



Belgian Cancer Registry

NTRK-inhibitor
-
Primary registration form

This form should be sent to the Belgian Cancer Registry at the latest 1 month after the eHealth application of the NTRK-inhibitor treatment.

This form contains information until right before the start 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:

Health insurance institution:

- Christelijke Mutualiteiten / Mutualités Chrésiennes
- Neutrale Ziekenfondsen / Mutualités Neutres
- Socialistische Ziekenfondsen / Mutualités Socialistes
- Liberale Ziekenfondsen / Mutualités Libérales
- Onafhankelijke Ziekenfondsen / Mutualités Libres
- Hulpkas voor Ziekte- en Invaliditeitsverzekering / Caisse Auxiliaire d'Assurance Maladie-Invalidité
- NMBS / SNCB
- Onbekend / Inconnu

Administrative treatment data

eHealth notification number:

Requesting hospital:

Requesting physician:

Type of NTRK inhibitor:

- Larotrectinib
- Entrectinib



1. Disease information at diagnosis primary tumour

Incidence date primary tumour:/...../..... (dd/mm/yyyy)

Localisation primary tumour: Bladder Oesophagus
 Breast Pancreas
 Cervix Prostate
 Colon Rectum
 Head and neck Soft tissue
 Kidney Uterus
 Lung Unknown
 Melanoma Other; Specify:

Laterality primary tumour: Left
 Right
 Unpair organ
 Unknown

Histological diagnosis primary tumour:

2. Gene information

Has the patient been tested positive for NTRK gene fusion? Yes *
 No

* If 'Yes':

- Which NTRK gene?

- NTRK1
- NTRK2
- NTRK3

- Prescreening with IHC?

- Yes °
- No

° Select the test that confirmed the NTRK gene fusion:

- Polymerase chain reaction (PCR); Date:/...../..... (dd/mm/yyyy)
- Next-generation sequencing (NGS); Date:/...../..... (dd/mm/yyyy)
- Fluorescence in situ hybridisation (FISH); Date:/...../..... (dd/mm/yyyy)



3. Comorbidities

Comorbidity - Charlson Modified Index (not the current NTRK-inhibitor indication):

- No
- Yes
 - Myocardial infarction
 - Peripheral vascular disease
 - Cerebrovascular disease
 - Congestive heart failure
 - Connective tissue disease
 - Mild liver disease
 - Moderate-severe liver disease
 - Moderate-severe renal disease
 - Chronic pulmonary disease
 - Peptic ulcer
 - Hemiplegia
 - Dementia
 - Diabetes without any damage to end-organs
 - Diabetes with damage to end-organs
 - Any tumour (without metastasis); Specify:
 - Leukaemia (acute or chronic)
 - Lymphoma
 - Metastatic solid tumour; Specify:
 - AIDS (not just HIV positive)

4. Disease information at start NTRK-inhibitor treatment

WHO score at start NTRK-inhibitor treatment:

- 0 - Asymptomatic, normal activity
- 1 - Symptomatic, but ambulant
- 2 - Symptomatic, bedbound < 50% day
- 3 - Symptomatic, bedbound > 50% day
- 4 - Completely dependent, 100% bedbound
- Unknown

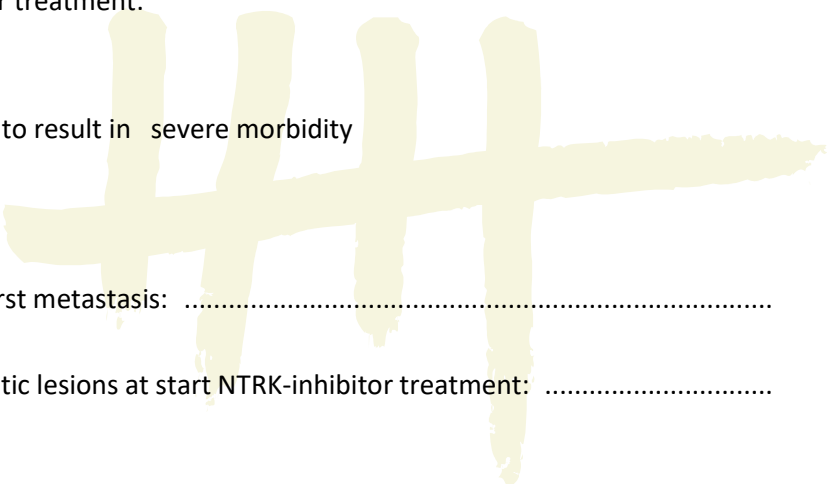
Disease status at start NTRK-inhibitor treatment:

- Locally advanced
- Metastatic *
- Surgical resection is likely to result in severe morbidity

* If 'Metastatic':

- Date of diagnosis first metastasis:

- Number of metastatic lesions at start NTRK-inhibitor treatment:



- Localisation of currently active metastatic lesions:

- Adrenal metastases
- Bone (non-spinal) metastases
- Brain metastases
- Hepatic metastases
- Lung metastases
- Lymph node metastases
- (Para-) spinal metastases
- Other (oligo)metastatic lesion(s)

- Specify:

5. Previous treatments (before start NTRK-inhibitor)

How many types of treatment did the patient receive before the start of NTRK-inhibitor for the current ~~larotrectinib~~ indication for which information is available?

Specify for each treatment in the table on the next pages (chronologically by start date if possible):

- 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
- Localisation (only applicable for surgery, radical radiotherapy and RFA)

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



Treatment type (see numeric list below the table)	Specify treatment type	Start date	End date (if applicable)	Localisation (only applicable for surgery, radical radiotherapy and RFA)

Treatment type: 1 Chemotherapy | 2 Hormonal therapy | 3 Immunotherapy | 4 Targeted therapy | 5 Surgery | 6 Radical radiotherapy | 7 Radiofrequency ablation (RFA) | 8 Other

Treatment type (see numeric list below the table)	Specify treatment type	Start date	End date (if applicable)	Localisation (only applicable for surgery, radical radiotherapy and RFA)

Treatment type: 1 Chemotherapy | 2 Hormonal therapy | 3 Immunotherapy | 4 Targeted therapy | 5 Surgery | 6 Radical radiotherapy | 7 Radiofrequency ablation (RFA) | 8 Other