

ESMO Checklist: Quality Issues Concerning Small Cell Lung Cancer Patient Related Treatment Workflow

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA				
Last Name:		First Name:		
Date of birth: __/__/__		Gender:		
DATE OF REFERRAL/1ST CONSULTATION: __/__/__				
___/___/___ MEDICAL HISTORY AND RISK FACTORS				
Past personal medical history and vascular risk factors:				
Past surgical history:				
Concurrent medication:				
Allergies:				
Smoking history: __pack/y from age __ to age __				
Alcohol consumption:				
Normal weight:		Height:		BMI:
___/___/___ PRESENT MEDICAL CONDITIONS				
Main symptoms:				
Weight loss:				
ECOG Performance Status:				
ENT Examination:				
Paraneoplastic syndrome(s):				
Other relevant clinical conditions:				
___/___/___ DIAGNOSIS AND CLINICAL STAGING				
___/___/___ CT scan (chest and abdomen)				
___/___/___ bone scintigraphy or PET/CT scan (in case of no metastases on CT scan)				
___/___/___ brain MRI or CT scan (in case of no metastases on CT scan)				
___/___/___ Bronchoscopy				
___/___/___ TNM stage and grade				
___/___/___ Cytological assessment of a pleural or pericardial effusion				
___/___/___ Bone marrow aspiration or biopsy performed in abnormal CBC counts suggesting bone marrow involvement (especially in localised disease)				
___/___/___ HISTOLOGICAL ANALYSIS				
Core biopsy of primary tumour				
Tissue material available/stored for future molecular analyses		YES	NO	
___/___/___ LAB TESTS have been ordered				
FBC	Liver Enzymes	LDH	Sodium	Potassium
Calcium	Albumin	Glucose	Renal Function	
If the patient has a localised disease (T2-1N01-) and is candidate for surgery or RT, the following tests have been considered				
Lung function tests				
EBUS or EUS guided LN biopsy				
Mediastinoscopy				
Timeline for further work-up has been checked and it is tight enough				

//_/_	MDT discussion and decision		
	Surgery	Performed	Planned
	Adjuvant chemotherapy		
	Prophylactic brain irradiation		
	Chemoradiation	Concurrent	Sequential
	Chemotherapy	Chemotherapy + anti-PDL1	
	Radiotherapy		
	Supportive and palliative care		
	Enrolment in a clinical trial		
//_/_	Treatment options have been discussed with the patient and strategy accepted		

COMPILER INFORMATION

Name: _____ Date: _/_/_/_

Comments: