



INITIAL MEASUREMENT FORM

INSTRUCTIONS:

EORTC SEQUENTIAL IDENT.NO
GIVEN AT REGISTRATION

PATIENT CODE
CAPITAL LETTERS

DATE OF BIRTH
DD MM YYYY

INST. N°

Date of first imaging for this assessment (dd/mm/yyyy)] 00

OVERVIEW

	<u>Method</u> (*)	<u>Presence & type of lesions</u> (**)	<u>Description of lesions</u>
Lymph node] 00] 00] 00
Lung] 00] 00] 00
Liver] 00] 00] 00
Bone] 00] 00] 00
Brain] 00] 00] 00
Skin] 00] 00] 00
Other soft tissue] 00] 00] 00
Other site] 00] 00] 00
Malignant ascites] 00] 00] 00
Malignant pleural effusion] 00] 00] 00

DESCRIPTION OF TARGET LESIONS

TUMOR LESIONS: MEASUREMENT OF LONGEST DIAMETER (EXCEPT LYMPH NODES)

<u>Lesion</u>	<u>Site</u> (\$)	<u>Prior radiotherapy</u> (¥)	<u>Method</u> (*)	<u>Measurements</u> (mm)	<u>Description of target lesions</u>
A] 00] 00] 00] 00] 00
B] 00] 00] 00] 00] 00
C] 00] 00] 00] 00] 00
D] 00] 00] 00] 00] 00
E] 00] 00] 00] 00] 00

LYMPH NODES: MEASUREMENT OF SHORT AXIS

<u>Lesion</u>	<u>Site</u>	<u>Prior radiotherapy</u> (¥)	<u>Method</u> (*)	<u>Measurements</u> (mm)	<u>Description of target lesions</u>
F	Lymph node] 00] 00] 00] 00
G	Lymph node] 00] 00] 00] 00

Sum of the measurements:] 00

(*) Method (most reliable method used)

- 1 = Clinical examination
- 2 = X-ray
- 3 = CT-scan
- 4 = MRI
- 5 = Radionuclides
- 8 = Other, specify] 00
- 9 = Not done

(**) Presence & type of lesions

- 0 = no
- 1 = non-target lesions only
- 2 = target lesions only
- 3 = non-target and target lesion
- 8 = not evaluable

(\$) Site

- 1 = lung
- 2 = liver
- 3 = brain
- 4 = skin
- 5 = other soft tissue
- 6 = other site

(¥) Prior radiotherapy

- 0 = no radiotherapy/lesion outside previously irradiated field
- 1 = new lesion within previously irradiated field
- 2 = lesion with documented PD, previously irradiated

(xxxxx) Date: ___/___/___

Signature :