

Summary of Cancer Treatment (Abbreviated)

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| **Demographics** |
| Name | Sex | * M
 | * F
 | Date of birth |

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| **Cancer diagnosis** |
| Diagnosis | Date of diagnosis | Date therapy completed |

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| **Chemotherapy** **Yes** **No *If yes, provide information below*** |
| Drug name | Additional information† |
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| **†Anthracyclines**: Include cumulative dose in mg/m2 (see section 34 of Guidelines for isotoxic dose conversion);**Carboplatin**: Indicate if dose was myeloablative**Methotrexate and Cytarabine**: Indicate route of administration (i.e., IV, IM, SQ, PO, IT, IO);**IV Methotrexate and Cytarabine**: Indicate if “high dose” (any single dose ≥ 1000 mg/m2) or “standard dose” (all single doses < 1000 mg/m2)**Note** : Cumulative doses, if known, should be recorded for all agents, particularly for alkylators and bleomycin. |

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| **Radiation** **Yes** **No *If yes, provide information below*** |
| Site/Field | Total dose\* (including boost) (Gy)\*\* |
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| \*For head/brain, neck, chest, abdomen, spine (whole, cervical, thoracic) radiation and TBI, include total doses (including boost dose, if given)**\*\***To convert cGy or rads to Gy, divide dose by 100 (example: 2400 cGy = 2400 rads = 24 Gy) |

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| **Hematopoietic Cell Transplant** **Yes** **No *If yes, provide information belo*** | ***w***  |
| Transplant type | Autologous Yes No | Allogeneic Yes No |
| Chronic Graft-Versus-Host Disease (cGVHD) | Ever diagnosed? Yes No | Currently active? Yes | * No
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| **Surgery** **Yes** **No *If yes, provide information below*** |
| Procedure | Site (if applicable) | Laterality (if applicable) |
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| **Other therapeutic modalities** **Yes** **No *If yes, provide information below*** |
| Did the patient receive radioiodine therapy (I-131 thyroid ablation)? Yes No |
| Did the patient receive systemic MIBG (in therapeutic doses)? Yes No |

**Summary prepared by:**

**Date prepared:**

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