EORTC DATA CENTER

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EARLY CLINICAL STUDIES GROUP
STANDARD PHASE II
"FOLLOW-UP MEASUREMENT FORM"
RECIST CRITERIA

INSTRUCTIONS: *Please return this form completed every 2 cycles (refer to the protocol for the schedule of the evaluations), until disease progression, and send it to the: EORTC DATA CENTER (NDDP) ♦ Avenue E. Mounier, 83, BP 11 ♦ 1200 - Brussels ♦ Belgium*

EORTC SEQUENTIAL IDENT.N° (GIVEN AT REGISTRATION) | PATIENT INITIALS (CAPITAL LETTERS) | DATE OF BIRTH (*D D M M Y Y Y Y*) | HOSPITAL CHART NUMBER OF THE PATIENT

INSTITUTION : ..... INST. N°: ____ RESPONSIBLE PHYSICIAN : .....

Date of measurements (dd/mm/yyyy) ..... ____ 01

OVERVIEW TUMOR SITES

	Method (**)	Response of non target(##)	New lesions (0= no, 1=yes, 9=unk)	Comments
Site of primary	02	03	04	05
Lymph node	06	07	08	09
Lung	10	11	12	13
Liver	14	15	16	17
Bone	18	19	20	21
Brain	22	23	24	25
Skin	26	27	28	29
Other soft tissue	30	31	32	33
Other site:	34	35	36, *specify:*	37
Ascites	38	39	40	41
Pleural effusion	42	43	44	45

(##) Response: 1 = Complete response, 3 = Incomplete response/Stable disease, 4= Progressive disease, 8 = not evaluable

MEASUREMENTS (longest diameters) AND DESCRIPTION OF TARGET LESION

Lesion	Site (*)	Date of measurements (dd/mm/yyyy)	Measurements (mm)	Method (**)	Comments
A	46	47	48	49	50
B	51	52	53	54	55
C	56	57	58	59	60
D	61	62	63	64	65
E	66	67	68	69	70
F	71	72	73	74	75
G	76	77	78	79	80
H	81	82	83	84	85
I	86	87	88	89	90
J	91	92	93	94	95

Follow-up sum LD *(sum of the longest diameter)*: ____ 96

(*) Site: 1= primary tumour/recurrence, 2= lymph node, 3= lung metastasis, 4= liver metastasis, 5= Bone metastasis, 6= Brain metastasis, 7= skin metastasis, 8= other soft tissue metastasis, 9= other metastasis

(**) Method *(most reliable method used)*: 1= Clinical examination, 2= X-ray, 3= Ultrasound, 4= CT – scan, 5 = Spiral CT-scan, 6= NMR, 9= Not Done
7 = Radionucleides
8 = Other, *specify* 97

Overall response: 1= CR, 2= PR, 3= SD, 4= PD, 8= not assessable 98

Date overall response assessed (dd,mm,yyyy) ..... ____ 99

Date : ..... / ..... / ..... **Investigator's signature** :