

Date:

Patient name:

Date of birth :

Adress :

Phone:

Cancer type :

Histology (please add anatomopathological report of primary and metastasis):

PS: 0 1 2

Comorbidities :

- | | | | |
|--|---|-----|----|
| • Hypertension | | YES | NO |
| • Thromboembolic disease (if yes date : |) | YES | NO |
| • Pulmonary disease (if yes details : |) | YES | NO |
| • Cardiac dysfunction (if available actual Ejection Fraction |) | YES | NO |
| • Coronary syndrome (if yes date : |) | YES | NO |
| • Rythm issues | | YES | NO |
| • Diabetes | | YES | NO |
| • Auto-Immune disease | | YES | NO |
| • other neoplastic events | | YES | NO |
| ○ Details : | | | |
| ○ Date of last cancer : | | | |

Treatments:

- | | | | |
|---------------------------------------|---|-----|----|
| • Curative anticoagulation | | YES | NO |
| • Preventive anticoagulation | | YES | NO |
| • Osteoclast inhibitor (if yes type : |) | YES | NO |
| • Corticoids | | YES | NO |
| • Other ongoing treatments: | | | |

Tumoral tissue available: YES NO

Is a new biopsy feasible? YES NO
which tumor site?

Measurable disease according to RECIST 1.1: YES NO

Bone only disease (prostate/breast): YES NO

Date of last evaluation : YES NO
progressive disease?

Metastatic sites :

1.

2.

3.

4.

5.

others

If cerebral metastasis is present, please precise:

- **Leptomeningeal disease** YES NO
- **Progressive cerebral disease** YES NO
- **Ongoing corticoids** YES NO
- **Date and type of last radiotherapy:**

Known molecular alterations: YES NO
precise:

Past radiotherapy : YES NO
if yes, which type:

Are there lesions present that have never been irradiated? YES NO

Systemic treatments in the adjuvant setting

If applicable, time between end of adjuvant therapy and discovery of metastatic disease:

Therapy lines recieved in the metastatic setting :

Line 1:

Line 2:

Line 3:

Line 4:

Line 5:

Line x:

Date of last cycle :

Did the patient participate in a clinical trial before?

YES NO

if yes, which one(s)?

Accumulated dose of anthracyclines :

Central venous acces (PAC):

YES NO

In order to proceed, please add

- anatomopathological report
- last evaluation of tumor status
- lab analysis (< 21 jours)

uncomplete forms will not be treated

Name of treating physician:

Professional adress:

Phone number:

Email: