

ESMO Checklist: General Quality Issues for Patient Treatment Workflow

Tick the box and insert the date as you have dealt with every task listed below, as appropriate. In case you use the template, you can also insert and save data directly on the PDF file.

PATIENT'S PERSONAL DATA	
Name:	Patient ID:
Date of birth: __/__/__	Gender:
DATE OF REFERRAL/1ST CONSULTATION: __/__/__	
ANAMNESIS	
	Past medical history and relevant medical conditions have been reviewed
___/___	Personal fitness/ physical function (Karnofsky/ECOG PS/Geriatric 8) and mental capacity for treatment adherence (Mini-COG, MMSE) has been assessed
___/___	Review of medications and checking possible drug interactions
___/___	The risk of hereditary cancer/family disposition has been considered and genetic counselling referral as appropriate
___/___	Nutritional status (BMI, self-reported weight loss, MNA Short Form, PG-SGA)
___/___	Lifestyle, dietary habits and needs, smoking, alcohol consumption, physical activity and if needed interventions (prehabilitation/rehabilitation) have been discussed. Counselling has been offered as appropriate
___/___	Neuro-cognitive function including psychological issues (e.g. HADS, distress-scale)
___/___	Demographic/Social factors including family issues (marital /partnership) were discussed. Contact to a social worker has been provided as appropriate. If relevant, financial questions related to treatment cost coverage (transport, medications, nutritional supplements, insurance) have been discussed
MULTIDISCIPLINARY TUMOUR BOARD	
___/___	The case including the patient's general condition, relevant medical conditions, laboratory tests, imaging, biomarkers and pathology findings, has been presented at a MDT board meeting (should consist of medical/radiation oncologist, radiologist, pathologist, surgeon, and relevant allied health workers)
SUPPORTIVE & PALLIATIVE CARE ISSUES	
___/___	Supportive and palliative care needs are evaluated (ESAS, EORTC checklist)
___/___	Access to early integrated palliative care has been discussed as appropriate
___/___	Written and oral information was given about the cancer related symptoms and occurrence, severity, and management of treatment related side effects
___/___	CTCAE and Patient-Reported Outcome Measures (PROMs) are available for the registration of toxicity and symptom management
DOCTOR-PATIENT COMMUNICATION	
___/___	The patient is informed about the MDT recommendations and agreed management plan
___/___	All important aspects of the disease, treatment goals, and therapy approach have been explained and discussed with the patient/family/caregivers Potential barriers to treatment and patient care issues were identified Patient/family/caregivers are actively involved in shared decision-making
___/___	A written schedule about medications including drug administration/ recommendations was given to the patient
___/___	Possibility of enrolment in clinical trials has been considered and discussed with the patient
___/___	Informed consent is obtained before treatment initiation
___/___	The patient has been informed about patient support/advocacy groups and activities
___/___	The complete patient history is appropriately documented in the medical chart
END OF TREATMENT	
___/___	A detailed survivorship care plan was provided, along with recommendations for follow-up
___/___	In case of referral to the family doctor or another specialist, a relevant treatment summary was provided
___/___	Documentation of the treatment/process was provided to the patient and to general practitioner in appropriate (paper/electronic) format, if relevant
COMPILER INFORMATION	
Name:	Date: __/__/__
Comments:	