

PORTEC-3 CHEMOTHERAPY REGISTRATION FORM

These data are required for each participating centre. This form has to be completed by the coordinating medical oncologist and/or local investigator for this study. Please send or fax to: IKW Trial office, C7-143, LUMC, P.O. Box 9600, 2300 RC Leiden, Fax +31(0)71-5266712
Any change in this information must be authorized with a revision of this form

Date |__||__||____| Signature:

Hospital and City:

Coordinating medical oncologist and email address:

Location: *If your center has more than one location, please complete separate forms for each location!*

Normal values and units for this center / location:

	Unit	Upper normal level	Lower normal level
Serum Creatinine	umol/l	_ _ . _ _	_ _ . _ _
OR Serum Creatinine	mg/dl	_ _ . _ _	_ _ . _ _
CA-125	kU/l	_ _ _	_ _ _
ASAT	IU/l	_ _ _ _	_ _ _ _
ALAT	IU/l	_ _ _ _	_ _ _ _
Total Bilirubin	umol/l	_ _ _ _ .	_ _ _ _ .
Calcium	mmol/l	_ _ . _ _	_ _ . _ _
Magnesium	mmol/l	_ . _ _	_ . _ _
Hb	mmol/l	_ _ . _ _	_ _ . _ _
OR Hb	g/dl	_ _ . _ _	_ _ . _ _
WBC	10 ⁹ /l	_ _ _ _ . _ _ _	_ _ _ _ . _ _ _
ANC	10 ⁹ /l	_ _ _ _ .	_ _ _ _ .
Platelets	10 ⁹ /l	_ _ _ _	_ _ _ _

Method for monitoring renal function (check which is applicable):

Cockcroft (calculated renal clearance) – should be ≥ 60 ml/min at entry

Measured creatinine clearance – should be ≥ 50 ml/min at entry

EDTA clearance – should be ≥ 50 ml/min at entry

If measured:	Unit	Upper normal level	Lower normal level
Creatinine clearance	ml/min	_ _ _ _	_ _ _ _
EDTA clearance	ml/min	_ _ _ _	_ _ _ _

PORTEC-3 CHEMOTHERAPY REGISTRATION FORM

*These data are required for each participating centre. This form has to be completed by the coordinating medical oncologist and/or local investigator for this study. Please send or fax to: IKW Trial office, C7-143, LUMC, P.O. Box 9600, 2300 RC Leiden, Fax +31(0)71-5266712
Any change in this information must be authorized with a revision of this form*

Protocol for administration of cisplatin (during radiotherapy):

Hospital stay:

- Admission one night
- Admission two nights
- Day care unit, no overnight stay

Prehydration scheme used:

.....
.....

Posthydration scheme used:

.....
.....

Antiemetic prophylaxe scheme used:

.....
.....

Symptomatic antiemetic therapy scheme used:

.....
.....

Protocol for administration of carboplatin and paclitaxel:

Hospital stay:

- Admission one night
- Day care unit, no overnight stay

Paclitaxel premedication used:

.....
.....

Antiemetic prophylaxe scheme used:

.....
.....

Symptomatic antiemetic therapy scheme used:

.....
.....

Protocol for management of anaemia:

- Packed red blood cells if Hb <
- Erythropoetin or darbepoetin if Hb <