



Belgian Cancer Registry

NTRK-inhibitor - Follow-up registration form revision

This form is intended to collect data for the revision of the reimbursement of the NTRK-inhibitor which will start on 01.04.2024 and 01.10.2024 for respectively Larotrectinib and Entrectinib. Therefore, data collection is required from the start of the treatment till:

- 15.09.2023 if treatment with **Larotrectinib** is still ongoing at that time. This form should be sent to the Belgian Cancer Registry at the latest on 01.10.2023.
- 15.03.2024 if treatment with **Entrectinib** is still ongoing at that time. This form should be sent to the Belgian Cancer Registry at the latest on 01.04.2024.

Note: For those patients for whom the treatment is still ongoing on 15.09.2023 or 15.03.2024, the form “Follow-up registration End of treatment” also needs to be filled out 6 months after the end of the NTRK-inhibitor treatment



All variables are required unless stated otherwise (e.g. denoted by 'if applicable').

: Single-select variable: Only one answer can be selected.

: Multi-select variable: One or more answers can be selected.

Administrative patient data

National number for social security (INSZ/NISS):

Last name:

First name:

Date of birth:/...../..... (dd/mm/yyyy)

Date of death:/...../..... (dd/mm/yyyy) (if applicable)

Sex: Male

Female

Only if no INSZ/NISS number is available, please fill out the following details:

Postal code:

City:

Country:

Administrative treatment data

eHealth notification number:

Requesting hospital:

Requesting physician:



Adverse events:

Select only CTCAE grades 3 or 4 (severe) adverse events seen during treatment with NTRK-inhibitor. Also indicate if the specific adverse event was a reason to decrease the NTRK-inhibitor dose. If a specific adverse event was a reason to stop NTRK-inhibitor treatment, this should also be indicated.

Adverse event	Grade 3	Grade 4	Resulted in dose reduction	Resulted in discontinuation
<u>General</u>				
Fatigue				
Pyrexia				
↑ bodyweight				
Peripheral oedema				
<u>Gastrointestinal</u>				
Nausea				
Vomiting				
Constipation				
Diarrhoea				
Abdominal pain				
<u>Nervous system</u>				
Dizziness				
Headache				
<u>Respiratory, thoracic, mediastinal</u>				
Cough				
Dyspnoea				
Nasal congestion				
<u>Musculoskeletal and connective tissue</u>				
Arthralgia				
Myalgia				
Muscular weakness				
Back pain				
Pain in extremity				
<u>Metabolism & nutrition</u>				
↓ Appetite				
<u>Vascular</u>				
Hypertension				
<u>Chemistry</u>				
↑ ALT				
↑ AST				
Anaemia				
Neutropenia				
Hypoalbuminemia				
↑ alkaline phosphatase				
<u>Other</u>				

2. Treatments initiated after the start of NTRK-inhibitor

Were other treatments initiated after the start of the NTRK-inhibitor and within 6 months after the end of the NTRK-inhibitor?

- Yes *
 No

* If other treatments were initiated after the start of the NTRK-inhibitor, indicate in the table below:

- Treatment type:
 1. Chemotherapy
 2. Hormonal therapy
 3. Immunotherapy
 4. Targeted therapy
 5. Surgery
 6. Radical radiotherapy
 7. Radiofrequency ablation (RFA)
 8. Other
- Specify treatment type
- Start date
- End date (if applicable)
- Localisation (only applicable for surgery, radical radiotherapy and RFA)

Note: If the patient received further treatment(s) in another hospital, it is still the responsibility of the registering hospital to complete these data in this registration form.

Treatment type	Specify treatment type	Start date	End date (if applicable)	Localisation (only applicable for 5, 6 and 7)

3. Survival status

If the patient died, what was the cause of death: *(please fill out the date of death on p.2 of this form)*

- Related to the cancer (treatment); Specify:
 Not related to the cancer (treatment); Specify:
 Uncertain, relation to the cancer (treatment) cannot be excluded; Specify:

 Unknown / not mentioned in the medical report