input type="checkbox"/>	Others, specify	
4 *	What is the best response (based on RECIST 1.1) <ul style="list-style-type: none"> <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 		

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

Remarks / Comments :
