# VCCC Molecular Tumour Board – Case Form

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Initials:** |  | **Treating Oncologist:** |  |
| **Year of birth:** |  | **Presenter:** |
| **Gender:** |  | **Hospital:**  |  |

Clinical History

|  |  |
| --- | --- |
| Primary site: |  |
| Histology: |  |
| Current Stage (TNM): |  |
| Date diagnosed (metastatic disease):  | MM/YYYY |
| Sites of metastases: (list) |  |
| Known molecular markers (e.g. Her2, BRAF, KRAS etc) |  |
| Family history / Germline mutations (if known) |  |
| Key Comorbidities: |  |

Treatment History (please list in chronological order)

NB: “Curative” intent treatment usually given in adjuvant setting

|  |
| --- |
| **Surgical treatment** |
| Date (mm/yyyy) | Procedure | Intent (palliative/curative): |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |
| --- |
| **Radiation treatment** |
| Dates (mm/yyyy -mm/yyyy) | Site | Dose (Gy) | Intent (palliative/curative): |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **Systemic treatment** |
| Line (1st, 2nd, 3rd etc) |  Intent (palliative/curative): | Agent (s), no.cycles | Start date (mm/yyyy) | Stop date (mm/yyyy) | Reasons stopped (e.g. PD, holiday, toxicity) | Best Response (PR, CR, PD, Mixed, SD) |
| e.g. 1st | Palliative | Vemurafenib, 8 cycles | 03/2012 | 10/2012 | Toxicity | PR |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Current status:

|  |  |
| --- | --- |
| Current ECOG performance status: |  |
| Current disease burden (small/med/high volume): |  |
| Current Disease biology (rapidly progressive, slowly progressive, stable): |  |
| Presence of brain metastases (yes/no)? |  |
| If yes, are these treated/untreated, stable or unstable (ie requiring steroids)? |  |

Tissue (used for genetic profiling)

|  |  |
| --- | --- |
| What tissue was used for genetic profiling? (e.g. liver, lung, lymph node) |  |
| Treatments had before this sample was collected? (list e.g. Vemurafenib, Ipilimumab) |  |
| Treatments had after this sample was collected? (list) |  |

Treatment plan (without genetic profiling results)

|  |  |
| --- | --- |
| Current treatment (if any) |  |
| Next planned treatment (if any) |  |

Clinician’s question for MTB

Is there a specific question for the MTB to address? If so, please detail it here:

|  |
| --- |
|  |
|  |

If not, please select:

☐ For general review and interpretation of molecular profiling report