

EXAMPLE Treatment Form:
Actual data entry fields may vary per study

Version Date: 12/15/2023

Please be careful to answer this correctly.
 This is only **YES** if patient had **DISEASE PROGRESSION**.

Page: Treatment - Cycle 01

Instructions: Please complete this form after every cycle (1 cycle = 28 days). If any of the agents listed were not administered during this reporting period, please enter "0" for the dose values.

Has the patient progressed or relapsed (per the definition in Section 10.0 of the protocol)? Yes No

TREATMENT FOR THIS CYCLE

BSA (Day 1 this cycle) m² (x.xx)

Weight (Day 1 this cycle) kg (xxx.x)

BSA (Day 15 this cycle) m² (x.xx)
 If weight/BSA were not done on Day 15, leave these blank and make a note in the Comments explaining.

Weight (Day 15 this cycle) kg (xxx.x)

Reporting period start date Day 1 of treatment for this cycle

Reporting period end date Day 1 of the next cycle. If final cycle, date of last treatment.

Treatment start date First date that patient received protocol treatment during this cycle.

Date of last treatment Last date that the patient received any protocol treatment for this cycle.

Were there any dose modifications or additions/omissions to protocol treatment?

#	Agent name *Age at date of registration	Dose planned at cycle start	Units	Dose delivered at cycle end	Units	Total dose given	Units	Modifications	Dose modification reason	Number of days delayed (if applicable)
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	mg	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Will the patient continue to receive protocol systemic therapy? Yes No

If no, will the patient receive protocol specified Residual RT Radiation Therapy? Yes No

Comments

If you're not done completing this form, but want to save your work for later, check the box below and click the Save button. Note that it checks will still fire.

Save this form, but don't submit to SWOG

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This is the dose planned for the first dose of the cycle. If there were no dose modifications, this will be the protocol specified dose.

This is the dose delivered for the last planned dose. If there were no dose modifications, this will be exactly the same as Dose Planned at Cycle Start. If one of the scheduled doses was not given at all, this will be zero.

This is the actual dose that the patient received for the entire cycle.

Do not select "Other" unless no other dose mod reason applies. For example, if dose was modified due to an AE, you must select Adverse Event for the Dose modification reason.

If dose was not delayed, leave this BLANK

- General Notes:**
- All protocol therapy agents must be reported in every cycle, unless the agent was permanently discontinued in a previous cycle.
 - Actual body weight of a patient should always be used to calculate body surface area (BSA) for dosing. (See also: Section 1.2 of SWOG Policy #38: Research Calculations for Clinical Trials, accessible from: <https://www.swog.org/about/policies-procedures>).
 - All dose modifications must be documented in the treatment table, and in the "Comments" section of the Treatment Form unless otherwise indicated below.
 - Generally, the following do NOT need to be reported as dose modifications (for most protocols):
 - Doses given within an allowable window (such as: dose delayed for 2 days for administrative reasons and protocol specifies an allowable variance of +/- 3 days. Note: Where a window is NOT specified in the protocol, SWOG defers to the allowable windows specified in the SWOG Best Practices document, accessible from: <https://www.swog.org/clinical-trials/protocol-workbench>).
 - Dose adjusted due to ≥ 10% change in weight (See also: Section 1.4 of SWOG Policy #38: Research Calculations for Clinical Trials, accessible from: <https://www.swog.org/about/policies-procedures>).
 - Dose rounded (unless dose was changed by ≥ 10% from the calculated dose) (See also: Section 1.3 of SWOG Policy #38: Research Calculations for Clinical Trials, accessible from: <https://www.swog.org/about/policies-procedures>).

Instructions: For dose modifications due to adverse events, select the agent modified and the adverse events that caused the modification.

#	Agent name	Modification due to adverse event	
1	<input type="text" value="..."/>	<input type="text"/>	<input type="radio"/> <input type="text"/>

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Comments

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Save this form, but don't submit to SWOG yet.

Please only select "Other" if no other category applies. For example, if dose was reduced d/t allergic reaction, please select "Allergy/Immunology" NOT "Other":

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